Mason Review: Medical Deans Response
August 2013

KEY ISSUES

1. **MEDICAL STUDENT BONDING SCHEMES –MRBS AND MBS**

Medical Bonded Scheme (MBS)

Medical Deans acknowledge

- Options for reform of the Medical Bonded Scheme (MBS) are complex
- It is too early to know the actual impact of the MBS Scheme - out of the over 5000 participants in the scheme only one has commenced the return of service period and three have bought out
- A recent survey suggested as many as 26% of participants in 2012 intended to buy out of the MBS scheme

Medical Deans support

- Any changes to the MBS Scheme are fairer/more transparent/have low administrative costs and support networks that better meet the needs of the bulk of students
- Any move to phase out of the scheme would result in transfer of MBS places to standard CSP places
- Changes to the return of service obligation of the MBS to provide greater certainty and fairness (Recommendation 6.8)

Medical Rural Bonded Scheme (MRBS)

Medical Deans acknowledge

- While there are a number of strategies currently in play to address the shortage of doctors in rural and regional areas there is still limited evidence about the long term effectiveness of these individual initiatives including the MRBS

- The importance of initiatives that support the training of the current pipeline of medical graduates, particularly in rural and regional settings

Medical Deans believe it would be premature to make significant changes to this scheme at this stage (Recommendation 3.15)

2. INDIGENOUS HEALTH

Medical Deans acknowledge

- There has been a 61% increase in the number of Aboriginal and Torres Strait Islander doctors between 2006-2011 but that ATSI people currently only make up 1.8% of the health workforce

Medical Deans support

- A consultation process to consider appropriate ATSI health student targets that 'take account of the capacity of jurisdictions and universities to provide education opportunities for ATSI people in different demographic areas'
- Any targets are incentivised
- Any redirection of funds does not disrupt activities of universities providing good outcomes
- LIME Network model be adopted by other health professional networks
- Priority be given to improving Indigenous medical student retention and graduation rates

3. RURAL TRAINING and CLASSIFICATION

Medical Deans acknowledge

- The Government has made significant infrastructure investments in rural training through the establishment of Rural Clinical Schools and the previous RUSC funding

- One of the most significant barriers to retaining committed graduates in rural areas is the lack of clear and certain training pathways in the prevocational and vocational space
- Clinical supervision capability of all learners in the medical training continuum in many rural areas is reaching capacity
- Initiatives in this space require the support of many significant stakeholders including the specialty Colleges

Medical Deans support

- The Commonwealth taking a lead role in integrating rural training pathways that links its investment in rural undergraduate medical training with new support for rural intern places and continued growth in specialist training positions. (Recommendation 4.1)
- The distribution of medical graduates should be the priority rather than further increasing domestic graduate numbers (Recommendation 4.4)
- Development of integrated vocational rural training pathways in collaboration with the existing Rural Clinical Schools(RCS) and their networks where there is capacity and adequate funding support (Recommendation 4.6)
- The mandatory 4 week rural clinical placement as part of the Rural Clinical Training and Support program should be abolished in favour of longer term high quality electives. This should not affect the total funding to support rural clinical placements. (Recommendation 4.6)
- Consolidation of RCSs with UDRHs on a case by case basis (Recommendation 4.11)
- RCSs be expanded to be multidisciplinary on a case by case basis (Recommendation 4.5)
- A new rural classification system, which is more transparent, avoids the unintended negative consequences of the current AGSC-RA classification and allows more targeted program investment such as RCTS and RAMUS scholarships
- The new rural classification system should be appropriately adapted to the needs of health workforce programs to recognise differing access to health services within regions

4. HEALTH WORKFORCE PLANNING AND PROGRAMS

Medical Deans acknowledge

- The Commonwealth programs and Health Workforce Australia have made significant contributions to addressing health workforce supply, retention and redistribution issues
- The availability of multiple programs coupled with the complexity of multiple stakeholders inevitably leads to some inefficiencies and sometimes perverse incentives in clinical workforce training and practice
- Having a robust evidence base such as reports like Health Workforce 2025 are fundamental to developing sound policy in the workforce space

Medical Deans support

- A national approach to managing clinical training funding in the public health sector through work by IHPA and HWA
- The Commonwealth and the States and Territories to work collaboratively to address medical workforce issues

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