



Australian Medical Association Submission
Department of Health Discussion Paper: Review of the Specialist Training Program

The AMA welcomes the opportunity to comment on this discussion paper. Medical training in expanded settings is an increasingly important adjunct to the public teaching hospital model that has served Australia well. The utilisation of expanded settings is increasing training capacity and providing clinical training that may not be available in traditional settings. In this context, the Specialist Training Program (STP) is making an important contribution to supporting the quality of vocational training, as well as helping to address bottlenecks in the medical training pipeline.

The AMA has not responded in detail to the series of questions posed in the Department's discussion paper. Rather, our submission makes some recommendations on expanding the STP and improving its ability to deliver on its targeted specialist training goals and help address looming problems in the medical workforce.

Using the STP to expand training capacity

Before it was abolished in 2014, Health Workforce Australia (HWA) made projections for the medical workforce to 2030. Its final medical workforce report, *Australia's Future Health Workforce*, confirmed that Australia has enough medical school places and recommended that the focus should shift to improving the distribution of the medical workforce and encouraging future medical graduates to train in the specialties where they will be needed.

That same report emphasised that Australia is struggling to provide sufficient numbers of training posts for doctors in training. For specialist training positions, HWA's workforce modelling showed that there would be a shortfall of 569 first-year advanced training places by 2018, rising to 689 places in 2024 and rising further to 1,011 places in 2030. We are therefore facing a situation where large numbers of junior doctors will not be able to get the training posts they need to finish their training.

The predicted shortage of specialist training positions will have effects down the training pipeline. Growing numbers of prevocational doctors will not be able to progress to specialist training, with subsequent problems downstream with access to prevocational training positions. In other words, capacity for training within the health system will be compromised.

The AMA believes that the Commonwealth has scope to expand the STP to help address the looming bottleneck in access to specialist training places, given the private sector and other expanded settings have available training capacity.

The AMA has welcomed the strong growth in STP places since 2010, and given the predicted shortage in training places, we believe further resources should be allocated to the program to extend specialist training into new settings informed by the work of the National Medical Training Advisory Network (NMTAN), as well as increasing the numbers of places in the program.

Recommendation:

Growing the number of training places in expanded settings is an avenue for expanding clinical training in the Australian healthcare system and meeting the projected requirement for specialist training positions. The AMA recommends that the Specialist Training Program is expanded from 900 to 1,400 places by 2018 and to 1,900 places by 2030.

Maintaining the focus of the STP

The focus of the STP and its earlier incarnations has been, quite properly, to extend vocational training for specialist trainees into settings outside traditional metropolitan teaching hospitals. From these settings trainees can acquire the skills and knowledge from learning experiences that are not generally available in conventional training environments to meet the professional standards required of their discipline.

The AMA believes that this focus must be maintained to help ensure that trainees get access to the quality vocational training positions they need to complete their specialist training, and in the broader sense help Australia to meet the long-term challenge of matching the future medical workforce to community need.

Provided a strong educational focus continues to drive STP placements, the AMA is comfortable with a priority allocation system being used for the STP, giving priority targeting placements to the components of the medical workforce that need boosting, in particular:

- rural training,
- generalist skills, and
- specialties that are under-supplied.

This is not inconsistent with the current approach being used by the STP.

Regional and rural training

Future community need will drive the demand for specialists, and will be driven in part by where they will be needed. A challenge for policymakers will be to ensure that specialists go to the locations where they are needed.

The STP is helping to address this need. The recent review of the administration of the program conducted by the Australian National Audit Office (ANAO) confirmed that the program had given priority to providing training positions in rural and regional areas to help address serious specialist shortages. The report indicated that 41 per cent of training positions had been in rural or regional areas. The AMA believes that this proportion should be greater to foster regional and rural training.

