

Australian Parliament

Select Committee on Women's Health

Submission

October 2026

### About Medical Deans Australia and New Zealand

Medical Deans Australia and New Zealand is the peak body representing entry-level medical education and training in Australia and Aotearoa New Zealand. We support and advocate on behalf of our member medical schools, who contribute to healthy communities through the development of high-quality, work-ready, adaptable, and patient-focused future doctors.

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## Executive Summary

Medical Deans Australia and New Zealand (Medical Deans) and its members are committed to supporting equitable health outcomes for women and girls through the delivery of quality medical education on women's health. We thank the Select Committee on Women's Health (the Committee) for the opportunity to make a submission.

Increased awareness of **gender bias** in the health system in recent years has been accompanied by changes to the curricula in Australian medical schools to help address this problem. While there is more work to do in changing the culture, our members schools now explicitly teach their students about gender bias in health care and stress the need to believe women and girls when they present with recurrent, severe or long-lasting pain conditions.

We recognise that much can be achieved at medical school, however, power structures in hospitals and senior health leadership are still operating in ways that undermine the very best and most well-considered medical school curricula in women's health. Top-down systems change needs to occur contemporaneously with integrated medical curriculum change.

In terms of reform, the most pressing need at the entry-level stage of medical training is for medical students to have **greater access to clinical placements in General Practice**. This is where most of the continuing and complex health care for women and girls takes place, and it provides a premium clinical learning environment for students. Yet medical schools increasingly struggle to access sufficient clinical placements for their students to learn in these community-based health services.

Medical Deans recommends that the Committee urge the Australian Government to increase the incentives it provides to General Practices for training medical students. These incentives have not been increased for more than a decade and no longer compensate practices adequately for income lost due to teaching. The PIP payment rate is the most commonly-cited barrier to GPs offering more clinical placements to medical students.

**Recommendation:** The Committee to recommend that the Australian Government increase incentives for General Practices and other community-based health services (Urgent Care Clinics, Family Planning services) to provide clinical training placements for medical students.

- *General Practice Incentive Teaching Payment (PIP):* The Government to increase the PIP payment for General Practices to \$390 per three-hour session.
- *General Practice Incentive Teaching Payment (PIP):* The Government to reform the scheme to support multidisciplinary training of medical students.
- *Urgent Care Clinics, Family Planning:* The Government to offer incentives (modelled on the proposed PIP reforms) to enable Urgent Care Clinics and Family Planning services to provide clinical training placements for medical students.



## Introduction

Medical schools are oriented to students mastering a core set of competencies to a specific level – sufficient for their first step into practice as medical interns, equipped with a solid foundation for their next stage of training. This submission responds primarily to the elements of the Committee's Terms of Reference most relevant to the entry-level stage of medical training:

### *Terms of Reference*

- **1.F** *Research, education and training on pregnancy and postpartum care for healthcare professionals working in maternal care*
- **1.I** *The ways in which women and girls experience recurrent, severe or long-lasting pain conditions*
- **1.J** *Women's experience in seeking appropriate healthcare responses to pain, including experiences of medical misogyny*

## Gender bias

Gender bias and barriers in the healthcare system routinely lead to denial or dismissal of pain, misdiagnoses or delayed diagnoses, and lack of pain relief and associated treatment for many women<sup>1</sup>.

Increased awareness of gender bias in the health system in recent years has been accompanied by curricula changes in Australian medical schools to help address this problem. While there is more work to do, member schools now explicitly teach their students about gender bias in health care and stress the need to believe women and girls when they present with recurrent, severe, or long-lasting pain conditions.

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*"There has been an emphasis on teaching students to believe their patients, especially women, when they present with symptoms including pain. There has also been a shift in teaching students about male-centric presentations, such as the different ways that symptoms of a heart attack may present in males and females." [NSW medical school senior leader, 2026]*

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Much can, and is, being done to correct gender bias so that new generations of junior doctors are creating positive change as they transition into the health system. However, systemic change across the medical and health workforces is needed to make a real difference and ensure that medical students do not interpret the gender bias they may experience on clinical placements as an acceptable norm for their future practice.

We note also that while medical schools are making a difference for domestically trained doctors, this is not necessarily the case for the increasing proportion of overseas trained doctors recruited each year by Australia, who may or may not have learned about gender bias in their medical training. This may be an issue into the future, unless recommendations by medical experts for Australia to build a more self-sufficient medical workforce<sup>2</sup> are adopted.

