

### MEDICAL SCHOOLS - CURRENT and PROPOSED: FACT SHEET

- There are currently 18 medical schools in Australia which graduated 3284 new doctors in 2012<sup>1</sup>
- In the last decade the number of commencing medical students doubled from 1660 in 2000 to 3469 in 2010<sup>2</sup>
- In that same decade the number of medical schools increased by 80% from 10 to 18<sup>3</sup>
- In a key 2010 report, the former President of the World Federation for Medical Education indicated that the optimal number of medical schools in a country is one for 1.5 to 2 million inhabitants. Currently Australia has 22-60% more medical schools per head of population than this optimal indicator<sup>4</sup>
- There is additional growth capacity in most medical schools (subject to availability of clinical placements) with 61% of current Australian medical schools being below the recommended optimal size (200 to 300 graduates per year)<sup>5</sup>

### **Rural/Regional Focus for Australian Medical Schools**

- In 2013 there are 17 Rural Clinical Schools (associated with 16 universities )funded by the Commonwealth in every state and territory<sup>6</sup>
- In 2013 one in five (22%) of all commencing medical students will be bonded to work in rural area (ASGC-RA 2-5) or a district of workforce shortage<sup>7</sup>

<sup>&</sup>lt;sup>1</sup> Medical Deans Data collection 2013. Notre Dame is noted as one School for the purpose of this analysis.

<sup>&</sup>lt;sup>2</sup> MTRP 16<sup>th</sup> Report

<sup>&</sup>lt;sup>3</sup> Medical Deans Benchmarking Project Report 2011

<sup>&</sup>lt;sup>4</sup> Karle H SQU MJ How do we define a medical school? Reflections on the occasion of the centennial of the Flexner report August 2010, Vol. 10, Iss. 2, pp. 160-168, Epub. 19th Jun 10

<sup>&</sup>lt;sup>5</sup> Karle H..

<sup>&</sup>lt;sup>6</sup> Department of Health and Ageing Annual Report 2011-12

<sup>&</sup>lt;sup>7</sup> Medical Deans Data collection 2013

- In 2013 one in five (21%) of all commencing medical students have a rural background (at least 5 years in a rural site (ASGC- RA 2-5) since start of primary school)<sup>8</sup>
- In 2011/12 33.6% of Australian domestic medical students participated in the Rural Clinical Schools Program<sup>9</sup>

## Setting up a new medical school

- In 2011 the cost, to the public, to educate a Commonwealth supported place medical student was \$19,542 per year. The student pays an additional \$9,080 per year 10
- Medical Deans calculates that the true cost of educating/training a medical student is \$50,727 – \$51,149 per year<sup>11</sup>
- 64% of costs in a medical school are for staff<sup>12</sup>
- In 2009 Australia had 3683 FTE Academic staff and 3017 FTE Administrative staff in total in medical schools<sup>13</sup>
- That equates to an average of 204 FTE academics and 168 FTE Administrative staff
   needed for a new school
- The Australian Medical Council has noted the difficulties new Schools can experience recruiting enough suitable clinical academics and has also commented on the risk of overloading clinical teachers with medical students from multiple medical schools<sup>14</sup>
- Establishment cost for a new medical school is estimated at \$80-\$100M over 5 years.

## Postgraduate medical training

- It takes 10-13 years to produce an independent practising doctor, including postgraduate general practitioner or specialist training
- It costs a jurisdiction nearly \$2M/per doctor to train each additional medical graduate
   from PGY1 to independent vocationally qualified doctor<sup>15</sup>

<sup>&</sup>lt;sup>8</sup> Medical Deans Data collection 2013

<sup>&</sup>lt;sup>9</sup> Department of Health and Ageing Annual Report 2011-12

 $<sup>^{10}</sup>$  Medical Deans Submission to Australian Government Base Funding Review of Higher Education March  $\,$  2011

<sup>&</sup>lt;sup>11</sup> Medical Deans Submission to Australian Government Base Funding Review of Higher Education March 2011

Medical Deans Benchmarking project report 2011

<sup>&</sup>lt;sup>13</sup> Medical Deans Benchmarking project report 2011

<sup>&</sup>lt;sup>14</sup> Australian Medical Council Correspondence 2013

<sup>&</sup>lt;sup>15</sup> WA JMO Business case correspondence 2013

- Australia has not expanded postgraduate medical training programs to accommodate the increased number of medical graduates
- Apart from general practice, there are very limited postgraduate training opportunities
  in regional and rural Australia. Graduates of Rural Clinical Schools are forced to return to
  capital cities for 4 to 8 years for postgraduate medical training; it is unlikely that they
  will return to rural practice.

# **Commonwealth Infrastructure Investment in Rural/Regional Workforce**

- In 2012-13 Commonwealth expenditure on rural health workforce programs was more than \$1 billion <sup>16</sup>
- \$1.8 billion was allocated via the Health and Hospitals Fund (HHF) Regional Priority Round to support 139 infrastructure developments for health service delivery and increasing clinical training capacity in 2011-2012<sup>17</sup>
- Under the National Partnerships Agreement the Commonwealth, through Health
  Workforce Australia (HWA), spent \$280M on increasing clinical training capacity via
  capital projects (largely in regional and rural settings) and Rural Clinical Schools in 20102012<sup>18</sup>
- A modest investment in regional postgraduate medical training based in these new facilities would be the most effective and least expensive solution to the rural medical workforce shortage.

<sup>&</sup>lt;sup>16</sup> Department of Health and Ageing Budget 2012-13

<sup>&</sup>lt;sup>17</sup> Federal Minister for Health and Ageing Press Release

<sup>&</sup>lt;sup>18</sup> Prime Minister Press Release