

28 October 2019

Mr Dom English
A/g Deputy Secretary
Department of Education
50 Marcus Clarke Street
CANBERRA ACT 2601

Email: CGS@education.gov.au

Dear Mr English,



RE: Redistribution pool of medical Commonwealth supported places (CSPs)

Thank you for your letter dated 20 September 2019 (Ref: EC19-004117), seeking advice from The University of Queensland (UQ) regarding the Department of Education's Discussion Paper – Redistribution Pool of Medical Places.

We appreciate the opportunity to share our views on the redistribution pool and options proposed for managing the redistribution process for 2021.

UQ is committed to promoting rural medical careers and has a proven track-record in contributing to building a sustainable rural medical workforce. UQ strongly supports the need for strategies which address the health workforce issues in rural and remote Australia, and acknowledges the importance of the intent of the Department's policy. We also understand and accept that more has to be done to address the maldistribution of doctors.

UQ has undertaken considerable work to develop local partnerships and strategies to encourage and support students who want to work as graduates in rural or regional areas. We operate four rural clinical school sites outside of major cities. UQ places an average of 80 year 3 students and 60 year 4 students per year in 12 month long attachments at our rural clinical school locations. UQ encourages retention of year 3 RCS students into year 4 to enable longer-term experience in rural areas. An average of 44 students per year over the past ten years have undertaken both year 3 and year 4 in 24 month long rural placements.

Increasing the time spent in rural placements has been highly effective in contributing to graduates choosing to remain in rural or regional areas. In 2019, 39% of UQ graduates currently working in a rural area in post-graduate years one and two had completed two years in one of our rural sites, whilst 27% completed one year. Additionally, UQ trains students in shorter rotations across a wide distribution of smaller rural communities, enabling further connections to areas with workforce need.

As part of our broader commitment to promoting rural medical careers, we have signed a Memorandum of Understanding with Central Queensland University, Central Queensland Hospital and Health Service, and Wide Bay Hospital and Health Service to develop and deliver a partnership to achieve a wholly regional medical program in the Central Queensland and Wide Bay regions. The Steering Group overseeing this initiative is chaired by the Chief Health Officer Queensland.

UQ has also relinquished 35 intake places in 2017 to enable Griffith University to establish a Sunshine coast campus, to help further Griffith University's commitment to providing high quality educational outcomes in rural areas.

In recent years, UQ has consistently exceeded the Department of Health's rural intake sub-quota to ensure students from rural and regional backgrounds are given access to medical training. This is a critical strategy for UQ to address regional/rural workforce needs, as positive past experiences in a rural setting are acknowledged as one of the factors in increasing the likelihood that a graduate will return to that setting to work. UQ achieved a rural intake of 31% and 30.8% for the MD Program in 2018 and 2019 respectively, which exceeded our target of 28% for both years.

We are concerned that the options outlined in the Department's discussion paper would not achieve the intent of the policy. In particular, we believe that all three options risk impeding our efforts and disrupting existing work in this area. We note that the overarching strategy is "to improve the recruitment and retention of doctors in rural and regional Australia and increase access to medical and health care in these communities" (page 1), however, there are no metrics proposed that measure or reward rural workforce participation among graduates. UQ shares the concerns expressed by Medical Deans of Australia and New Zealand (MDANZ). UQ recommends that the proposed 2.03% redistribution is not enacted and encourages the Department to consider the alternative proposal suggested by MDANZ.

As requested by the Department, I have attached the UQ medical data form.

I would be pleased to discuss our response further should you require any clarification.

Yours sincerely



Professor Peter Høj AC
Vice-Chancellor and President

Attachment: UQ Medical Data Form 2016-2018

Copy: Professor Geoff McColl, Executive Dean, Faculty of Medicine, UQ med.execdean@uq.edu.au
Professor Stuart Carney, Deputy Executive Dean & Medical Dean, Faculty of Medicine, UQ
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