

30 July 2019

Hon Greg Hunt MP
Minister for Health
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600
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Dear Minister,

The AMA and its Council of Doctors in Training would like to raise with you the broader policy impact of the proposal to establish a medical program in Central Queensland and Wide Bay. As you would be aware, in March this year, representatives from Central Queensland University Australia (CQU), The University of Queensland (UQ), Central Queensland Hospital and Health Service and Wide Bay Hospital and Health Service signed a Memorandum of Understanding to develop and deliver a partnership to achieve a full medical program in Central Queensland and Wide Bay.

We understand that this will occur as part of the redistribution of Commonwealth supported medical school places (CSP) from existing allocations and is part of a broader strategy to provide end to end medical training in rural areas to encourage doctors to train, live and work there.

While the AMA agrees with this in principle, we are concerned that this strategy will have the unintended consequence of universities introducing additional international and domestic full fee-paying places in place of their previous CSP allocation, increasing the absolute number of medical students in Australia.

Current figures suggest that Australia is already training enough medical students to meet current and future medical workforce requirements, well above the OECD average.¹ As such I'm sure you will agree that further increases in medical student numbers is not in the best interest of medical training and workforce planning.

The AMA respectfully requests the Commonwealth immediately regulate full fee paying domestic and international medical student numbers and commit to no further increase in the total number of medical school places.

While we appreciate that applications for new medical schools will need to be proceed as a joint venture with an existing medical school as per the CQU and UQ arrangement, it is imperative that the loop hole allowing universities whose medical CSP allocations are reduced, to increase domestic and international full fee paying medical enrolments, is closed.

The AMA has called for medical student places to be linked to robust workforce modelling. We are very concerned that allowing unrestricted domestic and international full fee paying places will, over time, undermine the Commonwealth's ability to match medical workforce requirements to community need. It presents a very real threat to the quality of medical school training due to

¹ OECD (2019), Medical graduates (indicator). doi: 10.1787/ac5bd5d3-en (Accessed on 01 July 2019)

overcrowded training environments diluting clinical experience and overwhelming supervisory capacity, as well as a threat to Government maintaining control of policy levers related to medical workforce planning.

The Government has backed the development of a National Medical Workforce strategy. Regulating domestic and international full fee paying places must be part of that strategy and we would welcome the opportunity to discuss this with you further.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Bartone', with a stylized, flowing script.

Dr Tony Bartone
President, AMA

A handwritten signature in black ink, appearing to read 'Tessa Kennedy', with a stylized, flowing script.

Dr Tessa Kennedy
Chair, AMA Council of Doctors in Training