

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 29 May 2017

Ref No: SQ17-000687

OUTCOME: 2 - Health Access and Support Services

Topic: Intake of Trainees

Type of Question: Written Question on Notice

Senator: Williams, John

Question:

Waiting times in our rural community for patients to access Dermatological, ENT and Neurosurgical services are anywhere between 15 and 18 months. I'm told even Private Patients with urgent appointments have to wait for 4 - 6 weeks in some cases. In spite of the increasing demand for such services, the numbers of trainees accepted into the programme has not increased.

- a) In the current situation where access for services is an issue across rural and regional areas, is there any scope for increasing the numbers of people accepted for training?
- b) Does the Department take into account the increasing population when looking at the intake number - can it be more flexible?
- c) Has there ever been consideration of giving preference or extra weighting to applicants who are from a rural background, because history shows they are more likely to return to practice in a rural or regional area?

Answer:

The Australian Government is committed to working with the medical profession and other key stakeholder groups to help ensure communities across the country have access to appropriate, cost effective medical services.

Current evidence shows that increased workforce supply is having a positive impact on the availability of services, but that pockets of workforce maldistribution remain a problem, particularly in more remote areas and for a small number of medical specialties. Increasing the supply of new graduates entering these specialties is important, but needs to be considered in the context of a predicted national oversupply of doctors in the future.

Responsibilities for specialist training

The majority of doctors graduating from Australian medical schools seek entry into a specialist or vocational training program that leads to fellowship from a medical college. Each medical college has its own training program accredited by the Australian Medical Council (AMC) and approved by the Medical Board of Australia. To gain entry into a training program in their chosen specialty, individuals must succeed in a competitive selection process for a fixed number of accredited training positions (posts) and gain employment at an accredited training facility. The number of trainee positions offered is therefore quite dependent on the capacity and mix of health services in different regions. States and territories are the major employers of specialist trainees in Australia, through their management of public hospital systems.

The Department of Health is not involved in the selection of trainees or the accreditation of training posts for the various specialities (outside general practice). These decisions are currently a matter for the medical profession, represented by the medical specialist colleges.

National medical workforce planning

The Department plays an important role in assisting with medical workforce planning, including producing national workforce data and helping to coordinate workforce development through the National Medical Training Advisory Network (NMTAN). The NMTAN provides a very valuable forum for the Commonwealth to interact with a range of stakeholders in medical education including medical schools, specialist colleges, jurisdictions and peak representative groups for doctors. Forecast population growth is one of the factors that contribute to the development of NMTAN's workforce planning material.

While the current focus of the committee is on national workforce planning, including considering whether to increase or decrease trainee numbers, over time there may be an opportunity for NMTAN to examine issues such as how trainees for the different specialties are selected. This could include future discussion about the evidence linking rural origin to the choices doctors make about their future career location.

NMTAN is currently working through national planning processes for each of the medical specialties, including Dermatology, Neurology and Otolaryngology (ENT).

On 23 June 2017, *Australia's Future Health Workforce – Dermatology* was released through NMTAN. This will be the third speciality report produced for the committee by the Department. The modelling indicates an undersupply of about 90 Dermatologists by 2030 and the report recommends an increase of around five FTE training places per year. NMTAN is establishing a working group to develop a strategy to increase training places and/or better utilise the General Practice dermatological workforce.

Supply and demand modelling for Neurology is scheduled to be completed in the first half of 2018. NMTAN will then consider Surgery, including Otolaryngology, by the end of 2018 or early 2019.

Expanding the scope of specialist training

Traditionally, specialist vocational training was undertaken in teaching hospitals for most specialties. Due to a number of factors, including the significant expansion of medical graduates over the last decade or more, it is now undertaken across all public hospitals. In addition, capacity constraints in the public hospital system and the recognition that training needs to better reflect where healthcare is delivered have seen an expansion over the last few years of specialist training positions to private hospitals and community settings.

The Australian Government's Specialist Training Program (STP) has made an important contribution to this expansion of the scope of specialist training. The STP is the Commonwealth's funding contribution to specialist workforce development. Thirteen colleges are supported by the program covering over 40 specialties. STP funds between 5% and 7% of specialist training outside general practice.

Following a recent review of the STP the target for the number of rural training posts will increase by 18% to 400 posts over the next three years. In addition the STP, under the Integrated Rural Training Pipeline measure, is rolling out 100 designated rural training posts in a range of specialties in 2017 and 2018. These posts require trainees to complete at least two-thirds of their total Fellowship training in rural areas (ASGC RA 2-5). Of the 50 posts allocated in 2017, two positions are in Dermatology.