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REF: BPS/me/L.591



Dear Mr English

Thank you for your letter dated 20 September 2019, providing The Australian National University (ANU) with the opportunity to provide feedback on the discussion paper relating to the redistribution of medical graduate commonwealth supported places and submit our completed medical data form.

Background:

Medical Workforce Shortage in Canberra and Surrounding Region

The ANU Medical School was established in 2001 with the intent to resolve a medical workforce crisis in the Nation's capital and its surrounding NSW region. Until the ANU Medical School was established, Canberra was designated an area of need for medical practitioners as it was so difficult to recruit medical graduates.

Following the establishment of the ANU Medical School, ANU medical graduates have dominated the junior medical workforce of Canberra Health Services. Of the 90 intern places at the Canberra Hospital, over 70% are filled by ANU graduates, and this has been the case since the ANU Medical School graduated its first cohort in 2007. Prior to establishing the ANU Medical School, many intern places were filled by international medical graduates, given domestic graduates from Sydney and Melbourne did not want to come to Canberra.

The ANU Rural Clinical School, established in 2004, in its catchment across south east NSW (Cowra; Young; Goulburn; Eurobodalla; Bega) has also achieved high success rates of ANU medical graduates working in or returning to the catchment once post graduate training completed. To date 13% of all our 1,072 graduates work in regional areas 2-5, which increases to 24.6% if the medical graduate spent their third year rurally.

Canberra as a Regional Hub

Canberra Health Services has a strong regional commitment to rural/regional NSW. Currently up to 18 junior doctors rotate from Canberra to Goulburn, Bega, Albury, Wagga Wagga, Moruya and Wollongong.

Feedback on the Redistribution of Commonwealth Supported Places for Medicine

ANU is deeply involved in a range of activities across regional, rural and remote Australia and take our special responsibilities as Australia's national university very seriously. ANU also appreciates the need to address the mal-distribution of the existing medical workforce away from urban centers to rural and regional areas.

ANU is concerned that one of the measures announced in the 2018-2019 Budget to address evolving medical workforce distribution requirements, namely the redistribution of 2% of existing commencing medical CSPs every three years, may not achieve the desired outcome, the redistribution of medical graduates regionally and rurally. The final location of a medical graduate is, however, influenced by not only their medical student experience but also whether they have a rural background, where their life partner gains employment, where their family are located as well as the availability of rural and regional jobs and if they are College accredited for training. By redistributing a small number of CSPs, the measure is unlikely to influence a major change in the mal-distribution of medical graduates. Moreover, with the outcome of the Commonwealth evaluation of the Rural Health Multidisciplinary Training Program yet to be delivered, it would be helpful to wait to ensure all the strategies to increase regional and rural doctors align, including the developing National Medical Workforce Strategy.

The options for redistributing the CSPs described in the Discussion Paper, particularly Option 1, require a significant investment in time for both the universities and Government. The data required for decision making will be made much harder for the short turn-around time outlined. It is also not clear what metrics will be used to determine places being redistributed or kept.

Specific ANU Concerns

The ANU Medical School was established to resolve a medical workforce shortage in Canberra, which has now been successfully resolved with ANU medical graduates. Losing CSPs and thereby medical graduates would negatively affect the medical workforce in Canberra and the surrounding NSW region.

The Options laid out in the discussion paper are problematic for ANU for the following reasons:

Option 1: The ANU Medical School will need to invest a substantial amount of time and resource to develop a case. There are no current guidelines as to how this will be assessed and at best they will maintain all the places or gain one or two more depending on the criteria used.

Option 2: The ANU Medical School is disadvantaged by having access to a small number of rural doctors who can supervise medical students. This unfairly disadvantages ANU if the criteria are based on the quantum of regional training.

Option 3: The ANU Medical School has no plans to conduct end to end training in a rural setting given its small commencing cohort and belief that medical students should not conduct all their training in a rural/regional node. Undertaking Option 3 will invariably mean a disproportionately high proportion of CSP being taken from the ANU Medical School.

In summary, ANU recognises the importance of re-distributing medical workforce however it is our belief that re-distributing 2% of CSPs every three years is unlikely to achieve the desired outcome. The real problem is elsewhere, in the postgraduate training of medical specialists which is dominated by places in large capital city based hospitals. Until the professional Colleges accredit more training posts rurally and regionally and the local health districts or equivalent fund more places for junior doctors in training, there is going to be mal-distribution of the medical workforce.

Yours sincerely

A handwritten signature in black ink, appearing to read 'BPS', written in a cursive style.

Professor Brian P. Schmidt AC
Vice-Chancellor and President