

Australian Medical Students' Association
42 Macquarie St
Barton, ACT 2600
January 19th 2017



The Hon Michael McCormack MP
Minister for Small Business
PO Box 6022
Parliament House
Canberra ACT 2600

Dear Mr Michael McCormack,

The Australian Medical Students' Association (AMSA) thanks the Government for the opportunity to develop this Pre-Budget Submission for consideration.

As the peak representative body of 17,000 medical students, AMSA has developed six recommendations for the 2017-2018 Budget:

Recommendations:

1. To refuse to fund any additional Commonwealth Support medical places or starting new medical schools.
2. To increase base funding of tertiary education
3. To continue promised funding of the Commonwealth Medical Internships Scheme
4. To fund a National Training Survey for junior doctors
5. To increase support funding for Aboriginal and Torres Strait Islander health students to increase retention rates.
6. To provide increased funding for specialist training options in rural and regional Australia through the Specialist Training Program (STP).

A handwritten signature in black ink, appearing to read 'Rob Thomas', with a stylized flourish at the end.

Rob Thomas
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Australian Medical Students' Association

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Recommendation #1: To refuse to fund any additional Commonwealth Support medical places or starting new medical schools.

Medical student numbers have increased by over 70% in the past 10 years. This has resulted in concerning shortages in the numbers of available internships and specialty training positions required for young doctors to become fully qualified. The last Health Workforce Australia report published in 2014 recommended no further increases to numbers be made due to a projected oversupply of doctors; despite this, increases have occurred, including the establishment of the Curtin Medical School.

As such, it is our recommendation against the development of any new medical schools in Australia. Due to the nature of the medical training system, new medical schools, regardless of their location, will not lead to the creation of more doctors for rural communities. Propositions such as the Murray Darling Medical School, both in isolation, and in the context of the recently approved Curtin would be an exceedingly poor use of Commonwealth resources, and further exacerbate the lack of training places for medical students and junior doctors further down the line.

Recommendation #2: To increase base funding of tertiary education.

At the 2015 budget the Coalition indicated their intention to implement changes that would reduce the amount spent in subsidising tertiary places in Australia. Currently, the Commonwealth Grants Scheme (CGS) provides funding for student places through schemes like the Higher Education Loan Programme (HELP). Previously, the Labor Government removed the cap on the number of places that were available to University students in many degrees, which has led to an increase in the amount of money spent under the CGS programme. It is predicted in 2016-2017 that this spending will reach \$7.2 billion.

In response to this, the Coalition Government has proposed cutting CGS funding to \$6.6 billion, with the remaining balance being funded by the student. When this is coupled with the Coalition Government's intention to remove targets for low socio-economic status students, the outlook is not good for Australia's tertiary students. In real terms, removal of the CGS funding will result in a 20% increase in the student contribution amount. This is an increase that will negatively impact on all students, and in particular is likely to discourage those from low socio-economic backgrounds to consider tertiary education.

Medical Deans of Australia and New Zealand estimates that it costs between \$50,727 and \$51,149 to train one medical student for one year. Between funding provided from the government and from students, MDANZ identifies a funding shortfall of approximately \$23,500. This may affect the quality of the education provided in medical school, and lead to the universities looking for alternative funding.

In light of the indexation changes which have already come into effect, we ask that the Federal Government refrain from further increasing the financial burden on our nation's tertiary students, either by reducing the CGS contribution amounts or through any other mechanism. As more Australians seek to gain tertiary qualifications, it is imperative that we have a system that supports

applicants and where socio-economic status bears no impediment to an education.

Furthermore, we ask that the Government adhere to targets previously put forth that aim to have 20% of the tertiary student base coming from low socio-economic backgrounds, and to investigate, fund and implement programs to achieve this aim.

Recommendation #3: To continue promised funding of the Commonwealth Medical Internships Scheme.

The rapid rise in the number of medical students in the past decade has resulted in a healthcare system which is struggling to meet the training demands of Australia's future doctors. In the last few years, many graduating medical students have been forced to look overseas or simply left without an internship.

In 2013, the Coalition government responded to this internship crisis and provided \$40 million in funding over four years to provide 100 internships for graduating medical students, with a focus on rural training. This necessary initiative has seen hundreds of Australian-trained graduates successfully entering the health workforce rather than losing these young doctors from Australia's health system. The 2016-17 Federal Budget assured refunding of CMI for a further 4 years, which we sincerely hope continues.

Recommendation #4: To fund a National Training Survey for junior doctors.

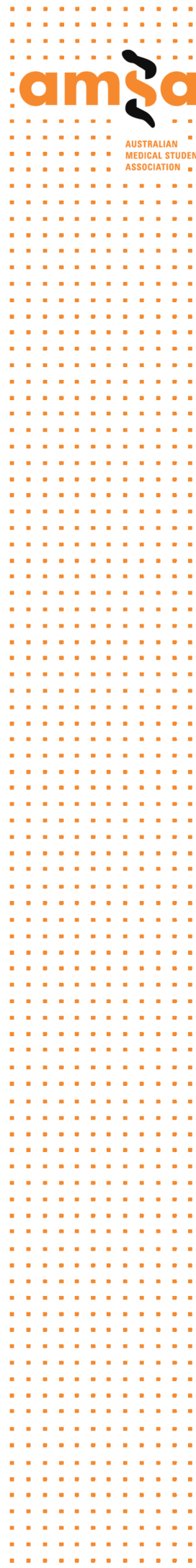
The Federal Government's Medical Intern Review (2015) recommended the implementation of a national training survey of all pre-vocational and training doctors. Such a survey would collect information on current status and future intention for the thousands of pre-vocational and training Doctors around Australia.

Further to this, it would generate a clearer evidence base for health workforce planning, and guide interventional programs for certain areas of projected workforce need. The creation, monitoring and analysis of the survey could be aligned with annual AHPRA registration renewal to provide a low cost survey setting and a guaranteed compulsory response. AMSA believes that a national training survey would constitute an important investment by the Commonwealth in workforce planning.

Recommendation #5: To increase support funding for Aboriginal and Torres Strait Islander health students to increase retention rates.

Currently, 2.5% of first year medical students are of Indigenous descent, however low retention rates are currently preventing these students from becoming doctors. Developing an Indigenous health workforce is critical in the establishment of self-determination and genuine improvement of indigenous health access. Any funding should take into account all the necessary recruitment and retention strategies that Aboriginal and Torres Strait Islander students require.

Of paramount importance, is the necessity to consult with key stakeholders including the Australian Indigenous Doctors Association (AIDA), AMSA, and Indigenous communities in the development of recruitment and retention



strategies. Funding could provide additional mentoring support programs, including social and academic support and professional guidance from experienced medical professionals.

Recommendation #6: To provide increased funding for specialist training options in rural and regional Australia through the Specialist Training Program (STP)

Since 2010, the Specialist Training Pathway has provided limited opportunity for Doctors to complete some of their training in regional Australia. AMSA supports the implementation of regional training hubs and welcomes the planned expansion to 1,000 specialist places in 2018. This is a positive step towards increased retention of doctors into the rural health workforce.

AMSA recommends the Australian government along with the specialist training colleges to further expand opportunities for Doctors to complete the entirety of their specialist training in regional and rural locations across the entire spectrum of specialties. As it currently stands, doctors are required to complete their specialist training in metropolitan centres, drawing them away from rural locations. In many cases doctors have committed to their families and established professional networks in capital cities making them unwilling to return to regional and rural Australia.

AMSA believes more funding to expand opportunities to train in rural and remote Australia is the solution to improving the rural health workforce maldistribution.

