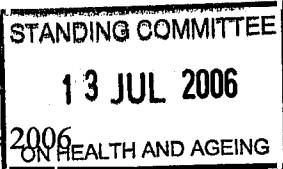




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30 June 2006

The Hon Alexander Somlyay  
Member for Fairfax  
Parliament House  
CANBERRA ACT 2600

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Dear Mr Somlyay

**Re: Medical Schools**

The Government has reacted to medical workforce shortages by moving to increase the number of medical schools and medical school places across the country. The AMA has publicly applauded these initiatives, with one critical caveat – the Commonwealth and State/Territory Governments must work together to ensure that sufficient clinical placements are available for these students, along with adequate intern and vocational training places.

AMA analysis of future medical school places indicates that by 2012, the combined effect of increased HECS funded and full fee paying places will see the total annual output of medical schools increase to around 2885 graduates, compared to 1300 in 2000. This represents a 120% increase in graduate numbers so there is no doubt that the Commonwealth is prepared to make a significant investment in the future medical workforce.

On the other hand, State/Territory Governments appear to be doing very little to meet their obligation to provide the resources needed to ensure that these students will receive a decent medical education. Training a doctor is about a lot more than classroom theory, simulations and performing procedures on dummies. Seeing and treating real patients with real conditions are fundamental to producing a well-rounded and highly skilled medical practitioner.

Medical students need to spend time in hospitals in properly supervised roles. The AMA receives regular reports from medical students and doctors alike that the myopic focus on service delivery in public hospitals is making it harder to provide a quality training experience. Health departments have forgotten the importance of investing in training for the future.

A recent survey of 561 medical students in Western Australia, where there has been a dramatic increase in student numbers, found that 80% believed increased numbers was having a negative impact on the quality of their education while 77% were concerned about the quality and availability of future training positions. Strong themes that emerged from the survey were the dissatisfaction with the high rates of student to teacher ratios and the increasing reliance on junior doctors as teachers instead of more experienced clinicians.

Looking ahead, by 2012 Australia will need 3200 intern positions to meet the demand for places. This takes into account overseas full fee paying students and Australian Medical Council exam graduates. To illustrate the challenge ahead, in 2005 there were 1553 intern places available, and 1780 vocational training places.

In this light I am deeply concerned at rumours of another medical school being approved by the Government. Another medical school will simply compete for the resources available to existing medical schools and there are not the facilities or the human resources to provide a full medical education or to retain the high standards and quality that are intrinsic to such education.

Before the Commonwealth can even consider another medical school, it needs to hold the States/Territories to account to provide the resources to support the increases that have already been put in place. Empty reassurances from State/Territory Governments are not acceptable. Australia must not repeat the mistakes of the UK where several thousand junior doctors are now unable to find training positions.

The AMA is not alone in its views. During the recent AMA National Conference Commissioner Mike Woods, who chaired the Productivity Commission Report on Health Workforce, acknowledged that increased medical student numbers would overwhelm currently available resources for clinical teaching during undergraduate and subsequent years. The Productivity Commission was unable to identify a solution to this problem in the timeframe available to complete its report. The recent Biennial Review of Provider Number Legislation conducted by the Hon Ron Phillips also identified this as a key issue of concern.

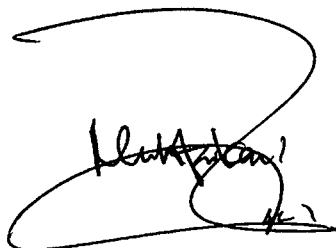
I have no doubt that the Government will continue to face pressure from the States and Territories to increase medical student numbers. While it is politically attractive the potential legacy will be a generation of new doctors who, through no fault of their own, will have significant gaps in their skills and knowledge. Regrettably, many of these doctors may look overseas to fill these gaps. In a very competitive global marketplace attracting these doctors back to Australia will prove to be extraordinarily difficult.

I urge the Government to take a long-term view of this issue and give priority to the resources available to ensure that the quality of medical training is maintained during undergraduate, prevocational and vocational training.

While public hospitals are the responsibility of the States/Territories, it is time for the Commonwealth to take a much stronger position on the resources committed by State/Territory Governments to support the training of the future medical workforce. The Commonwealth must demand answers that include concrete strategies, backed by funding allocations. If necessary, the Commonwealth should consider explicitly outlining what funding is provided for medical training in future Australian Health Care Agreements and linking these monies to performance benchmarks.

I would welcome the opportunity to provide you or your senior advisers with a briefing on this very important issue if that would assist you further. Please do not hesitate to contact Tricia Shepherd on (02) 6270 5460 to arrange such a meeting.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mukesh Haikerwal', written over a large, stylized, looping flourish.

Dr Mukesh Haikerwal  
President

mh:wh

cc: Australian Medical Students Association