Medical Deans
AUSTRALIA AND NEW ZEALAND

The Hon Dan Tehan MP
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Policy proposal:

Medical schools' contribution to addressing the medical workforce shortage in regional and rural Australia

Medical Deans Australia and New Zealand (Medical Deans) strongly supports the need to address the longstanding maldistribution of the health workforce to increase the numbers of doctors and other health professionals living and working in rural and regional areas. The substantial investment by government and universities in selecting students from, and training students for and in rural practice, has been instrumental in growing the numbers of medical graduates who express a preference for a future career working outside capital cities – now at 36 percent[1]. This is slightly higher than the percentage of the population living there, although it is still the case that the main preference of graduates is for careers in outer-metropolitan or larger regional areas rather than small towns or communities.

Sustained effort is needed to continue and if possible further grow this level of rural interest. However, despite this reasonably high level of interest, too few of these rurally-inclined graduates actually end up in rural practice.

It is clear that, in conjunction with ongoing work to foster a high proportion of graduates desiring a future rural career, there must be concurrent and connected policy changes to drive and facilitate these graduates being able to undertake their internships and postgraduate training in regional and rural settings, and plan for a rural career. We need to stop losing rurally-inclined students to the city. Unless this happens, the investment and efforts of medical schools will be wasted, and in fact inhibited as the lack of a career pathway will increasingly undermine our efforts.

As noted in the Government's National Medical Workforce Strategy (NMWS) Framework[2], the lack of opportunity for regional training in the postgraduate years "*prevents trainees from developing connections to the communities where there skills are needed most, and at a critical time when personal and professional networks are being built*".

[1] Medical Schools Outcomes Database (MSOD) National Data Report 2019 https://medicaldeans.org.au/md/2019/09/2019-MSOD-National-Data-Report-2014-2018-Full-report.pdf
[2] Australian government Department of Health National Medical Workforce Strategy Framework https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A398D58837F631ACA2583F8007D1CC7/$File/FINAL%20-%20WORD%20-%20NMWS%20Scoping%20Framework%20-%20July%202019.pdf

This proposal outlines a policy approach that will:

- enable and support medical schools to continue to develop a medical graduate workforce with a high proportion having experienced high quality and well supported training in regional and rural areas, prepared for, and able to plan and foresee a rewarding future career in regional and rural practice;
- drive and support a better connected and aligned medical training pipeline, and enable effective career planning for medical graduates and junior doctors;
- support a strategic use of the existing Commonwealth Specialist Training Program (STP) to ensure its places are being used to their best effect;
- foster greater regional and local involvement and governance, leveraging off the substantial and successful investment by government in regional training and health service planning;
- support opportunities for rurally-based junior doctors, trainees and specialists to develop a rich and rewarding career involving broader aspects such as research, teaching, leadership and management, that has traditionally only been possible for urban-based clinicians; and
- contribute to the long-term National Medical Workforce Strategy and health workforce planning processes.

PROPOSED POLICY APPROACH

With government's support, the work of medical schools to foster and encourage students wanting to work rurally has led to over a third of graduates from Australian medical schools expressing a preference to work outside a capital city. We are continually working to further grow this number.

However, it is widely recognised that more regionally-based postgraduate training is needed so we do not lose these rurally-inclined graduates to the city:

- Given the period of time between a graduate commencing their internship to completing their specialty training may be upwards of 6 years, where they are based during this period will strongly influence where they are most likely to meet a life-partner and settle down.
- This substantial and formative period of time is also when they focus on their professional and personal networks, and take concrete steps to establishing their future career.
- Being city-based for their post-graduate training makes it very hard and less likely for them to return to their initial preference of a rurally-based medical career.
- Opportunities for a career that involves research, teaching, leadership and management have primarily been seen as the bastion of city-based positions, and is a significant barrier for doctors at the start of their career in choosing to work rurally.
- There needs to be a more cohesive, seamless journey across the training pipeline, which supports students and junior doctors to see and plan for a career based in a regional or rural location.

One of the key issues in bringing about a more coordinated, connected and regionally-focused approach has been the complexity of the jurisdictional responsibilities involved in the medical training pipeline. This has led to policies and initiatives being developed separately for the different training stages without sufficient consideration of their impact on other stages of training or on the

pipeline overall. As is highlighted in the NMWS fact sheet, this has created "*bottlenecks at each stage*". In the longer-term, what is required is a committed, collaborative and continued cross-jurisdictional approach to overcome this. This is a cornerstone of the NMWS and one we wholeheartedly support. We remain committed to contributing to the development of this Strategy and to playing our part to support its effective implementation.

In the meantime however, there is much that can and should be done.

The Rural Health Multidisciplinary Training (RHMT) Program, and its predecessors, have been a substantial, vital and valued investment into regional and rural infrastructure and training. The current evaluation provides an opportunity for the information and insights gained to be central to the development of future policy that is better informed – policy that is driven by both community and workforce needs, and by evidence of strategies that have been shown to work.

Now is the time to have a more outcomes-focused approach, and one that recognises and allows for more locally-driven and flexible models.

We recommend that medical schools be requested to develop proposals detailing how they intend to contribute to the regional/rural workforce. These plans and their deliverables would form a central aspect to their RHMT agreement – allowing government to have clear and measurable commitments, and providing a longer-term and strategic perspective. The focus needs to be on the outcomes being sought, that is, initially a substantial number of their graduates expressing a preference and preparedness for a future rural career, and subsequently, how the medical school plans on contributing to those students staying in or moving to the regions.

This would facilitate a transparent, collaborative and considered approach to the medical school's role and contribution in the post-graduation training space; with the aim of increasing the ability and probability of their rurally-motivated students developing and progressing into a rural career.

