
RESPONSE TO QUESTION ON NOTICE

Higher Education and Research Reform Amendment Bill 2014

10 October 2014

Australian Medical Students Association

Regarding the two questions we received that were put on notice. I will quote the relevant sections of the transcript and then respond on behalf of AMSA:

"Medical students, I would also like to put to you the challenge of the maldistribution of the workforce, particularly in the context of regional areas and why we are not uncapping medical places. I would ask you to take that question on notice"

Response:

The issue of the cap on medical school places is a nuanced one. Medical school places are regulated for good reason. There are significant constraints on the capacity of medical training. All medical schools must provide their students with a quality clinical training experience - with appropriate access to patients, formal teaching and supervision. This is both expensive but simply limited in many teaching hospitals. Already, there have been concerns in some medical schools about the clinical exposure they now receive as a result of sharp increases in medical student numbers over the last eight years. As such, allowing an uncontrolled increase in student numbers would be irresponsible and compromise the quality of teaching provided to medical students. It is in the community's interest to provide all medical students with the education required for them to be good doctors. A deleterious effect on clinical education would affect the quality of all graduates coming through that particular clinical system.

Secondly, medical student numbers should be aligned with workforce need. Indeed, it is the objective of the National Medical Training Advisory Network, now an initiative that lies under the Department of Health, to ensure that the number of medical students and medical trainees are proportional to workforce need. Earlier this year, the NMTAN recommended to Government that the number of medical students is about right to target future workforce need, notwithstanding the need for further work to address workforce maldistribution and specialty maldistribution (both of which will be adversely affected by the legislation in its current form). The Department of Health has also recommended in recent times, for example, that the government oppose the provision of CSP places to new medical schools proposed by Curtin University and Charles Sturt/La Trobe University.

Thirdly, there is currently a training bottleneck. Already, the number of internships available for medical graduates is less than the number of graduates Australia is producing. An internship is required for any graduate to obtain full registration in Australia. Without it, the degree is effectively useless. Beyond this, the training bottleneck extends to prevocational and vocational training places. Medical graduates have a quite linear training pathway, and

allowing the number of medical graduates to increase when this training pathway cannot support them would be irresponsible and a waste of taxpayer investment. Unemployed doctors with inadequate training to practice independently will not solve the rural workforce maldistribution.

On that note, finally, medical education is an expensive endeavour. While the government's proposed legislation includes a reduction in Commonwealth base funding to public universities. Commonwealth base funding for a medical degree currently exceeds \$20,000 per student per year. It makes little sense to allow medical student numbers to increase and absorb the cost of this when those medical students will not be able to receive adequate training or have jobs for them in the medical workforce upon graduation. If the government *does* wish to increase investment in medical education, we would urge it to not reduce the current level of base funding for the students already coming through.

"CHAIR: So you are all attending incredibly successful Go8 universities. You are in a very privileged position to be at those institutions and you are all arguing on behalf of low-socioeconomic status students. I would like to hear from each of you why you did not go to your local university "

Response:

As Australian medical students, we had limited choice of university. Jessica grew up within 15 minutes of Monash University, and as such is attending a university that is local.

Moreover, as undergraduate entry medical students in Victoria, Monash University was the only university with an undergraduate medical degree available to us in our state. Thankfully, while barriers do definitely already exist for low SES background students and rural/remote students to come to Monash University, many students from such backgrounds do currently find a medical education at Monash University accessible. We fear this may not be the case if the debt associated with a medical degree increases disproportionately.

It is worth noting that other members of the AMSA Executive hail from regional areas, but attend metropolitan universities which are linked to regional training centres, allowing these students to train in rural areas.