

Dear Department of Education,

Thank you for the opportunity for the Australian Medical Students' Association (AMSA) to provide a submission regarding the redistribution pool of medical student places for 2021. AMSA has appreciated continued consultation from both the Department of Education and the Department of Health in addressing key health workforce priorities, particularly the Murray Darling Medical Network. This submission has been prepared after consultation with the AMSA National Advocacy Team which has representation from each state.

Summary of concerns

1. Any commensurate increase, even as a one-off, in international student numbers to compensate for a CSP reduction will push medical student numbers even further, contributing to crowded clinical placements and worsening the oversupply and imbalance in workforce.
 - In 2019, 59% of international student respondents to the AMSA National Survey stated they would not recommend studying medicine in Australia to family or friends with the most commonly cited reason being uncertainty of gaining an internship. The increasingly poor perception of Australian medical education on an international stage is not only a reputational risk, but a financial risk.
2. 3-yearly reallocation of CSPs is too short as medical programs are 4-7 years in length, meaning that 3-yearly reallocation will occur before a cohort completes a medical degree.
 - AMSA is concerned that 3 yearly reallocations will not lead to sustainable, measurable improvements in rural education because it does not allow enough time for good programs to show their worth and that regular reallocations occurring between states will lead to a worsening mismatch in internship position supply across states
3. The definition of an appropriate end-to-end program has not been fully detailed. AMSA believes any "end-to-end" program needs to have sufficient exposure to metropolitan environments and populations, especially during clinical years.
4. The joint program between Charles Sturt and Western Sydney, as well as any new or expanded programs from existing medical schools in rural or regional locations, will require a critical mass of medical education specialists and staff to effectively teach and support their students.
 - This will dilute the current medical education workforce particularly as medical schools are already underfunded, which threatens to reduce the quality of training medical students receive. Videoconferenced or recorded lectures may take the place of better quality teaching if there are not sufficient resources.
 - Medical students at regional sites are at higher risk of mental ill-health due to numerous factors including geographical isolation, financial hardship and often a lack of support staff. University support staff (e.g. counsellors, psychologists) are sometimes only available at major campuses.
5. AMSA is concerned that despite positive intention for reallocation of medical students to regional and rural campuses, this may not translate to an increased rural and regional workforce. The major bottleneck exists in a lack of vocational training places in rural and regional areas for medical graduates to pursue later in their career.
 - Retention in rural and regional areas drops off quickly post-graduation as currently it is difficult for a doctor to complete their vocational training rurally without returning to a metropolitan centre. This relocation is during a crucial time where many life decisions such as meeting a partner, starting a family, buying a home and finding career role models in the city

significantly reduces the likelihood of returning to rural practice. Despite having the best of intentions initially, long-term training remains a further barrier for urban students to fully convert.

Summary of recommendations

1. Continue the commitment to not increase CSP numbers. AMSA thanks the Department of Education for this commitment.
2. Continue to consult with stakeholders like AMSA in the upcoming processes of Assessment of medical school proposals and future redistributions. AMSA thanks the Department of Education for this commitment.
3. Remove the commensurate increase in international student places.
4. Formally regulate international medical student and domestic full-fee paying student numbers in Australian Universities.
5. Extend the CSP reallocation pool to 5-7 yearly.
6. Continue to advocate for the expansion of the Specialist Training Programme in proportion to community demand for medical practitioners with a priority on regional and rural sites; and to work together with Specialty Colleges to increase vocational training positions in regional and rural sites.
7. Ensure that rural and regional medical programs are able to recruit enough teaching staff and support staff for their medical students.

AMSA's recommendation from the proposed options

AMSA recommends the Department implement Option 2: All universities would contribute 2.03 per cent of commencing medical CSPs to create a pool of 60 commencing places; the 28 places remaining after CSU's allocation would be redistributed across all universities based on the proportion of regional medical education training each institution currently delivers or proposes to deliver.

AMSA believes this option allows medical schools the best opportunity to showcase their current or future regional and rural initiatives. This incentivises maintenance or expansion of these initiatives from each university, where Option 1 would not clearly do so in the "bid" process. AMSA does not support Option 3 as there is not currently a consensus on what "end-to-end" is defined as, and may not appreciate other initiatives which contribute positively to rural and regional workforce.

AMSA would also like to inquire as to where future intake for the joint program will come from (i.e. from 2022 onward) as this is not made clear in the document.

Thank you again for the opportunity to contribute. AMSA looks forward to continuing a positive relationship with The Hon Dan Tehan MP and the Department of Education. Please do not hesitate to get in touch if you have any questions regarding AMSA's submission.

Warm regards,



Jessica Yang
President
Australian Medical Students' Association