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9 July 2008

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Chair of the MTRP
First Assistant Secretary
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Dear Professor Calder

Re: Review of the Medical Training Review Panel (MTRP)

Thank you for your letter of 18 June 2008 calling for written submissions in relation to the above review. The AMA Council of Doctors in Training (AMACDT) is pleased to provide the following comments in relation to the issues for consideration that are highlighted in the background/issues paper prepared by the Department.

Is there a continuing role for the MTRP?

A strong track record

The MTRP was established in 1996 as a review panel to focus on training availability to ensure that junior doctors could access sufficient numbers of vocational training places following the introduction of changes to Medicare provider number legislation. At the time there was significant, warranted concern that provider number restrictions would lead to training bottlenecks and junior doctors who had invested much time and resources into their medical careers would not have the opportunity to complete their training.

Since then the MTRP has played an important role in monitoring the progress of efforts to expand vocational training places and has been associated with an increase in the number of first year vocational training positions from an estimated 1369 in 1998 to an estimated 1957 in 2007 – an increase of 43%.

The MTRP has significantly improved overall data collection in relation to medical workforce training and provided extensive advice to Government and stakeholders on various medical workforce training issues. The AMACDT believes that the MTRP has operated effectively - a view that is supported by the conclusions reached in each of the Medicare Provider Number Reviews.

The MTRP has already evolved beyond its original purpose

The AMACDT accepts that the MTRP has in many respects met its original goals in relation to vocational training places. However, over the years the work of the MTRP has evolved and expanded into broader medical workforce training issues that encompass prevocational and vocational medical education. The most obvious example of this is the move by the MTRP to collect to data on medical school places as well as available PGY1 and PGY2 training posts.

This evolution has been driven by a strong need as issues of training capacity emerge in the entirety of medical education. This role expansion has never been formalised in any way, but there is widespread acceptance that this work has been invaluable.

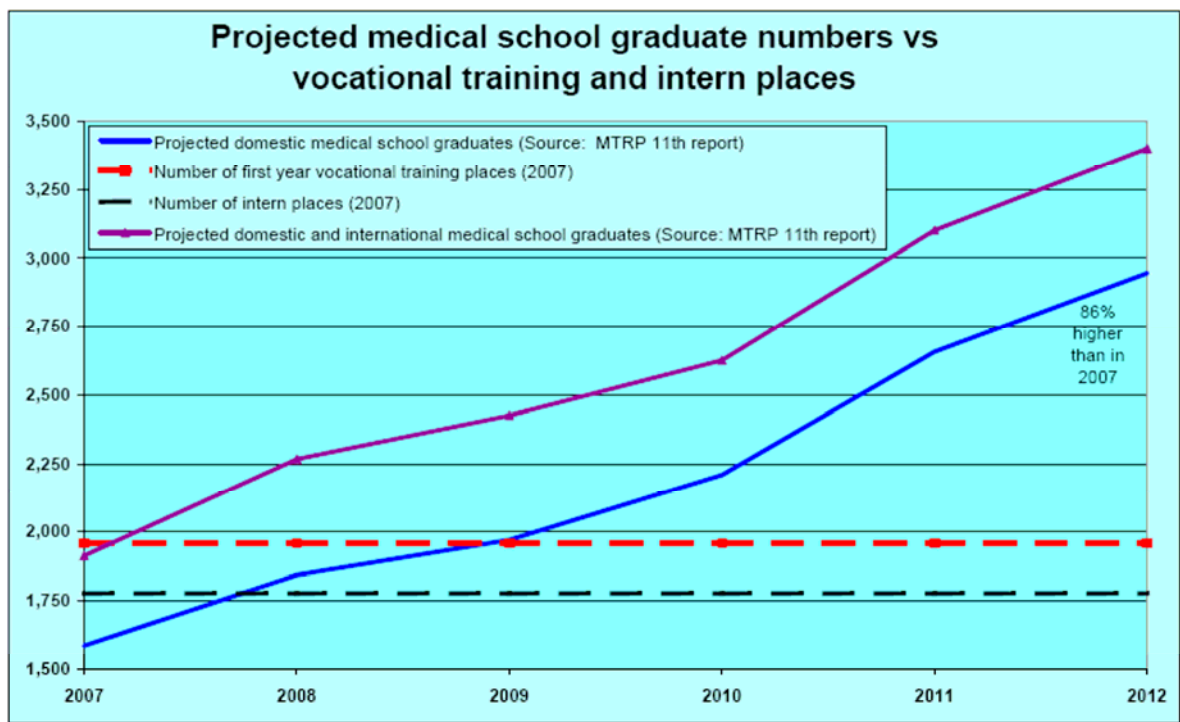
Emerging challenges

Since the inception of the MTRP there have been a number of important developments that have significantly altered the landscape for medical workforce training. Emerging challenges, such as massive increases in medical student numbers, provide a strong basis to retain the MTRP and expand its role to examine and provide advice on issues across the full spectrum of medical workforce training.

The MTRP has already provided data highlighting the impact of the Commonwealth’s decision to double the number of medical school places over a relatively short period. The data produced by the MTRP shows that this will be a significant challenge in the short to medium term.

Left unaddressed, Australia faces the prospect of potential training bottlenecks in all parts of the medical training continuum. A report¹ prepared for the MTRP by the Medical Deans of Australia and New Zealand shows that medical schools are likely to struggle to find sufficient clinical placements for students from 2009 onwards. Current MTRP data shows that numbers of intern and vocational training places fall well short of future requirements.

The graph below illustrates the challenge ahead.



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

What role should the MTRP take?

