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Ms Jeanette Radcliffe
Secretary
Community Affairs Legislation Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600
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Dear Ms Radcliffe

Re: Inquiry into the Health Workforce Australia (Abolition) Bill 2014

Thank you for inviting the Australian Medical Association to make a submission to the Community Affairs Legislation Committee's inquiry into the above Bill.

The AMA has strongly supported the medical workforce planning and coordination activities of Health Workforce Australia (HWA) since it was established in 2009. HWA has undertaken substantial long-term national workforce planning projections for the medical profession and established programs to expand the capacity of our health system to train the next generation including funding for additional clinical training capacity and simulation.

The Government has made a Budget decision to abolish HWA and while this is not the AMA's preferred position, we recognise that it will proceed with this change. In that context, the main focus must be on ensuring that the above functions and programs are preserved without any loss of momentum during a transition process.

In this short submission I will highlight the growing pressure on the medical training pipeline, outline how HWA has helped to address Australia's significant medical workforce challenges, and reinforce this why this important work must continue.

The AMA would welcome the opportunity to expand on the issues raised in this submission should the Committee decide to hold public hearings at a future date.

Yours sincerely

A/Prof Brian Owler
President

AMA submission to the Community Affairs Legislation Committee Inquiry into the Health Workforce Australia (Abolition) Bill 2014

Background

On completing their degree, medical graduates receive provisional medical registration and begin a 12-month internship in a public hospital (noting that a small number of places in private hospitals and community settings are funded by the Commonwealth). This is a prerequisite to obtaining full medical registration in Australia. Junior doctors then spend at least one more year after their internship working as resident medical officers (RMOs) to undertake on-the-job training and gain broad clinical experience in preparation for entry into vocational training.

Australia has a poor record when it comes to medical workforce planning. For many years, policy rested on an assumption that Australia had too many doctors. We now know this was wrong, and following strong lobbying by the AMA and the medical profession, there has been significant growth in domestic medical student numbers over the past decade to address shortages in Australia's medical workforce.

In 2004, Australia's health ministers committed to achieving national self-sufficiency in the health workforce, including doctors. There were 2,970 domestic graduates from Australian medical schools in 2013 and is projected to grow to 3,227 per annum by 2017. This compares to 1,287 graduates in 2004.

However, medical training takes many years and increasing the number of medical school places will not address medical workforce shortages unless there is an associated increase in intern, prevocational and vocational training places along with appropriate incentives in place to ensure that the future medical workforce is matched to community need.

HWA's role in medical workforce planning

HWA has highlighted the need for governments to fund extra prevocational and specialist training places in order to keep pace with the number of graduates emerging from medical schools. In 2012, HWA released a landmark report *Health Workforce 2025* (HW2025).

Its baseline scenario suggested that while future medical workforce numbers would be close to being in overall balance by 2025, there will be geographic medical workforce shortages as well as shortages in specific specialties. HW2025 also predicted a significant bottleneck in entry to vocational training by 2016 along with a potential shortage of RMO training places. The AMA is also starting to see emerging evidence of shortages in public sector positions for new Fellows in a number of specialties (eg. anaesthetics), particularly in metropolitan areas.

HW2025 data led to the establishment by HWA of the National Medical Training Advisory Network (NMTAN) in 2013 to identify and address looming bottlenecks in the training pipeline.

A substantial amount of work is being undertaken through NMTAN to define better the number and distribution of prevocational posts and the capacity for vocational training within our health system.

NMTAN will provide advice on the preparation of *Australia's Future Health Workforce – Doctors* report. This report will update the figures from the original HW2025 report as well as provide new projections. NMTAN will also develop a National Medical Training Plan, which will give recommendations on future national university medicine intakes and is designed to inform the 2015 medical student intake.

Continuing the work of HWA

Australia cannot afford to waste the significant investment it has made in boosting medical student numbers. For the community to benefit from this investment, there needs to be robust workforce planning to ensure that medical graduates can access quality training positions and that the future medical workforce is better matched to community need. This must be backed by well-informed policy advice and funding to expand our training capacity.

After a long hiatus, we are now in a position where that information, advice and capacity enhancement is being delivered by HWA and we must not lose this momentum. Clearly, the NMTAN also has the potential to improve the available medical workforce data as well as the coordination and planning of the medical training pipeline. Its work is taking on an increasing urgency due to the shortage of vocational training posts highlighted earlier and the fact that the advertising of posts and applications for entry to vocational training in 2016 will occur in mid-2015. This leaves only a year for substantial work to be done that can inform vocational training numbers and guide doctors' career choices.

In considering this Bill, the Committee needs to satisfy itself that the Department of Health (DoH) has in place robust plans for the transition of HWA into the Department and appropriate resources (including staffing) will be available to ensure that there is no disruption to the medical workforce planning and coordination activities that were being undertaken by HWA. This information is not readily available to the AMA and should the Committee form a view that the current timelines are too tight, then we would certainly welcome any recommendations that extend this transition process and ensure that there is an orderly and well considered handover to the DoH.