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GOVERNMENT STUDY ENDORSES AMA CALLS FOR GREATER INVESTMENT IN MEDICAL WORKFORCE TRAINING

The Australian Medical Education Study report – *What makes for success in medical education?* – endorses calls by the AMA for greater investment in medical education and training to produce a medical workforce capable of meeting the future health needs of a growing and ageing population.

The study undertook research between 2005 and 2007 involving all the major stakeholders, and included surveys of medical students, junior doctors, educators and employers.

AMA President, Dr Andrew Pesce, said today that the report highlights the high international rating of an Australian medical education but advises that more needs to be done to properly fund and resource medical training in Australia.

“The report stresses that medical education in Australia continues to be rated exceptionally well by international standards,” Dr Pesce said.

“But the report also states that medical education has been experiencing significant and profound contextual, societal, educational, economic and operational changes.

“It highlights problems caused by a lack of funding, growing medical student numbers, fewer clinical teachers, and the enormous pressure on hospitals to focus on service delivery at the expense of providing vital teaching opportunities for the next generation of doctors.”

Dr Pesce said the report stipulates:

- the need to find ways to ensure that students have access to quality role modelling,
- the need for mentoring and supervision provided by senior doctors;
- the need to resource the support, time and funding for practising doctors to take on teaching and mentoring roles; and
- the need for training, recognition and remuneration for clinical educators.

“The research outcomes of the report back the AMA calls for the Commonwealth and the States and Territories to improve support for medical workforce training across the board,” Dr Pesce said.

“While the Government has introduced welcome measures to increase the available financial support for undergraduate students, there needs to be recognition more broadly that medical training does not stop at the university gate.

“Nationally, there will be 2920 domestic graduates from medical schools by 2012, and over 500 international graduates - many of whom will want to stay in Australia.

“This will swamp the existing number of intern places - with only 2030 currently available across the country.

“The States alone cannot be expected to address the shortfall in training places.

“It needs a coordinated approach with the Commonwealth tipping in extra resource so that we boost the number of training places in public hospitals as well as make better use of other clinical settings such as general practice and private hospitals.

“The AMA has proposed that the Government should task the existing Medical Training Review Panel to monitor the States to make sure that they are providing more training places and to provide policy advice on how to address shortfalls in training positions.

“The AMA has suggested to the Health Minister that the Government could use the new Health Workforce Australia (HWA) to supplement the efforts that States are making by funding discrete projects that will boost training capacity across the system.

“Specific funding should be made available through HWA to support the provision of protected teaching time in Australia’s public hospital system.

“Specific funding should be made available to support innovative programs such as the More Learning for Interns in Emergency (MoLIE) program that help expand teaching capacity.

“Specific funding should be provided to support teaching programs for junior doctors so that they are better equipped to teach or train medical students and new graduates.

“And specific funding should be made available to support a further 500 full-time equivalent prevocational training positions in community settings each year, accredited by the relevant postgraduate medical education council,” Dr Pesce said.

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