

Ensuring pathways for junior doctors

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It appears that all the students who graduated at the end of 2010 and are now doing their intern year did find a place. But that is unlikely to be the case for all students finishing this year, and in the immediate future.

All medical students who qualify in Australia must be guaranteed access to an intern place, irrespective of how their study was funded or, indeed, which country they are from. This is a critical element to ensuring the ultimate goal for our medical workforce: that it be self-sustaining by 2025. [1]

Medical Deans, which represents all eighteen medical schools in Australia and the two New Zealand medical schools, has been actively seeking a commitment from governments over the past two to three years that there be sufficient and quality intern places available for all medical school graduates.

Unfortunately, while the significant increase in medical student places since 2005 has been well-publicised, it would seem State and Federal governments have only recently undertaken forward planning to accommodate the impact of these increased numbers as students graduate into the intern year, or indeed, move into later post-graduate training.

The increase in the graduating group began to be felt in 2009, but the real pressures on the health system will be in the next two to three years with 3,786 graduates projected for 2014, 1,400 more than in 2009. About 17% of these graduates are likely to be international fee paying students.

A year ago, Federal and State government Health Ministers met and guaranteed places only for Commonwealth-funded students, leaving about one-quarter of our medical students without certainty. By far the significant majority of these are international fee paying students.

International students must continue to be seen as an integral component of Australian medical schools. They are part of the longer-term goal of self-sustainability. The impact of not guaranteeing an internship on both the

individual student as well as the Australian higher education sector has already been summarised in the first edition of this journal.

[2] For Medical Deans, while that impact will be significant on each medical school, it will be felt far beyond: a significant downturn in the number of international students will compromise the wonderful diversity these students bring to our broader community, the value-add they can make to the Australian health care system by already knowing how the system works, and the ability of these students to take their place in the increasing global workforce.

Medical Deans acknowledges that it needs to work in partnership with government and the newly established Health Workforce Australia (HWA) to ensure that there is an agreed national training plan in place as soon as possible to underpin the self-sustainability goal for 2025. Without reliable data, no systematic planning can be undertaken. As Deans we recognise that a national plan will assist us to establish our enrolment targets, particularly with respect to international students, with a level of certainty able to be provided to each student surrounding their internship. We are encouraged that HWA will soon commence the development of that training plan and look forward to working with them.

This current bottleneck at the intern year will of course replicate itself through to vocational training over the next five to ten years. It is critically important therefore that every point across the medical education continuum is addressed through the training plan and sufficient resources for training allocated at each point. Setting targets at each point will enable each level of training to be prepared.

The Medical Schools Outcomes Database and Longitudinal Tracking Project (MSOD) will be most useful in informing the national training plan. This very successful project of Medical Deans will provide much-needed data on whether first year medical students act on their intentions with respect to type and location of future practice, and whether particular initiatives or programs undertaken during their studies have influenced the



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student's eventual choice. The data will greatly benefit the targeting of government resources and provide much-needed understanding of future areas of likely workforce gaps.

The Australian Government's national health reform agenda, to be implemented through the National Health and Hospitals Network, provides a timely opportunity for a number of critical issues in medical education to be addressed. These include the recognition of the true cost of teaching and clinical supervision, the need for better planning and co-ordination of medical education across the whole spectrum of training, ensuring quality teaching continues to be delivered and the current high quality of our graduates is not diminished, and the importance of embedding translational educational research.

These are issues that Medical Deans will continue to address with vigour. In our view, they are critical to ensuring a self-sustaining workforce by 2025 and one which we can continue to proudly promote as outstanding.



References

[1] National Health Workforce Taskforce. Health Professions Entry Requirements, 2009-2025: Macro Supply and Demand Report. Melbourne: National Health Workforce Taskforce; 2009.

[2] Schiller M, Yang T. International medical students: Interned by degrees. Australian Medical Student Journal. 2010;1(1):10.