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<sup>1</sup> Inquiry into Women's Pain, Victorian Government, 2025, <https://www.health.vic.gov.au/inquiry-into-womens-pain>

<sup>2</sup> National Medical Workforce Strategy

<https://www.health.gov.au/sites/default/files/documents/2022/03/national-medical-workforce-strategy-2021-2031.pdf>



## Medical education on women's health

### *Good practice*

The scaffolding and integration of content into medical school curricula, rather than teaching topics as specific or siloed matters, prepares students to apply their learning in real-world clinical practice and for a wide range of patients. Medical programs scaffold women's health learning into their curricula in a variety of ways, while meeting common standards.

Good practice approaches to campus-based learning are less reliant on passive, lecture-style formats, with greater use of active teaching styles, including small group workshops, simulated programs (using actors) and interactive online learning.

The best and most critical learning environments for medical students on women's health, including pregnancy, postpartum care and presentation of pain, are the clinical placements they undertake in health services, where they see role modelling of good care, including multidisciplinary care.

**Example medical program approach:** Women's pain conditions are explored through both classroom and clinical learning. Students are exposed to the multidisciplinary management of chronic pelvic pain and endometriosis through women's health clinical placements, including opportunities to observe care delivered by an endometriosis centre incorporating gynaecologists, chronic pain physicians, psychologists, nursing staff, and other health professionals. The program emphasises the biopsychosocial dimensions of women's health and allows students to see how complex chronic conditions are managed in real-world clinical settings.

### *Shortage of GP placements for students*

One of the two key clinical rotations for women's health is Obstetrics and Gynaecology (O&G); the other is General Practice. Unfortunately, in the case of General Practice, medical schools are increasingly limited by an ongoing shortage of access to quality clinical placements for their students. This is a serious constraint given that General Practice is where most of the continuing and complex health care for women and girls takes place. Patients develop long-term relationships with their GPs, and General Practice is the first port of call for almost all women with gynaecological symptoms, whether it be sexually transmitted infections, endometriosis, pelvic pain, or issues in early pregnancy and postpartum. GPs also provide the education, care plans and whole of person support for chronic conditions associated with pain (e.g., PCOS, arthritis, endometriosis).

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*"It wasn't until I got to general practice that I saw how much women's health issues, like menopause, pelvic pain and a range of health issues are part of daily practice, and a woman with a GP who knows her well will seek most advice there."* [Senior medical student, 2024]

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The increasing shortage of access to GP placements means medical students are not getting the foundational clinical training in primary care that would best equip them to meet the health needs of women and girls when they transition to practice.



## Increasing future access to GP placements

The most commonly cited barrier to increasing student placements in General Practice is the poor financial compensation GPs receive for income lost due to teaching. The Practice Incentives Teaching Payment (PIP) provided by the Australian Government has not been increased for over a decade and no longer represents adequate compensation for income lost due to time spent teaching. Consequently, some GP teaching practices have stopped taking on medical students over the past few years due to financial pressures, increasing an already existing shortage of placements.

Medical Deans advocated in its 2026-27 [Pre-Budget Submission](#) to Government for an increase in the PIP Teaching Payment for GPs, as well as the introduction of clinical placements for students in the Government's new community-based healthcare model, Urgent Care Clinics. Extending incentives to Family Planning services to teach medical students would also be particularly helpful in learning about women's health. Increasing placements in these community-based health services is the best way to ensure that medical students get the right foundational experience and training about health care for women and girls outside hospital acute care.

We urge the Committee to include the following recommendation to the Government in its final report.

**[Recommendation:](#) The Australian Government to increase incentives for General Practices and other community-based health services (Urgent Care Clinics, Family Planning services) to provide clinical placements for medical students.**

- **[General Practice Incentive Teaching Payment \(PIP\):](#)** The Government to increase the PIP payment for General Practices to \$390 per three-hour session.
- **[General Practice Incentive Teaching Payment \(PIP\):](#)** The Government to reform the scheme to support multidisciplinary training of medical students.
- **[Urgent Care Clinics, Family Planning:](#)** The Government to offer incentives (modelled on the proposed PIP reforms) to enable Urgent Care Clinics and Family Planning services to provide clinical training placements for medical students.

***Medical Deans Australia and New Zealand  
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