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AMA submission to the Australian Universities Accord Panel Review of Australia's Higher Education System

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Thank you for the opportunity to provide a submission to the Australian Universities Accord Panel's Review of Australia's Higher Education System. The Australian Medical Association (AMA) is the peak professional body for doctors in Australia. The AMA promotes and protects the professional interests of doctors and the healthcare needs of patients and communities. This submission has been developed in consultation with the AMA Council of Doctors in Training and addresses terms of reference 1, 2, and 4.

Universities and other higher education institutions have a key role and responsibility in ensuring a well-distributed and sustainable health and medical workforce in Australia. Australia's health and social assistance sector which includes doctors and other health professionals have seen the largest employment-based growth for two decades.[i] Future projections forecast a continued demand for health-based jobs with the health sector requiring an additional 300,000 professionals over the next five years.[ii] Further, the AMA's report *The General Practitioner Workforce: Why the Neglect Must End* confirmed that by 2031-32 Australia will have an undersupply of General Practitioners of around 10,600 FTE to the detriment of accessible primary care. Meaningful care and investment in Australian medical education will provide clear positive outcomes and opportunities for Australia's economy and health.

Area of Review 1 – Meeting Australia's knowledge and skills needs, now and in the future

Medical education should encourage a meaningful career in medicine that reflects both community and medical workforce needs, and personal preferences. Australia has a chronic maldistribution of medical professionals across specialties and geographically. To remedy this, the AMA advocates for university medical school curriculums to reflect the need for an increasingly generalist and multidisciplinary workforce. Universities should provide opportunities for students to experience medical practice in a broad range of settings, especially in general practice, rural and remote settings, and community settings. A generalist focused medical education will stem the trend of increased specialisation within the Australian medical workforce. Medical student numbers must also be based on robust medical workforce planning data.

Universities must also be encouraged to provide greater opportunities for students to experience interdisciplinary learning. Allowing medical students exposure to other health disciplines such as

nursing and other allied health professions will foster collaboration, familiarity and trust between professions enabling greater multidisciplinary team-based care later in the students' career.

Area of Review 2 – Access and opportunity

The AMA calls for a medical workforce that is representative of Australia's diverse population, and this begins with entry and progression through tertiary medical education. Policy to support and encourage cohorts and communities that are marginalised or underrepresented within the medical profession should be explored. This includes selection processes that are equitable, accessible, and transparent. Considerations and support should be extended to prospective students from marginalised communities and backgrounds. This includes representation of people with disabilities, people with lived experience of mental illness and/or chronic disease, Aboriginal and Torres Strait Islander people, people from rural and/or remote backgrounds, people who are LGBTQIA+, and people from culturally and linguistically diverse backgrounds.

Universities should also allow flexibility of entry and progression through degree requirements by considering other factors such as parental or caring responsibilities. Universities can demonstrate their commitment to ensuring diversity of medical students by publishing data annually regarding medical student acceptances and applicant characteristics (e.g., gender, culturally and linguistically diverse people/Indigenous status).

Beyond entry and selection into medical education, universities are responsible for medical student support, wellbeing, and retention. Support for medical students extends to, but is not limited to, accessible curriculum, classes, and programs; financial support for students from low socioeconomic (SES) backgrounds; culturally safe environments; and a zero-tolerance approach to bullying, harassment, and discriminatory behaviour.

Universities must design and facilitate support structures, accommodations, and reasonable amendments to course designs, classes, and infrastructure to ensure there are no barriers to course progression for all students, both in clinical settings and teaching. These must be co-designed with current and prospective stakeholders with lived experience such as those with a disability, Aboriginal and Torres Strait Islander people, and people with caring responsibilities.

Further, universities must have in place clear and accessible flexible learning and part-time study options for all medical programs and courses. This includes the provision of flexibility in exam structure and less emphasis on high-stakes exams. Flexible learning arrangements and part-time study improve student wellbeing, reduces burnout, and supports students returning to study from caring or compassionate duties.

The AMA Council of Doctors in Training is advocating for suicide postvention strategies, standards, and policies to be embedded within all university medical education institutions. While ensuring student mental wellbeing and suicide prevention should be prioritised, strong considerations must be made by universities to ensure the wellbeing of students and staff impacted by suicide.

Area of Review 4 – Governance, accountability, and community

Previous expansions of medical school places without factoring community and medical workforce needs have led to an unsustainable medical workforce.[iii] There is now a bottleneck into vocational medical training places and intense competition into these training places between unaccredited service registrars due to the increased number of doctors in training within the Australian medical system.[iv] University medical schools receiving Commonwealth Supported Places (CSPs) funding must be accountable for delivering and addressing community and medical workforce needs.

Accountability measures that ensure universities are delivering medical graduates that meet community and workforce needs must include the allocation of CSPs. Additional or continued allocation of CSPs should be extended to medical schools that actively facilitate students to practice in rural and remote settings, in community settings, and that have curriculums in place to provide career guidance and support for students to enter specialties that are undersubscribed such as general practice. Further, medical schools that deliver graduates and outcomes that do not reflect community and medical workforce needs would have a portion of their CSPs redistributed. Universities, their funding, and accountability for outcomes must be scrutinised to create a well-distributed and sustainable medical system and address undersubscribed medical specialities and existing inequities.

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[i] Australian Government National Skills Commission. 2021. "Health Care and Social Assistance - Industry Analysis Report." https://www.nationalskillscommission.gov.au/sites/default/files/2022-01/Health%20Care%20and%20Social%20Assistance%20Industry%20Analysis%20Special%20Topic%20Report.pdf.
[ii] Ibid
[iii] Australian Government Department of Health. 2021. "National Medical Workforce Strategy 2021-2031." Canberra, 41. https://www.health.gov.au/sites/default/files/documents/2022/03/national-medical-workforce-strategy-2021-2031.pdf.
[iv] Ibid