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REDISTRIBUTION OF MEDICAL SCHOOL PLACES NOT THE SOLE SOLUTION FOR RURAL MEDICAL WORKFORCE - AMA

The AMA believes that while Australia now has sufficient medical graduates and medical school places to meet current and future needs, greater funding for prevocational and specialist training places is needed to ensure an adequate flow of fully-trained doctors, especially to rural and remote areas.

In a submission to the Department of Health, the AMA has provided strong comment on the Government’s assessment of the distribution of medical school places across the country.

Australia has seen dramatic growth in medical student numbers, with around 3,700 domestic and international students now graduating each year. This compares to 1,426 graduates per annum in 2002.

AMA President, Dr Michael Gannon, said today that Australia currently has about the right number of medical graduates and medical school places.

“Our view is consistent with workforce modelling prepared by the former Health Workforce Australia and, more recently, the Department of Health,” Dr Gannon said.

“The clear challenge for the Government is to develop programs to encourage doctors to work in under-serviced areas, including rural and remote Australia.

“While the AMA is open to the redistribution of medical school places – shifting them between medical schools – it will not solve the problem in isolation.

“Any redistribution must be backed with funding for more downstream prevocational and specialist training places in country Australia.

“Rolling out more training in rural and remote areas will also require increased Government funding for supervision, mentoring, infrastructure, and adequate and appropriate clinical experiences.

“Any proposals to redistribute medical school places must be evidence-based, not driven by short-term political expediency.

“We know that early and continuing exposure of medical school students to rural health experiences, and measures to encourage students from regional and rural areas to enrol in medical schools, are the most likely initiatives to increase the workforce in these areas.

“Current programs like rural clinical schools, enrolment targets for students with a rural background, and requirements for students to spend extended periods in rural clinical settings, are working and should be built on.

“Any approach to increasing Australia’s medical workforce, especially for regional areas, must encompass all stages of the medical training pipeline.

The AMA submission is at <https://ama.com.au/submission/ama-submission-assessing-distribution-medical-school-places-australia>

The AMA has a comprehensive set of policies to boost the rural medical workforce, including:

- lifting the targeted intake of medical students from a rural background from 25 per cent of all new enrolments to one third of all new enrolments;
- lifting the proportion of medical students required to undertake at least one year of clinical training in a rural area from 25 per cent to one third;
- establishing a [Community Residency Program](#) for prevocational doctors to provide three-month GP rotations in rural areas, significantly expanding the Government's current proposal to fund 240 three-month rotations for interns;
- expanding the Specialist Training Program to 1,400 places per annum (from 1,000 in 2018), with a strong emphasis on rural placements, and
- establishing [regional training networks](#), similar to the Government's rural training hubs model.

9 March 2017

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