

20 November 2019

Department of Education  
Australian Government

By email: [CGS@education.gov.au](mailto:CGS@education.gov.au)

### **Redistribution pool of medical places**

Thank you for providing the RACGP with the opportunity to respond to the discussion paper on the creation and management of a redistribution pool of medical places. Outlined below are comments from the RACGP on the options for managing the redistribution process for 2021.

#### **1. Managing the redistribution pool**

While all of the three options proposed for managing the redistribution pool in 2021 have benefits, the RACGP would advocate for the implementation of option 3. This option would only allocate places to universities with a commitment to deliver end-to-end fully regional medical programs by 2021. The available evidence supports end-to-end training programs as an effective strategy in retaining GPs in rural areas. This mechanism provides the greatest motivation for change; it would incentivise universities to invest and develop more in rural areas. It also makes it more likely that there will be a critical mass of students studying in rural areas, and therefore the development of resources, expertise and infrastructure on site to support them, rather than fewer students remotely accessing city-based resources.

#### **2. Maximising the impact of the redistribution pool**

The RACGP is very supportive of policies designed to address the maldistribution of GPs in Australia, and would suggest the following points are considered to ensure the policy has the greatest possible impact:

- The redistribution pool is a very small proportion of medical student places. Part of the future evaluation of the effectiveness of the redistribution pool should be a consideration to increasing the size of the pool.
- The policy would incentivise universities to develop end-to-end programs in ASGS-RA 2 to 5. While this fits in with other Governmental policies impacting universities and medical students, there is a concern that it isn't focused enough on very rural and remote areas that struggle to attract new doctors. Consideration should be given to further incentivising universities for choosing ASGS-RA 3 to 5.
- It's important that the implementation of the redistribution pool does not result in a reduction to the number of students allocated to Rural Clinical Schools for their training.
- It's important that the end-to-end programs developed are of a high standard with high quality teaching and appropriate investment in resources. Students should not be disadvantaged because they are not based near the medical school's main facilities.
- Rural origin is an important factor which should be considered in conjunction with increasing quality rural-based education places. This extract from the RACGP's 2014 report, [New Approaches to Integrated Rural Training for Medical Practitioners](#), stresses the importance of policies targeted at rural origin students:



*Encouraging choice and take-up by addressing some of the barriers placed on students is another consideration. Rural origin and review of entry scores are seen to be important strategies as well as addressing the financial constraints on students and families in the context of rural disadvantage. Families are already under significant financial strain from years of drought or other climatic events, as well as the broader national economic impacts felt more acutely in these areas in recent years. Increasing rural intake to 35%, in line with the regional (against urban) population split, and tiered to funding is another important strategy.*

- Universities who are not allocated any pool places will still need to ensure they are meeting their targets for the proportion of their students who are of rural origin and the proportion of students who are completing rural clinical training in ASGS-RA 2-5 locations.

### 3. Assessment framework and policy parameters

The RACGP is very supportive of the principles outlined in the Assessment Framework, particularly the principles that the introduction of the redistribution pool doesn't change the national supply of domestic medical graduates, that it doesn't increase the number of domestic or international full fee paying medical students and that the medical schools have fully considered the medical training pipeline and local workforce needs.

The suggested policy parameters for the 2021 redistribution process seem to be reasonable and appropriate – we don't have any additional comments on these.

Many thanks for the opportunity to contribute to this consultation. If you would like to discuss any of the above in more detail please contact the RACGP Rural Manager, Chris Kyranis, on [rural@racgp.org.au](mailto:rural@racgp.org.au).

Yours faithfully,

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