

Media release: AMSA Rural Health
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2018-19 BUDGET: RURAL HEALTH IN FOCUS

AMSA Rural Health welcomes the rural health workforce measures outlined in the 2018-19 Federal Budget, but meets the announcement of a new medical school network with cautious optimism.

The \$83.3 million Stronger Rural Health Strategy to address access to medical care by rural and regional Australians is an important step towards health equity in rural and regional Australia.

Murray Darling Medical School Network

The announcement of the Murray Darling Medical School Network, accompanied by \$95.4 million in funding, represents a welcome focus on rural medical education. However, Australian Medical Students' Association (AMSA) Rural questions what the network means for overall medical student numbers, and the impact it will have on rural health workforce shortages.

"While there will be no new Commonwealth Supported Places (CSPs), the inclusion of two more universities within the network - Charles Sturt and La Trobe - means the existing universities will replace redistributed places with full fee-paying places. We are concerned the introduction of a new school in Orange that has been allocated 30 of the existing CSP will open the door to future increases in student numbers," AMSA Rural Co-Chair Nic Batten said.

"The overall number of medical students will increase as these universities will replace lost income by recruiting more international students, which will only worsen the oversupply of medical graduates and bottlenecks in further training," AMSA Rural Co-Chair Gaby Bolton said.

"In Victoria alone there will be 100 more graduating doctors than internship places for 2019, and most of those missing out will be Australian trained international students. It is unethical to continue to encourage international students to study in Australia if they will be unable to work here as doctors after graduation - this loophole must be closed."

All sites in the network - Bendigo, Albury-Wodonga, Shepparton, Wagga Wagga, Orange, and Dubbo - already teach medical students within Rural Clinical Schools. However, the funds for the network will allow expansion of existing infrastructure to enable end-to-end rural medical school training.

"We hope that the network model translates into more doctors committed to rural practice, and that the university partnerships involved will enable greater recruitment of and support for students of rural background to study medicine," Ms Batten said.

"Whilst we welcome the network model over a large new stand-alone medical school, these funds could be better spent in addressing the issue of too few vocational training spots for doctors who want to work, train and live in rural and regional areas, and are currently forced to return to metro areas to complete specialty training."

Junior Doctor Training Program

The Junior Doctor Training Program, which includes an increase of 300 rural places for junior doctors, represents the beginning of a clear pathway for rural practice. Details, including a possible expansion of internship rotations in rural general practice, are yet to be outlined.

"For medical students wanting to practice in rural areas, and particularly those who aim for careers in rural generalism, this is an invaluable program," Ms Bolton said.

"PGY1-3 is where many doctors who have trained in Rural Clinical Schools are lost to metro hospitals. This initiative will help stem this barrier to rural practice," Ms Batten said.



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Rural Generalism

AMSA Rural is pleased to see commitment to the National Rural Generalist Pathway, with 100 additional vocational training places to be administered by Australian GP Training (AGPT), beginning in 2021. This comes off the back of a historical agreement between RACGP and ACCRRM earlier in the year, facilitated by the Rural Health Commissioner Professor Paul Worley.

“We are excited to see this measure devoted to addressing rural training pathways. Many of our members are keen to work in this area, so this is will be a great step to increase the number of rural doctors,” Ms Bolton said.

“While we would have liked to see more funding towards the National Rural Generalist Pathway, this is an important move towards increasing the number of rural GPs, and recognises the special skill-set required of doctors working in rural and remote areas,” Ms Batten said.

Rural Specialty Training

In comparison to funding for rural generalism training places, no announcement was made of an expansion of the Specialty Training Program. AMSA Rural hopes the release of further information after the Budget will include support for specialty training within the Regional Training Hubs.

“Access to further rural opportunities for specialty training is key to retention of these doctors in rural and regional areas. This will help to address the maldistribution of certain specialities as well as provide necessary additional specialty training places,” Ms Batten said.

Bonding

AMSA Rural Health welcomes the changes relating to rural bonding contracts.

“The return of service obligations have not been fulfilled by many rural bonding contract holders, and have only damaged perceptions of living and working within rural communities,” Ms Batten said.

“Bonding contracts have not been administered in a way which encourages doctors to fulfil their obligations to work in a rural location,” Ms Bolton said.

“The changes announced in the Budget will provide a flexibility around training that will encourage more doctors to complete their return of service and work in a rural location.”

Summary

AMSA Rural enthusiastically supports the changes to rural bonding and the opportunities presented by the Junior Doctor Training Program and the National Rural Generalist Pathway. While the MDMS network may represent an expensive mis-step in addressing rural health workforce shortages, with funds better spent on rural Specialty Training Places, the announcement of better targeting, monitoring and planning for future rural workforce needs is encouraging.

Overall, AMSA Rural welcomes the government’s renewed focus on health equity for rural and regional communities, and looks forward to hearing more details of the Stronger Rural Health Strategy.

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