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RURAL AUSTRALIA MISSING OUT ON DOCTORS – AMA CALLS ON GOVERNMENT TO LIFT TRAINING TARGETS

The AMA has written to Health Minister Sussan Ley outlining serious concerns that rural Australia is not attracting and retaining sufficient doctors to meet current and future need, and offering solutions.

AMA President, Professor Brian Owler, said today that the Government must set more ambitious targets to get Commonwealth-supported students with a rural background into medical schools, and increase the proportion of medical students required to undertake extended rural clinical rotations.

“The Government has significantly boosted domestic medical student numbers and there are now record numbers of medical graduates, which is encouraging,” Professor Owler said.

“But, despite this, it appears that rural Australia is still struggling to recruit and retain sufficient numbers of locally trained doctors.

“The ‘trickle down’ approach to solving workforce maldistribution is not working, and simply boosting medical student numbers even further will have little or no impact on this problem.

“In fact, it could have the opposite effect by placing more pressure on an already stretched medical training pipeline - a problem acknowledged in modelling undertaken by the former Health Workforce Australia.

“Health Workforce Australia identified that Australia has enough medical students, and the focus must now shift to how to better distribute the medical workforce.

“At the moment, medical schools must meet a benchmark of a minimum 25 percent of students with a rural background, and the number of students who must undertake extended rural clinical rotations.

“Currently, just under 28 per cent of commencing domestic medical students come from a rural background, with this number having increased slowly over the years.

“We need smarter solutions. The targets must be lifted significantly - from 25 per cent of students to a third.”

The AMA is recommending that:

- the targeted intake of medical students from a rural background be lifted from 25 per cent of all new enrolments to one third of all new enrolments; and
- the proportion of medical students required to undertake at least one year of clinical training in a rural area be lifted from 25 per cent to one third.

There is good evidence that medical students who undertake extended training in a rural area, and those from a rural background, are more likely to take up rural practice upon graduation.

While existing policy settings have sought to promote this to some extent, rural workforce shortages persist. The latest data from the Medical Students Outcome Database Survey (MSOD) reports that 76 per cent of domestic graduates are living in capital cities.

Professor Owler said the AMA is urging the Health Minister to act quickly, amid speculation that the Government has no interest in raising the targets beyond existing levels.

“The implementation of more ambitious targets may prove challenging in the short term, but there is evidence that this approach would be more successful in getting more young doctors living and working in rural Australia than simply funding more student places.

“We need to do more to promote the rewards of rural medical practice,” Professor Owler said.

Along with its recommendations to increase the targets for students with rural backgrounds and rural training rotations, the AMA is pushing a range of initiatives to attract young doctors to rural practice, including:

- the Community Residency Program (<https://ama.com.au/submission/community-residency-program>);
- Regional Training Networks (<https://ama.com.au/position-statement/regional-training-networks-2014>); and
- the expansion of the Specialist Training Program (<https://ama.com.au/submission/submission-review-specialist-training-program>).

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