

22 October 2019

The Hon Dan Tehan MP  
Minister for Education  
Email: [cgs@education.gov.au](mailto:cgs@education.gov.au)

Dear Minister Tehan

**RE: Redistribution pool for medical places**

Thank you for the opportunity to make a submission in response to the Discussion Paper (DP) - redistribution of medical places. The complex background to this DP is acknowledged and in particular Griffith University (GU) agrees that there is a significant problem with the maldistribution of the medical workforce and that new policy initiatives need to be explored. However, the proposed approach to this would present GU with some significant challenges and in general we are not supportive of the options put forward.

GU has already made major contributions to this important policy agenda in a number of different ways. When the medical program was set up on the Gold Coast in 2005 it was decided to locate a proportion of students in a regional centre (Tweed Heads) giving our students exposure to a wide range of patients based in northern NSW. Although our medical school did not have a rural clinical school at its foundation, a year-long integrated longitudinal rural placement program was set up on the Darling Downs in 2013, and this 'Longlook' program secured funding from the Rural Health Multidisciplinary Training (RHMT) program in 2016. This has been highly successful with multiple sites now recruited and in 2019 more than 25% of our graduates will have completed at least one year of training in a rural site. We have developed a preferential rural selections process to ensure that our graduating cohort contains at least 25% of students from a rural background. Most recently we have begun our own 'End-to-End' program based on the Sunshine Coast taking 50 students each year. Although the main site is not classified as rural, we are sure that this ambitious initiative will have a major regional influence on the medical workforce of the future. In 2021 this program will introduce Gympie as a rural training site, which is currently used as an extension of the Darling Downs program.

Taking account of these important initiatives already in place, and the impacts which may be caused by the proposed redistribution of places, GU would like to make the following points in response to the DP;

1. Any reduction in CSP for the GU medical program would lead to a loss of student-load income which would not be easily offset with any reduction in costs of running the program. Any reduction in income is likely to impact on the important aspects of our program which are already contributing to the development of the rural workforce.
2. Replacing domestic students with more international students is challenging as they are not guaranteed internship within Queensland, and GU has already reached the agreed maximum proportion of international students (17.5%). Given the geographically diverse nature of our program and the limitations on where international students can be placed this would lead to difficulties with clinical placements.

3. In the DP the proposed redistribution would take 4 places away from GU, which is based on the total domestic cohort of 200. This includes the new Sunshine Coast cohort which only began in 2019 and is already based on a redistribution of places from other programs. It seems somewhat illogical to include this new initiative in any calculations leading to redistribution of places.
4. Our current rural program, which is relatively recent in its development, is based on the current RHMT funding model which is currently under evaluation. There is no mention in the DP of this evaluation, nor any obvious connection between the proposed redistribution of medical places and the outcomes of the evaluation.
5. Whatever the outcome of this new policy development, from the perspective of an existing medical school that is already contributing in many ways, we are keen to have certainty of the funding arrangements, the numbers and origins of the students in our program, and the outcomes expected.

In response to the general direction of these proposals outlined in the DP it is important to point out that there are other barriers to rural medical education and training that must be overcome if the policy objective of improving medical workforce distribution is to be achieved. Firstly, medical education in rural sites is much more expensive due to the small numbers of students and the lack of 'economies of scale'. Running 'End-to-End' programs is even more challenging than simply providing rural clinical placements as it is extremely difficult to provide the resources required with the current funding model. There are newer, innovative ways of delivering a medical curriculum but achieving the right balance between quality of medical education and the advantages of studying in a rural or regional site is very challenging. Our own experiences at the Sunshine Coast have been very informative in this regard. Secondly, the lack of postgraduate training opportunities in rural and regional sites means that many of those who are enticed to train as undergraduates in rural sites may end up gravitating back to the cities. This is especially pertinent now that there are real concerns expressed by medical graduates about the bottlenecks in the postgraduate training pipelines. It is understandable that new medical graduates who wish to enter specialty training will be increasingly reluctant to commit to working in a rural site if this is perceived to be a disadvantage in reaching their career goals. It is vital that any policy initiatives recognise that getting students to train as undergraduates in a rural site, whether or not they are themselves from a rural background, will only succeed if they can gain the bulk of their postgraduate training in rural sites. Finally, any policy change which involves the distribution of undergraduate places will have a long lead-time as the time taken from entry into medical school to producing a fully trained specialist is lengthy (8 to 14 years). Focussing on new initiatives at the other end of the medical education continuum may well produce better results in a much shorter timeframe.

Griffith University is keen to continue to deliver a high-quality medical education program across all of our diverse training sites. We will be interested to see the results of this consultation and the future directions for these new proposals.

Yours sincerely



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