From: felicity.jefferies@healthfixconsulting.com.au
Subject: Healthfix badge
Date: 7 February 2014 10:35 am
To: Andrea Jones Andrea.Jones@curtin.edu.au

Andrea I have attached two versions, for you to use thanks.

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Western Australia: A Sorry State for Medical Education and Training

An Independent Assessment of the Evidence Supporting an Increase in Medical Students in Western Australia

Prepared by
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Healthfix Consulting
December 2013
The purpose of this document is to provide Curtin University with an independent assessment of the evidence supporting an increase in medical students in Western Australia (WA).

The key elements involve:
1. An assessment of available medical workforce information to determine the current and projected medical workforce needs in WA.
2. Describing the impact of the introduction of a medical school at Curtin University, assuming a notional graduation of 100 new interns per year from 2021.
3. Liaising with major stakeholders to clarify and validate workforce needs data and levels of support/opposition to the Curtin Medical School.

Based on the major medical workforce shortage in WA and the feedback from the major stakeholders involved in medical workforce analysis and planning, the following modifications and recommendations are submitted for consideration by Curtin University in respect to the proposed new Medical School:

**Recommendation 1**

The medical workforce shortage in WA is acute and additional medical students are required based on this workforce analysis, this is endorsed by the majority of stakeholders. These workforce facts are not widely understood in the community or in many areas of the medical profession. These facts need to be more widely distributed so a more informed discussion can ensue.

**Recommendation 2**

The number of proposed students should begin at 70 from 2016 not 100, with the first cohort of students graduating in 2021. The WA healthcare system will need a more graduated commencement in order to plan, fund and implement the additional accredited intern places and for the vocational training sector to prepare additional prevocational training pathways into areas of need, especially general practice. Early discussions should commence with WA Health and vocational training providers to align the medical education and training plans.

**Recommendation 3**

There is considerable cynicism that the offer of the direct-entry undergraduate degree, and clear criteria for selection favouring those students most likely to enter general practice, or other areas of workforce need will not be sustained. As a result, the University needs to make a clear and unequivocal commitment and statement that it will maintain the direct-entry undergraduate degree, and commit to supporting pathways into areas of workforce shortage, especially general practice and into outer metropolitan and rural practice. These are the two aspects that make a third medical school attractive in WA. Without these points of difference, additional students to the current medical schools at the University of WA and Notre Dame University would be more cost effective.

**Recommendation 4**

All stakeholders are seriously concerned about the state of general practice training in WA. While the state has a serious shortage of GPs, its doctor training posts are too few and are heavily oversubscribed. Curtin’s joint approach and advocacy with other WA stakeholders, including WAGPET, WA Health and the AMA is strongly encouraged to support a growth in these posts.
Findings - current and projected medical workforce

- WA has a current shortage of 950 medical practitioners when compared with the national average per capita.
- WA has greater reliance on overseas-trained doctors (38.2 per cent of registrations) than the national average (26 per cent) or 1,150 extra overseas-trained medical practitioners.
- The current numbers of medical students now and projected into the future will not address either the shortage of doctors or the reliance on overseas-trained doctors.
- The greatest areas of workforce shortage are in general practice and in rural, regional and outer metropolitan areas. Shortages also exist in key specialty areas such as general surgery, general medicine, nephrology, endocrinology, psychiatry and oncology.
- The extent of shortage compared with the national average means the community of WA does not receive a fair share of medical practitioners as enjoyed by other Australians. This flows into higher medical costs for both public and private health services, lower relative access to Medicare ($500 million) and the Pharmaceutical Benefits Scheme (PBS) when compared to every other state, longer waiting times to see general practitioners (GPs), lower levels of bulk billing, higher rates of emergency department usage and increased hospital bed utilisation and ultimately poorer health outcomes for those most directly affected by the shortage (rural, regional and outer metropolitan communities).

The analysis of the hard data associated with WA’s medical workforce today and projected into 2025 has identified a major shortage of medical practitioners in the state. Some comparisons with other states and against national medical workforce numbers clearly show that WA has the worst medical workforce outcomes of all Australian states.