The MTRP has demonstrated its commitment to improving vocational training and it has the potential to do much more. Recent work to assess clinical training capacity in medical schools and the prevocational years produced robust data that will be of invaluable assistance to workforce planning processes².

Increasing the number of medical school places is only the first stage in the process of training more doctors to meet future health delivery requirements. This investment to increase medical student numbers will significantly address overall medical workforce shortages.

However, we need to do much more. Similar investments will need to be made to support the creation of:

- adequate numbers of clinical places for medical students
- adequate numbers of intern places
- adequate numbers of vocational training places

The MTRP can help play a role in making sure this happens. By expanding its role it can gather data, shine a light on potential training bottlenecks and make relevant policy recommendations.

Provision of policy advice

The AMACDT believes that the MTRP is a significant resource for policy advice. Its membership is diverse and has strong professional input. At the same time, it captures the views of each jurisdiction. It has the capacity to develop well-informed policy solutions that are supported by the key stakeholders in medical education and training. Any new role for the MTRP must fully utilise this potential.

Data collection

In addition to existing data collection requirements, the AMACDT proposes that the Commonwealth, states and territories should be required to provide data to the MTRP on an annual basis in relation to areas such as:

- the number of public hospital clinical placements for medical students
- the number of accredited intern places, broken down according to discipline
- the number of GP pre-vocational training places and Commonwealth funded private sector training positions, including general practice
- workforce modelling data

The AMA has proposed to the National Health and Hospitals Reform Commission (NH&HRC) that future Australian Health Care Agreements should include performance benchmarks in relation to medical workforce training and education. Key benchmarks should include the provision of sufficient high quality training places for medical students, prevocational doctors and specialist trainees.

There will be a requirement for performance monitoring and evaluation against these benchmarks, which should be a critical continuing role of MTRP. It would monitor the

² Medical Deans of Australia and New Zealand, National Clinical Training Review, Report to the Medical Training Review Panel, Clinical Training Sub-Committee, February 2008; Confederation of Postgraduate Medical Education Councils, Clinical Training in Prevocational Years, Second Report to the Clinical Training Subcommittee of the Medical Training Review Panel, January 2008

performance of states and territories against specific AHCA requirements and provide relevant reports and advice to the Commonwealth Minister for Health and Ageing. This role would be consistent with the initial thoughts of the NH&HRC, which has already identified the need for performance benchmarks in this area.

Biennial review of training places

It is also proposed that the MTRP should be required to conduct a review every two years of the progress of efforts to provide extra clinical training places at undergraduate, pre-vocational, and vocational training levels.

This would be similar to the Biennial Review of the Medicare Provider Number Legislation where a proper inquiry process is followed - leading to recommendations in response. It would be able to highlight where bottlenecks or training deficiencies occur and suggest suitable solutions.

Reporting arrangements

The AMACDT believes that the current arrangements where the MTRP reports to Parliament should be preserved. That said, there would be scope for other groups such as the Health Workforce Principals' Committee to seek the advice of the MTRP on medical workforce training issues.

Potential Membership and Administrative Arrangements?

While there are other bodies that are involved in medical workforce planning, the MTRP is the only body that brings together all relevant stakeholders. Jurisdictions, medical colleges, medical schools, postgraduate medical councils, supervisors, relevant unions, junior doctors, and medical students all participate. This gives the MTRP a unique position and is one of the key reasons why it enjoys broad support.

Expanding the MTRP membership

The AMACDT believes that the current membership is pretty close to the right balance. The MTRP is already a very large group and bringing a significant number of new stakeholders on to the MTRP may make it unworkable.

That said, the AMACDT does see the sense in the possible addition of an Indigenous representative, a representative of the private hospital sector (in keeping with efforts to expand training into the private sector) and a community representative.

In relation to the possible inclusion of a community representative, the AMACDT believes that the MTRP must not brand this appointment as a consumer representative. When it comes to medical training, the reality is that junior doctors are the consumers of training. While community representation and input is welcome, junior doctors would be disappointed if another group was portrayed as being the "consumers" of medical training.

Junior doctor representation

In relation to the representation of junior doctors on the MTRP, it is worth emphasising that the AMACDT is a broad church that encompasses prevocational and vocational trainees. The AMACDT has in place strong consultative structures at the state and national level to ensure that the views of junior doctors are properly captured. The AMACDT also holds an annual Trainee Forum that brings together trainee representatives from each of the medical colleges.

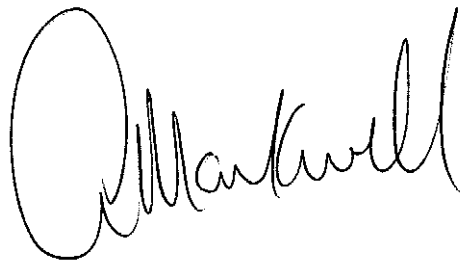
The AMACDT is unique in its representative brief, and is the only group able to provide input on behalf of all junior doctors in Australia.

Meeting schedule

The MTRP currently meets twice each year. The AMACDT believes that with an expanded role the number of meetings will need to increase. It may also be appropriate for the MTRP to establish relevant subcommittees or working groups to ensure work is progressed between meetings. In recent times the MTRP has established subcommittees to look at clinical training capacity and data collection. These appear to have made a positive contribution to the work of the MTRP and enhanced its ability to tackle issues in a timely manner.

Thank you for the opportunity to provide the Department with these comments. I would be happy to meet with representatives of the Department in the event that you wish to clarify any aspects of the above.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Markwell'. The signature is written in a cursive, flowing style with a large initial 'A'.

Dr Alex Markwell
Chair
AMA Council of Doctors in Training