The STP has generally only supported one-year placements for trainees, and under its current structure, the program cannot provide clear and co-ordinated pathways for trainees interested in pursuing rural careers. STP funding support for establishing regional training networks should be explored further, particularly where it can be linked to existing infrastructure such as rural clinical schools.

The AMA recently proposed a regional training networks (RTNs) model to boost regional and rural training opportunities and provide a coherent and meaningful career pathway for doctors in training

who want to train and practise in regional and rural Australia. This model also emphasises the importance of a strong rural and regional generalist and specialist workforce to meet the health needs of Australians living in non-metropolitan areas.

Though many medical students have positive training experiences in rural areas, progression through prevocational and vocational training often requires a return to metropolitan centres. At this point many trainees develop the personal and professional networks integral to their future life and career path. Not surprisingly, many of these trainees are less inclined to return to practise in regional and rural areas.

The AMA envisages RTNs as vertically integrated networks of health services and regional prevocational and specialist training hubs. The networks would build on existing infrastructure and enable junior doctors to spend a significant amount of their training in rural and regional areas, only returning to the city for short periods to acquire specific skills.

We believe that RTNs offer a potential solution to improving the distribution of the medical workforce by enhancing generalist and specialist training opportunities, and by supporting prevocational and vocational trainees to live and work in regional and rural areas. Funding of STP places using this model is worthy of the Government's consideration.

More details on the AMA's policy on regional training networks is available at:
<https://ama.com.au/position-statement/regional-training-networks-2014>

Generalist skills

Generalist medical practitioners have an important role in the health system as clinicians, teachers and researchers in all settings, from tertiary public hospitals to remote practices. Over the last two decades, the medical workforce has become increasingly specialised. The reasons for this are many and varied and they have resulted in a decline in the number of medical graduates choosing a generalist career path. More generalists will be required to meet the needs of rural communities in particular, and to address the growing burden of complex and chronic disease.

It is crucial that the value of a generalist medical practitioner career is recognised and promoted. There are a number of strategies that can be used to improve the attractiveness of this career including incentives and programs to facilitate generalist medical training. Consideration should be given to using the STP to promote generalism, and to this end the AMA would support more STP places being reserved for generalist training.

Specialties that are under-supplied

We know from HWA's modelling that some specialties were projected to be undersupplied in 2030. NMTAN is currently modelling the general practice, psychiatry and anaesthetic workforces – it will be important to extend this work to the other specialties and provide accurate workforce projections that will identify the specialties that will be undersupplied over the next 15 years. The AMA encourages that priority for STP places is given to these specialties and help to ensure that Australia ends up with doctors in the specialties where they will be needed.

Recommendation:

That the effectiveness of the Specialist Training Program is maximised by:

- *giving higher priority for places to training positions in regional and rural areas, generalist training and specialties that are under-supplied, and*
- *giving consideration to innovative models that provide long-term regional and rural specialist training positions such as the AMA's regional training networks proposal.*

Extending supervision and billing arrangements to support training in expanded settings

As medical education and training moves into more diverse settings and the numbers of trainees increase, it becomes increasingly important that the specialists who are providing clinical supervision are properly supported.

In 2011, the previous Government made the welcome decision to amend the Health Insurance regulations to allow supervisors to bill Medicare for procedural services undertaken by a specialist trainee under their direct supervision.

Given that exposure to private practice and private hospitals through initiatives such as the STP is a vital component of vocational training – and will take on increasing importance in the years to come – the AMA would support further amendments to the regulations by the Government to enable supervising specialists to bill Medicare for supervising a specialist trainee during inpatient and outpatient consultations.

This measure would make training in the private sector more widely available for trainees and encourage greater uptake by private sector health services and supervisors.

Recommendation

That the Commonwealth Government amend the Health Insurance regulations to enable supervising specialists to bill Medicare for supervising a specialist trainee during inpatient and outpatient consultations.

Yours sincerely



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Federal President



Dr Danika Thiemt
Chair, AMA Council of Doctors in Training

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