National Workforce Comparisons (Health Workforce by Numbers, Health Workforce Australia. Issue 2, November 2013)

- WA has the lowest number of medical practitioners per capita compared to every other state.
- WA has a greater reliance on overseas-trained doctors compared to every state.
- WA produces the lowest per capita level of medical graduates of any state.
- WA has the lowest per capita level of general practitioners compared to every state in Australia. This means WA loses almost $500 million per annum in Medicare compared to the national average.

Despite the increase in medical graduates in WA over the past five years, these four outcomes will not change and will continue to worsen. While there has been a significant growth in medical students in WA and nationally, WA continues to have the lowest per capita number of medical students when compared to all other states. Furthermore, if WA were at the same level as other states, in respect to registered medical practitioners to head of population, it would have an additional 950 doctors.

WA has traditionally used overseas-trained doctors to meet its workforce needs. If WA was to reduce its reliance on overseas-trained doctors to the national average it would require an additional 1,150 Australian graduates.

Findings - medical workforce impact of the proposed new Medical School at Curtin University

- Given the existing and projected doctor shortage in WA any growth in medical graduates would be welcomed, otherwise WA will remain condemned to receiving a worsening share of the nation’s medical education and training investment. Its population will continue to receive the nation’s worst access to medical practitioners of any state.
- The projected shortage of medical practitioners in WA will reach 1,046 by 2025 this assumes no change to the current high rate of overseas recruitment. A new medical school at Curtin University producing 100 graduates per annum from 2021 would begin to address this shortage and reduce it to 547 by 2025.
- The real impact of a new medical school will be its capacity to focus on producing graduates who will be predisposed to practise in areas of highest need, most notably general practice, rural, remote and outer metropolitan areas.
- A key challenge for the proposed new medical school is to work with the Department of Health Western Australia (WA Health) and prevocational training providers to ensure that accompanying intern programs and prevocational training pathways post-graduation exist and support graduates into areas of highest medical need.

The analysis of the current and projected medical workforce needs at Table 1 (page 4) best illustrates the medical workforce challenge facing WA. The state has experienced major population growth over the past decade and while the numbers of medical graduates has increased significantly over this period (907 in 2004 to 318 in 2010) it has not kept pace with this population growth. This has occurred in part because WA had its medical graduates capped for almost a decade prior and was therefore operating from an extremely low base. In fact, despite almost tripling the number of graduates by 2010, WA still has the lowest number of medical graduates per capita of any state in Australia, Medical Training Review Panel (MTRP) 2013 graduate projections. The most critical and telling factor in determining if WA continues to have a shortage of medical practitioners is to compare the number of registered practitioners against the resident population. The current national average of registered medical practitioners to population is 1:240.7 (June 2013 Australian Health Practitioner Regulation Agency (AHPRA) registrations). If this national average were to apply in WA there would be a further 950 registered medical practitioners. This means Western Australians have poorer access to doctors than other Australians.

The impact of the proposed Curtin Medical School, with 100 graduates from 2021, will effectively reduce the shortage to 547 doctors by 2025. Without the additional students the shortage is projected to reach 1,046 by 2025. This makes no effort to reduce the heavy reliance on overseas-trained doctors where 3,600 (38.2 per cent) are registered in WA, compared to 26 per cent nationally, some 1,150 additional medical practitioners. Without these doctors WA would be in serious difficulties in delivering services from its hospitals or providing services in rural and remote areas where the percentage of overseas-trained doctors is 52 per cent.
TABLE 1. Impact of population growth, turnover rates and proposed new Medical School on medical workforce shortages in WA. 2013 to 2025.

