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Australia 'needs' international med students

International medical students should remain part of Australia's "self-sufficient" health workforce ambitions, says Medical Deans Australia and New Zealand.

Responding to a two-volume report by Health Workforce Australia (HWA), Medical Deans president Professor Justin Beilby said it was evident Australia could not produce enough domestically born and trained doctors to meet future demand. "Increasingly, the deans' view across Australia is that the international students who we train – and with 70 per cent wanting to stay – are part of the solution," Beilby told Campus Review.

Health ministers released the HWA report at the end of April. The report says the higher education and raining sectors will need to make innovative shifts in medical offerings to help Australia achieve a self-sufficient health workforce by 2025. It suggests simulated learning environments, standardised hours of clinical training, and consistent approaches to supervision and assessment are among the reforms needed.

Improved national coordination of doctor training is particularly vital, says HWA, to align training flows at the professional entry, post-graduate and specialist training levels. Importantly, the report says post-grad pathways need review, with the goal of reducing the time it takes to complete specialist and GP training.

HWA calls for urgent action, noting long lead times before the outcomes of agreed reforms can take effect. It also emphasises the need for medical graduates to be "work ready" – an issue raised repeatedly by employers during consultations. The report examines scenarios that could bring Australia to a high level of self-sufficiency for doctors, nurses and midwives, or leave it in a severe workforce deficit. It predicts a shortfall of up to 15,200 doctors if the nation stops importing medical practitioners from overseas.

It also addresses a predicted shortage of post-university internships. As recently reported in CR, clinical spots are not keeping up with the volume of medical graduates in Australia. A bottleneck is likely as early as 2013, with international medical students the first expected to miss out.

HWA is a response to Australia's looming health workforce shortage and its high dependency on internationally recruited health professionals compared to most other OECD countries. The nation's dependence on migration to supply doctors is particularly stark, with more than twice as many visas granted to medical practitioners in 2009-10 than the 2380 who graduated from Australian universities.

Concerns about the ethical recruitment of doctors, who often come from countries facing their own shortages, have been increasing. For example, the report cites a recent study that shows the medical workforce flow from Sub-Saharan Africa has resulted in billions of dollars in lost local investment – money saved by the developed countries that receive those doctors.

However, the University of Melbourne's Professor Leslyanne Hawthorne, who has produced numerous analyses of global migrant and international student movements, told CR that Australia

also imported many doctors from uncontroversial source countries. She said a growing domestic cohort of suitable medical students and increasing global competition for overseas doctors were also driving the self-sufficiency goal.

Like the Medical Deans, Hawthorne said Australia would remain dependent on international medical students and temporary migrant doctors into the foreseeable future. “The pipeline to self-sufficiency will be long for Australia,” she said. “Our workforce challenge is getting doctors willing to work in regional or remote clinical sites – a major challenge with domestic graduates.”

Beilby said including international students who paid their own fees into the self-sufficiency mix offered the most ethical and effective way forward. “We are in strong agreement with the general direction of the report and the issues it has identified for the next decade-plus. Importantly, it recognises Australia is now training enough medical students, and that we now need to urgently expand the number of training places for doctors after they have graduated, in a range of areas. This is clearly the major priority now,” he said.

In its report, HWA also states that the new demand-driven system will probably impact on nursing graduates. New student and graduate data will be factored into future modelling and used to update workforce plans.

“Once these training and other workforce reform and innovation policy options are considered and agreed for implementation by government, higher education and training sectors, employers and professions, then the aggregate national training requirements identified in the training scenarios in HW 2025 can be finalised and translated into the more detailed national training plan,” the report concludes.

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