



Dr Michael Spence AC

Vice-Chancellor and Principal

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Mr David Hallinan
First Assistant Secretary
Health Workforce Division
Department of Health
GPO Box 9848
Canberra ACT 2601

By email: c/- jennie.della@health.gov.au

Dear Mr Hallinan,

Assessment of distribution of medical school places

Thank you for the opportunity to provide input into the government's review of the distribution of medical school places and clinical training activity, with particular reference to medical workforce needs in regional, rural and remote areas.

The Dean of Sydney Medical School, Professor Arthur Conigrave, has contributed to submissions from the Medical Deans Australia and New Zealand (MDANZ) and Universities Australia. My comments represent a brief supplement to those submissions. May I take this opportunity to reiterate the University's support for the review, highlighted in our **attached** media release of 14 December 2016.

The University has had a strong commitment to rural medical and multidisciplinary workforce development for many years, and more than two decades of experience in delivering rural medical education at many sites throughout NSW. As you know, we have a School of Rural Health with excellent facilities in Dubbo and Orange, and University departments of rural health in Broken Hill and Lismore. By the end of 2016, a total of 738 medical students had completed extended rural placements in Dubbo and Orange and had graduated. By the end of 2017, the number will exceed 800. When long-term placements in Lismore and Broken Hill are counted, this figure will approach 1,000.

Evidence shows that students who complete an extended rural placement (one year or more) are more likely to seek a career in a rural area than either students who have not had such placements, or students who have a rural origin (*Medical Journal of Australia*, 2013; 199(11): 779-782). According to 2015 data from the MDANZ Medical Students Outcomes Database (MSOD), 63.2% of graduating students who had attended a Sydney Medical Program rural school indicated that they would opt to work as a doctor in a rural area. Almost 90% of Sydney graduates who had completed an extended rural placement reported that the experience had increased their interest in pursuing a medical career in rural or regional Australia.

Evidence also shows that currently available regional and rural intern posts are more than fully subscribed. For example, the Orange Health Service received 100 applications in 2016 for 16 available intern jobs. Dubbo Base Hospital experiences a similar demand for its internships.



We therefore conclude that the number and distribution of medical school places are not key limiting factors in developing and sustaining a rural medical workforce. The most important factor in ensuring that rural workforce needs are met (and sustained) is the availability of a comprehensive and adequately supported rural training 'pipeline'. This must enable students interested in a rural career not only to obtain intern and residency posts, but also to progress through postgraduate specialty training (including rural generalist training) in appropriate rural and regional sites. At present we can fill the entrance to the 'pipeline' with enthusiastic graduates, but the very limited availability of basic and advanced specialty training in rural centres results in significant rates of attrition as junior doctors take training posts that, in most instances, are available only in metropolitan sites.

The element that is missing from the 'pipeline' comprises high-quality, respected postgraduate training positions in the major clinical disciplines in regional and rural centres throughout Australia. As noted by the Department's discussion paper (pp.6-7) around 33% of graduating medical students are completing a year-long placement in a rural area. Yet only approximately 20% of all internships are rurally based, while only 13% of (non-general practitioner) accredited specialist training positions are in rural locations, with most of these only providing a single year of training. This means that, at present, rural training can only be an interlude in, rather than provide the substance of, specialist training. Locations for new specialist training posts should be strategically chosen to be: (a) capable of providing basic and advanced postgraduate training to Fellowship level, (b) capable of supporting rotations at more remote sites by distance supervision, and (c) relevant to regional health-service needs. The number and distribution of internships and specialist training places should be aligned with the current and anticipated future workforce needs of regional Australia.

We applaud the government's initiative in inviting applications for the funding of Integrated Regional Training Hubs, which is a considered response to the deficiencies identified above. This initiative will enable the establishment of basic and advanced medical training posts in rural centres, in collaboration with local health districts and the specialist Colleges, and will provide a foundation upon which a long-term solution can be developed. The University has submitted applications for three hubs, respectively in Dubbo/ Orange, Broken Hill and Lismore.

We also welcome the government's commitment to establish at least three new University Departments of Rural Health nationally. The new UDRHs will expand and strengthen rural training opportunities for students in disciplines other than medicine, as well as provide strong frameworks for multidisciplinary health professional education that is responsive to the needs of rural health services and the communities they serve. We have submitted a proposal to the Department's recent competitive tender process to lead the establishment of a new UDRH to serve the communities in and around Orange and Dubbo.

In summary, we urge the government not to change the distribution of medical school places because there is no evidence that making such a change would benefit the further growth and development of the rural medical workforce. Rather, we recommend a long-term commitment to develop and support the concept of the rural medical training 'pipeline', with particular emphasis on increasing the availability of internships in rural areas, and on building capacity for the delivery of basic and advanced specialist medical training capacity in rural centres, including training for rural generalists.

Yours sincerely,

(Signature removed)

Michael Spence

Attachment University of Sydney Media Release, 14 December 2016



MEDIA RELEASE

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After hours

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Sydney Medical School welcomes Government focus on rural medical training

14 December 2016

Sydney Medical School has welcomed today's announcement by the Federal Government that it will review the distribution of medical school places in Australia in an effort to address the shortage of doctors in regional, rural and remote areas.

"We welcome this initiative and look forward to contributing to the review in an effort to increase the medical workforce in the bush," said Acting Dean, Professor Cheryl Jones.

"The University of Sydney has had a strong commitment to medical and multidisciplinary education and workforce development for many years.

"In 1996, we established the Broken Hill University Department of Rural Health and in 2001 created the University Centre for Rural Health North Coast. In the same year, we established the Centre for Rural Health in Dubbo and in 2004, a new Orange campus of the School of Rural Health was established. These centres have grown to be thriving hubs of rural medical workforce training thanks to our partnerships with Health Districts and other universities."

"Currently, over 25 per cent of incoming students to the Sydney Medical Program are recruited from a rural background and by the end of 2016, we will have educated 738 Sydney Medical Program students at The University of Sydney's School of Rural Health in Orange and Dubbo," Professor Jones said.

"Next year another 32 final year medical students will train in Orange and Dubbo, and we are optimistic that many of them will, similar to their predecessors, express a strong preference to work rurally."

Last year, 63 per cent of graduating medical students who had attended a University of Sydney Rural School expressed a preference to work in a rural area, 82 per cent of whom where possible, would opt for a generalist career.

Ninety per cent of students who attended the University of Sydney Rural School agreed or strongly agreed that their rural medical experience had increased their interest in pursuing a career in rural or regional Australia.

Converting these students' positive intentions to become fully qualified rural doctors is a process of at least six and typically eight or more years of supervised vocational practice after graduation.

“We recognise that rural training experience increases the likelihood that clinicians will commit to working in rural locations long term,” said Professor Jones.

“The University of Sydney has advocated for Commonwealth funding of postgraduate training in rural and regional hubs and is encouraged by the Government’s recent commitment to implement such a program next year at existing Rural Australian Rural Clinical Schools.

“Critically, these should offer structured pathways for medical graduates to spend the majority of their many years of vocational training in rural areas.”

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