15/33

Ms Penny Shakespeare

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Re: Health Workforce Scholarship Program Consultation Document

Dear Ms Shakespeare

Thank you for inviting the AMA to provide a submission on the Health Workforce Scholarship Program (HWSP). The AMA supports scholarships as a positive strategy to address workforce shortages, particularly in those in rural and remote areas. To be effective, scholarships should be linked to community need and in relation to the medical workforce, distribution is clearly the biggest issue. This has been confirmed more recently in the *Australia's Future Health Workforce – Doctors report* which states that:

"Disparities continue to exist in the geographic distribution of the medical workforce The number of doctors per head of population has increased across all geographic areas; however a disparity persists between inner metropolitan areas (ASGC-RA1) and the rest of the country (ASGC-RA 2-5). Building on an already large difference in medical workforce, per head of population, the gap between inner metropolitan areas and the rest of Australia has widened further. Against the backdrop of high aggregate numbers of doctors and a growth rate higher than population growth, the geographic distribution remains uneven. This is important because it matches a disparity in health outcomes for communities in regional and rural Australia."

In this respect the Rural Australia Medical Undergraduate Scholarship Scheme (RAMUS) plays an important role in providing medical students with an opportunity to have a positive training experience in a regional or rural area. RAMUS 'is popular among rural communities and rural medical students', and the evidence shows that recruitment of students with a rural background and rural exposure via extended placements for students of all backgrounds is positively associated with choosing a rural career. [1] [2]

RAMUS is clearly part of a suite of necessary strategies to encourage junior doctors to train in regional and rural centres. There should an ongoing commitment to fund RAMUS or a similarly structured scholarship scheme for medical students. The success of RAMUS supports a move away from academic results as a marker for scholarship recipients, and a stronger focus on rural background, financial need and demonstrated commitment to working in rural Australia in the future.

Given the relatively small amount of funding allocated to RAMUS, there also appears to be scope to support its expansion through additional funding. The AMA would not support any reduction in either the number or value of medical scholarships given the imperative to address the issue of medical workforce distribution. In addition we would not support removing eligibility for scholarships away from students studying at metropolitan medical schools, such as Melbourne University, in favour of those with a rural focus, for example James Cook University. Students from rural areas study at universities in both metropolitan and rural areas and both should be afforded the opportunity to receive support for their studies.

The AMA is also supportive of the development of a coordinated and vertically integrated model for rural medical training that incorporates rural generalist training. There are currently insufficient opportunities for junior doctors to train in a regional or rural area after a positive undergraduate experience, and we have also seen the loss of the HECS reimbursement scheme. In this regard the AMA would be open to extending scholarships to postgraduate medical training as a means to support long term practise in rural areas.

The AMA also has a number of clear policies that speak to a vertically integrated medical training pathway and/or generalist pathway in rural areas. These are:

- AMA Community Residency Program, encouraging exposure to rural and general practice in PGY1 and 2 https://ama.com.au/submission/community-residency-program
- AMA Position Statement on Regional Training Networks to allow vocational trainees remain in regional centres to train https://ama.com.au/position-statement/regional-training-networks-2014
- AMA Position Statement on Fostering generalism in the medical workforce – 2012 https://ama.com.au/position-statement/fostering-generalism-medical-workforce-2012

In relation to return of service (ROS) obligations, the AMA supports equity in ROS for all BMP students and graduates. Unless existing and future BMP students and graduates are all on a level playing field, the scheme will continue to be regarded as unfair and existing BMP students and graduates will to continue to favour buying out of the scheme rather than completing their current ROS obligation.

Evidence shows that long term retention rates of bonded doctors in workforce shortage areas is poor, with retention rates around half that of doctors who practise in these areas voluntarily.[3] At the recent Senate estimates, the Department of Health advised that of the 6295 active medical students and doctors in the BMP scheme, 37 (0.59%) were completing their ROS obligation and 307 (4.88%) had withdrawn from the scheme or breached their agreement.[4]

The AMA believes that offering all BMP students and graduates the option of a one year ROS would be a better way to encourage participants to complete their ROS in a regional or rural area. This is supported by evidence from the Rural Clinical Training and Support (RCTS) program which indicates that students are more prepared to complete their ROS service if it is shorter as opposed to buying out their obligations. [5] [6] Anecdotal reports from bonded students and graduates also support reducing the ROS obligation to encourage BMP participants to complete their return of service.[7]

The AMA would also like the Government to reconsider its position on the Bonded Support Program (BSP). Evidence shows that access to well-supported places is essential to increase the positivity of the training experience and retain doctors in training in regional and rural areas. It is essential that something similar to the BSP is reinstated to support BMP students and graduates, and should include consideration of a mentoring program. A support program should also be extended to all scholarships.

Please contact me if you would like to discuss any aspect of this submission further.

Yours sincerely

Dr Danika Thiemt

Chair

AMA Council of Doctors in Training

14 September 2015

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[1] Mason J. Review of Australian Government Health Workforce Programs. Commonwealth of Australia. 2013

[2] Clark TR, Freedman SB, Croft AJ, et al. Medical graduates becoming rural doctors: rural background versus extended rural placement. *Med J Aust* 2013; 199 (11): 779-782.

[3] Sempowski, IP. Effectiveness of financial incentives in exchange for rural and under serviced area return-of-service commitments: systematic review of the literature. *CJRM* 2004;9(2):82-8.

[4] Commonwealth of Australia. Proof Committee Hansard. Senate Estimates. Community Affairs Legislation Committee. Tuesday, 2 June 2015. Canberra.

[5] Commonwealth of Australia. Proof Committee Hansard. Senate Estimates. Community Affairs Legislation Committee. Tuesday, 2 June 2015. Canberra.

[6] Playford DE, Evans SF, Atkinson DN, Auret KA, Riley GJ. Impact of the Rural Clinical School of Western Australia on work location of medical graduates. *Med J Aust* 2014; 200 (2): 104-107.

[7] Personal feedback from BMP participants to AMA on changes to BMP scheme. August 2015.