

1<sup>st</sup> September 2023

Professor Mary O’Kane  
Chair, Australian Universities Accord Review Panel

Dear Professor O’Kane,

**Re: Universities Australia Accord Interim Report**

We welcome the release of the Accord Interim Report and its nomination of some immediate priority actions with further consideration of broader issues and reforms. Our comments below consider the Report through the lens of medical education and training and build on our earlier submission.

**Investing in Australian-trained graduates**

The recommendation to increase the number of Australian-trained graduates is a welcome call. In the context of medical education and training, the shortages and maldistribution of our doctors – both geographically and across disciplines – is well recognised. As the report acknowledges, the health/care sector also has the highest projected employment growth. Australia must, and has the opportunity to, become more self-sufficient in developing the future health workforce we need.

To ensure the boost to medical graduates realises the educational equity and workforce outcomes being sought, the growth needs to be done alongside other reforms and investments to ensure greater participation by First Nations people and other underrepresented groups, increased and well supported training in rural and community based healthcare settings, and reforms to support greater interest in early career doctors to progress careers in areas of workforce need such as general practice, rural areas and mental health. These points are further addressed below.

**Importance of immersive learning**

We must ensure we retain the high-quality, work-integrated learning our future doctors need. The importance of learning in and for a future workplace was appropriately recognised in the Report, and nowhere is this more necessary than as a core aspect to the training of our future doctors.

To enable this, we must create the capacity for more – and more diverse – clinical placements and student learning opportunities. This will require a policy and funding context that:

- builds closer partnerships between education providers and health services, where the development of our future medical and health workforce is a joint responsibility and a shared commitment;
- unlocks the capacity for education and training of medical students and early-career doctors within community based healthcare settings, such as primary care (including the Aboriginal Community Controlled Health Sector), aged care, and the disability sector.

This will require collaborative policy setting across education, health, and employment, as well as across Federal and State/Territory jurisdictions.

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### **Widening participation**

We strongly support the focus on widening participation in higher education, and the important role university education plays in reducing our societal economic and social imbalances. This is a vital policy direction and will drive improvements to medical education and health workforce outcomes.

Currently, all medical schools in Australia have a strong focus and ambition to increase their admission of Aboriginal and Torres Strait Islander students, with the majority having alternative pathways into medicine to support their entry. These pathways still require the applicant to demonstrate their capabilities and suitability to undertake the rigours of a medical program, however they recognise the challenges and barriers that First Nations students often face and are designed to help avoid or alleviate these. In the last decade, the number of commencements, enrolments and graduations of First Nations students has more than doubled<sup>1</sup>, however more still needs to be done.

Considering the capped nature of CSPs for medical students, we would appreciate some further discussion on the potential implications for medical schools of the Report's recommendation regarding First Nations student admissions.

### **Sustained and sufficient student support**

We welcome the Report's call to improve the systematic support for students, and the recognition of the implications and potential impacts of widening participation on students' support needs. We must not undervalue the importance of ensuring sufficient, sustained and systematic support for students – in particular for those from disadvantaged backgrounds and traditionally underrepresented groups – to have access to the services and resources needed to support their entry into and progression through university.

### **Rural education and training**

Increasing the access to education in rural and regional areas is vital and, in the medical education context, we know is a key element influencing students' and early career doctors' choice of future location of practice.<sup>2</sup> Having more regionally based centres to foster, develop, support and attract academics and academic leaders is crucial to realising this ambition.

However the approach to this needs to extend beyond the traditional concept of 'study hubs' to driving aligned and connected education and work integrated learning that support the students' learning but also their preparation for and transition into work and employment. For health, this means the creation of closer connections and true partnerships between higher education and the community, graduate employers (health services), and postgraduate education providers (the medical colleges). This is vital if these reforms are to "address future planning, distinctive place-based impact" as highlighted in the Report.

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<sup>1</sup> Medical Deans Data Dashboard, Indigenous tab;  
<https://app.powerbi.com/view?r=eyJrIjoiMjdiNTU2NWMTMmJiYy00MTBiLTg5NTgtNzg1OTE4ZjU4NGJhIiwidCI6IjY2Y4YjAxLWJhZTQzNDQ2ZC1hZWVhLTdkYTljMDFiZDBmOSJ9>

<sup>2</sup> Medical Deans Medical Schools Outcomes Database National Data Report 2023, tables 26 and 27 [Medical Schools Outcomes Database Reports - Medical Deans Australia and New Zealand](#)

### **Support for mission-based compacts**

We welcome the recognition of the benefit that could be gained through supporting “complementary institutions differentiated by their unique missions”, rather than policy that implicitly leads to all institutions trying to be all things to all people. We agree that, if done well – with an outcomes and community-focused approach – mission-based compacts would be a valuable addition that would help Australia “address future planning” and realise greater “distinctive place-based impact”.

### **Educational excellence**

We strongly support the call for more research and development investment to underpin the excellence of the learning available through higher education. More research into adult educational models and approaches is urgently needed.

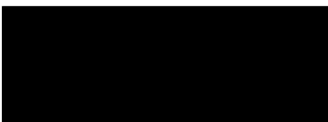
As referred to in the Report, this will require greater focus on those within our educational institutions who design, develop and deliver the educational programs and resources, and who support the students’ learning. This also needs to consider those who are involved in the supervision and training of our interns and junior doctors – often the same people are engaged across the training continuum. All involved in medical education, educators and clinician-educators (who are those both clinically qualified and active in education) are vital, and currently a very stretched workforce. We welcome the reference in the Report to “providing explicit support for tutors, research trainees and others on the boundary between student and staff status, and enhancing career stability for early career academic staff”.

### **Development of researcher workforce**

We strongly support the recognition of the need for “National, holistic policy for research training”. The researcher workforce is the foundation of Australia’s research efforts and achievements and whilst more than half of medical graduates want research as part of their future career<sup>3</sup>, reports are that the clinician-researcher workforce is declining. Medical Deans supports calls for a structured and flexible integrated clinician-researcher training pathway, that would foster interest amongst students and early-career doctors and support clear paths to a practice involving active research.

We would welcome further discussion on these matters and look forward to the progression of the initial priority actions and the release of your Final Report at the end of the year.

Yours sincerely,



**Michelle Leech AM**

President

Medical Deans Australia and New Zealand

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<sup>3</sup> Medical Deans Medical Schools Outcomes Database National Data Report 2023, table 29 page 31;  
<https://medicaldeans.org.au/md/2023/08/MSOD-National-Data-Report-2023-July.pdf>