It should be expected that the schools' plans and approaches might vary quite widely, due to the differing local contexts and needs. For example a model that is appropriate for northern Queensland might not be what would work or what is needed in South Australia.

It should also be noted that, whilst we know from the evidence and our experience that students from a rural background are more likely to want to practice rurally, there are a significant proportion of students from an urban background who become keen on a rural future. The Medical Schools Outcomes Database (MSOD) highlights that over a quarter of students from a non-rural background would prefer not to work in a capital city[3]. It is important that this potential interest from what is the largest pool of students is not overlooked, and reinforces the need to move on from looking solely at inputs to a more outcomes-focused, flexible and effective approach.

In the immediate future, we strongly recommend that the government leverage its highly valued STP. The STP is a powerful lever for change and could be strategically used to instigate developments to increase the rural workforce. It provides sufficient numbers for new approaches to training, accreditation and career planning that would make a difference, without being unmanageably disruptive. It could also be used more strategically to lead work to improve larger-scale future

[3] Medical Schools Outcomes Database (MSOD) National Data Report 2019 – figure 4 page 18
https://medicaldeans.org.au/md/2019/09/2019-MSOD-National-Data-Report-2014-2018-Full-report.pdf

workforce planning. This would demonstrate clear leadership from the Commonwealth and support involvement of the jurisdictions in the development of ideas and potential models for future, broader regional training that needs to be led by the NMWS.

To further support its increased value, a transition to allocating a greater proportion of STP places to rural-only settings would be an important aspect. Whilst the idea to allocate a greater proportion of STP places to rural areas has been mooted a number of times, it has proven difficult to bring about. Regional Training Hubs (RTHs) already provide the medical colleges, health services and jurisdictions with a coordinated local structure with which they are able to collaborate; however the engagement is quite variable.

Strengthening and clarifying the RTH role would support postgraduate training overall, particularly in relation to ensuring the development of STP proposals are more consistent and locally connected. RTHs are in a position to collate information and understand community health service and workforce needs, advise on the local training capacity in place and/or required, contribute to the development of new models for accreditation in conjunction with discussions with the AMC, and be involved in strategies to recruit for training positions. Vacancy rates remain an ongoing issue for many of these positions, and considering this within the proposal for an STP position would increase the likelihood of the role being filled without delay. Importantly, those in the RTHs are the same people who provide the supervisory, educational and academic support for the interns and trainees, whilst also being Fellows of medical colleges.

Providing greater support for this “flipped training model” approach, combined with clear consideration of the junior doctor’s career pathway, would assure government that the allocated STP positions are meeting local community needs and have the best chance of leading to a future job in that region for them once they receive their Fellowship. Importantly for the future of the workforce in these areas, it would promote greater transparency about the end-to-end training needs based on local supply and demand, and support the jurisdictions in their work to improve their long-term workforce planning to address their specific workforce shortages.

Similarly, whilst RTHs have a clear role in supporting non-GP specialty training, they could equally help inform and support GP training in rural areas. This is an urgent concern considering the decreasing levels of interest in general practice training seen in the last few years. Tapping into locally established infrastructure and networks of supervisors, academics and clinicians will provide a greater level of surety and support for these junior doctors in their early stages of training.

As highlighted earlier, a key aspect involved in the decision-making process for many graduates and junior doctors is whether there will be opportunities to progress a career that involves broader elements, such as becoming a clinician-researcher, academic, or being involved in teaching, leadership or health service management. Data from the MSOD shows that 85 per cent of final year students want a career involving teaching, and 64 percent want research to be part of their future. The Rural Clinical Schools, University Departments of Rural Health, and the RTHs have established a strong infrastructure – both physical and of local clinicians – that enables this, providing opportunities for conjoint appointments, becoming part of a research team or network, and teaching at undergraduate and postgraduate levels.

Medical schools are in a strong position to play a significant and valuable enabling role. Whilst the RTHs are still relatively new, they are already demonstrating their value. This opportunity to strengthen their role, amplify the value of the STP to the rural workforce, and provide greater support for GP training, should not be lost.

Our recommendations

1) The role of medical schools in planning, advising on, and supporting regional internships and postgraduate training is strengthened; with particular consideration of how medical schools (via the RTHs) could contribute to facilitating more strategic and effective use of STP places to meet regional community needs and provide greater support for rural and regional GP training.
2) Government consults and works with medical schools and other key stakeholders to design an outcomes-based model for future policy or initiatives to deliver an increased rural and regionally-based medical workforce:
    - This proposal, along with the outcomes from the RHMT Program evaluation and informed by the NMWS Framework, should form the basis for changes to the RHMT Program to ensure it is designed to stimulate and support medical schools to effectively and optimally contribute to the future rural medical workforce
    - The future RHMT Program should involve and support plans by medical schools that detail what they see as their most effective contribution to increasing the numbers of doctors living and working in rural and remote regions; allowing for a greater focus on outcomes and flexibility to account for local contexts and needs
    - Note: whilst redistribution of CSPs is an option, the current policy focuses on the lever rather than the outcome – the policy would benefit from the consideration and inclusion of other policy levers, such as those that have proved effective within the RHMT Program (more data on these will be forthcoming from the RHMT evaluation)
3) Government suspends the proposed CSP redistribution policy, and works with stakeholders to ensure that future policy aligns with and informed by the evaluation of the RHMT Program and drives improved integration of medical training policy across the pipeline.
4) Government ensures policies to support the rural health workforce are closely connected and aligned with the developing NMWS, so that the Strategy can contribute to and benefit from ongoing and sustained developments and achievements.

We would be pleased to meet with the Ministers to discuss this proposal in greater detail and to provide any further information or assistance where necessary. Please contact Medical Deans' CEO, Ms Helen Craig, at hcraig@medicaldeans.org.au or on 02-8084 6557 or 0409 109 721.

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