

Submission

to

Senate Employment, Workplace Relations and Education
References Committee

Inquiry into higher education funding and regulatory legislation

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The Secretary
Senate Employment, Workplace Relations and Education References Committee
Parliament House
CANBERRA ACT 2600

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Introduction

1. I am a medical student currently undertaking the University of Sydney Medical Program (Bachelor of Medicine, Bachelor of Surgery). This is a four-year graduate-entry medical program, however the program allows the flexibility to undertake combined degree programs (eg MBBS/PhD).
2. My undergraduate degree was a Bachelor of Applied Science (Physiotherapy) at the University of Sydney, and I have practiced as a physiotherapist in both public and private practice.
3. I am involved in representing fellow medical students on various educational committees, however I write in a private capacity.
4. The changes proposed by the Nelson review ('the review') will not directly affect my own current studies, however I am concerned that aspects of the proposed changes will have an adverse effect on medical training and the provision of health care to the community.
5. As such, I write to convey my concerns regarding some aspects of these proposed changes.

Degree Pathway Flexibility

6. Funding for medical student places needs to take into account the flexible nature of medical studies.
7. Students undertaking graduate-entry medical programs by definition must hold a prior bachelor degree. Many hold several qualifications, including Masters and Doctoral level degrees. In addition, students may undertake research during the course of their medical studies, as may occur in the University of Sydney combined degree program. Obviously this is a desirable situation, as it brings people with a diverse range of skills to a profession that is reliant on research for advancement.
8. The review proposals regarding government support of study make provision for students undertaking degrees requiring more than five years study. However,

considering the importance of medical education and medical research, both to the medical profession and the Australian community, *any proposed scheme should have specific provisions ensuring that it will continue to support medical students who have already undertaken tertiary studies (including higher degree studies), or who are undertaking concurrent/combined medical and research degrees.*

Proposed non-scholarship bonded medical school places

9. The review proposes the creation of a number of non-scholarship rural-bonded medical school places.
10. Unlike the current rural-bonded scholarships, these positions will not receive any positive incentive to undertake the bonding.
11. The proposed conditions of bonding are onerous and long-term. They require students as young as seventeen to make decisions that will limit career and life decisions for many years into the future. For example, six year undergraduate medical degree, one year internship, two year residency, three years basic specialty training, three years advanced specialty training (total fifteen years), then commencement of six years of post-fellowship bonded service (total twenty-one years).
12. Numerous other problems with the proposed scheme have been described in detail elsewhere, including by the Australian Medical Students' Association.
13. The positions are not simply additional places. Under the proposal, ordinary HECS places will be decreased.
14. Considering these problems, *the implementation of non-scholarship rural-bonded places, in the form currently proposed, should be rejected.*
15. For all rural-bonded medical school places, *the contractual provisions of the bonded places should be made as non-burdensome as possible, and greater positive incentive offered to encourage all students to consider rural practice. Expansion of the current scholarship program should be encouraged.*
16. Rural medicine should be encouraged as a career choice in a positive manner, rather than through a bonding scheme that is likely to create a negative association with rural practice. Positive exposure to rural practice experience (such as through curriculum design, clinical education and scholarship programs) should be encouraged. *Rural-focussed medical school places should be desirable positions that students actively apply to be selected for, rather than positions left over for those who have been unable to obtain a standard position.*

Thank you for your consideration of these matters.

Yours Faithfully,

David Bradshaw.