

# Submission of the Australian Medical Students' Association (AMSA) to the Community Affairs Legislation Committee Inquiry into the Health Workforce Australia (Abolition) Bill 2014

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Ms Jeanette Radcliffe  
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Dear Ms Radcliffe,

The Australian Medical Students' Association (AMSA) is the peak representative body for the over 17 000 medical students in Australia. AMSA connects, informs and represents students studying at each of the 20 medical schools in Australia. Furthermore, AMSA believes that all communities have the right to the best attainable health, and accordingly seeks to advocate on issues that may impact health outcomes.

The medical workforce is a key contributor to the health of communities. Successive governments in Australia have implemented policies to address perceived deficiencies in the workforce – be they an overall shortage of medical practitioners or a maldistribution. Health Workforce Australia (HWA) played an important role in providing a clear picture of the current workforce, projecting future shortfalls and coordinating a plan that would address these shortfalls. In this submission, we will highlight the important role that HWA has been playing in recent years, and urge that appropriate measures are put into place to ensure that these functions are preserved within the Department of Health.

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## The postgraduate training pipeline

The number of medical graduates produced by Australia has risen considerably in recent years. In 2014, Australia will produce more than 3,500 medical graduates. This is twice as many as there were in 2006. The increased numbers of medical students and the opening of new medical schools in the past 10 years has been a policy response to the community's need for doctors.

However, this response did not constitute a coordinated and effective solution to Australia's health workforce needs. There is currently a 'training bottleneck' – there are insufficient training places available to allow the medical graduates Australia is producing to progress to becoming independent practitioners. In particular, there has been an increasing shortage of internships. The internship is a compulsory 1 year placement following graduation which graduates must complete in order to gain full registration. Graduates who fail to secure internships are forced either to continue their training overseas, lost to the Australian healthcare system, or work in industries outside of medicine.

While the situation with internships is dire, Australia's training pipeline bottleneck extends beyond the internship year. It is predicted that by 2016 we will be facing a crisis of unemployed prevocational junior doctors, due to a lack of availability of prevocational and vocational training positions. Further down the pipeline, there is a persistent maldistribution of doctors, with many rural communities still finding it difficult to access a medical practitioner. There are also concerns with Australia's trend towards specialisation and subspecialisation, rather than generalism, and with Australia's over-reliance on overseas-trained doctors to fill workforce gaps.

## Health Workforce Australia's role

Health Workforce Australia was crucial in identifying and addressing all of the aforementioned issues. Any potential for this role to be weakened as HWA's functions are transitioned into the Department of Health is, therefore, alarming. This role included two broadly important tasks:

1. To model trends in Australia's health workforce and thereby identify potential long-term problems; and
2. To develop a medical training plan that would address these problems.

In 2012, HWA produced the *Health Workforce 2025* report. This report utilised a number of modelling scenarios to make predictions regarding Australia's medical workforce. It assessed whether the supply of medical practitioners Australia is producing would meet community demand. It also, however, took it upon itself to make comment on the distribution of these practitioners. It is through this report and subsequent updates that many of Australia's workforce issues have become clear, including the postgraduate training bottleneck.

To move to a resolution, HWA established the National Medical Training Advisory Network (NMTAN). It is the objective of NMTAN to provide advice to government on addressing

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training bottlenecks. The NMTAN is also aiming to produce a National Medical Training Plan. These objectives represent a significant step forward in health workforce planning, and contrast to the haphazard manner in which medical training has been addressed in the past, resulting in the bottlenecks we face today.

AMSA has also engaged with other subsidiaries of Health Workforce Australia. The Future Health Leaders organisation is an HWA initiative. It provides a valuable forum for young people who will be involved in Australia's healthcare system in the future – allowing them to discuss important healthcare issues. We encourage the Committee to ensure this initiative is not lost during the transition to the Department of Health.

## Conclusion

Australia must retain its Australian-trained doctors. Health Workforce Australia has been instrumental in highlighting this fact, and in addressing barriers to achieving this goal. HWA was also set to make important contributions in addressing issues including the geographic workforce maldistribution, trends towards subspecialisation, and the use of overseas-trained doctors to fill workforce gaps. HWA brought together numerous stakeholders and created an independent space for them to collaborate in order to deliver the best health outcomes from Australia.

AMSA is concerned that the disruption caused by moving Health Workforce Australia's functions to the Department of Health will come at a critical juncture in addressing Australia's health workforce needs. Beyond the predicted shortage in medical internships in 2014, there is only about one year for the broader postgraduate training bottleneck to be resolved before this too hits a crisis point. It is therefore important that any disruption does not impede upon the process being made by HWA and, in particular, by the NMTAN. AMSA would encourage the Committee to ensure this is not the case.

Thank you for the opportunity to make this submission, and AMSA would be more than willing to provide further feedback on the content of the submission.