

COMMUNIQUE
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Over fifty clinical academic leaders and key stakeholders from a range of sectors met in Sydney today to discuss ways to build a sustainable clinical academic workforce.

At the meeting attended by representatives from governments including Australian, New Zealand and state, clinical service delivery, education and training across the medical continuum, health and research funders and professional bodies discussions included:

The definition of a clinical academic relevant to 2014. All participants agreed that being a clinician was core to the role of a clinical academic. Professor John Windsor offered the following definition. A clinical academic is a leader who has acquired specific training and experience in research and/or education and who has chosen to make these a significant part of their professional career.

The value and impact of a clinical academic workforce on health care delivery in Australia, New Zealand and the United Kingdom. Participants unanimously supported the value of this significant workforce and argued that supporting this workforce will bring long term economic, productivity and health gains to patients and the health care system.

Strategies to build a sustainable clinical academic workforce including the establishment of integrated clinical academic training pathways. Professor Stuart Carney from the United Kingdom, a critical player in the establishment of the integrated academic training pathway in the UK outlined for the participants a successful and contemporary national model that has lessons for Australia and New Zealand. Participants discussed essential enabling factors including mentoring, flexible pathways, sustainable funding and remuneration models. Participants discussed the potential for a target of the percentage of medical graduates who enter into training for clinical academe similar to that set in the UK.

Ways to progress strategies and align with current government priorities and external opportunities where possible. Speakers from Government and the training, education and research sector highlighted a number of key initiatives that could support models for building a clinical academic workforce including the establishment of the new Australian Academy of Health and Medical Sciences, the Advanced Health Research and Translation Centres, the proposed Medical Research Futures Fund, the proposed Higher Education reforms, the independent review of Internship and workforce requirements in rural areas and primary care.

Participants agreed to

- + actively support host institutions that wish to build new clinical academic training pathways and positions throughout the continuum of training in collaboration with the relevant training, regulatory and professional bodies.
- + establish a small working party to consult more broadly and aim to progress some of the key initiatives and report back to the summit attendees in approximately six months.

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