<table>
<thead>
<tr>
<th>Population growth series D (1)</th>
<th>Additional doctors required to meet growth (2)</th>
<th>Replace turnover 2.2% (3)</th>
<th>Replace turnover and meet pop growth (4)</th>
<th>Graduates including international fee paying (5)</th>
<th>Net increase/ decrease shortage 950 (6)</th>
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<td>2013</td>
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<tr>
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</table>

(1) In predicting population growth rates in WA Series D Projections from WA Tomorrow (2010) publication, Planning, WA were used. This series most closely reflects the current Est. resident WA population as of March 2013. This represents a conservative estimate when compared to population growth over the past ten years that has run at 2.4 per cent. The Australian Bureau of Statistics (ABS) predicts that WA is expected to double in size by 2040 from 2.4m to 4.7m.

(2) The number of additional doctors required to meet the population growth is based on the national average medical practitioner registrations to population of 1:240.7. June 2013 AHPRA.

(3) The turnover rate, based on Health Workforce Australia’s analysis, is applied to Australian trained doctors as the analysis assumes continued reliance on overseas -trained doctors for the foreseeable future. Health Workforce Australia March 2012, Medical Workforce Exits.

(4) The estimated number of medical practitioners required to meet population growth and medical practitioners leaving the profession and no longer registered.

(5) Total graduates from WA medical schools including non-resident, international fee paying medical students. This assumes 100 new medical student graduates from Curtin University from 2021. Reference MRTP Ref Health Department, MRTP figures available to 2017. 2017 to 2020 assumes no change to medical student numbers until Curtin University medical students graduate.

(6) The assessed shortage of registered medical practitioners is based on the national average of medical practitioners 95,690 with the national population 23,032,700 to reach ratio of 1:240.7. When this is applied to the WA population of 2,497,500, a registration of 10,736 registered medical practitioners should be expected. There are only 9,426 registered medical practitioners in WA in 2013, a ratio of 1:264.95, or a shortage of 950. The population is ABS estimated resident population as at March 2013, registrations are actual as at June 2013.

Stakeholder Perspectives

All stakeholders interviewed, endorsed the assessed medical workforce shortage as consistent with their own analysis. These included the Chief Medical Officer and Medical Workforce Division of WA Health and the, Western Australian General Practice Education and Training Ltd (WAGPET) and Rural Health West.

The Australian Medical Association’s (AMA) Executive Director had not yet seen evidence to confirm the shortage. All stakeholders were of the view that a major impediment to a new medical school with 100 students graduating in 2021, was the lack of readiness of the WA healthcare system to accommodate such an increase in just one year while ensuring effective, high-quality internships, and prevocational pathways to clear areas of need. A more gradual increase was needed in their perspective and their support was contingent on Curtin University entering early discussions with key education and training agencies, including WAGPET and WA Health to develop a medical education and training plan for the state incorporating additional students through Curtin University.

All stakeholders made clear their view that the serious shortage and maldistribution of general practitioners was a major priority.

Findings

• The majority of stakeholders interviewed support and endorse the assessed shortage of medical practitioners in WA and the need for additional medical graduates as described in this document.

• All stakeholders believe that the increase in medical graduates needs to grow over time and must be accompanied by equivalent intern places and appropriate prevocational training geared to areas of workforce need. This requires early discussion with the key education and training agencies to ensure any additional students have the necessary prevocational and vocational training places available to complete their education.
Medical workforce analysis and proposed growth in medical graduates

The purpose of this document is to provide Curtin University with an independent assessment of the evidence supporting an increase in medical students in WA.

The analysis has involved three main elements:

1. An assessment of available medical workforce information to determine the current and projected medical workforce needs in WA.
2. Describing the impact of the introduction of a medical school at Curtin University, assuming a notional graduation of 100 new interns per year from 2021.
3. Liaising with major stakeholders to clarify and validate workforce data and levels of support/opposition to Curtin's proposed medical school.

In undertaking this assessment, access to key data sources was made available by WA Health and Health Workforce Australia. Data was also drawn from public sources including the ABS, the Department of Planning WA, the Grattan Institute, the Department of Health Medical Training Review Panel, the Australian Institute of Health and Welfare and the Medical Deans of Australia and New Zealand.

In short the key findings of the review were:

Is there a shortage of doctors in WA and if so how many?

- WA has the lowest number of medical practitioners per capita compared to every other state in Australia.
- WA has the heaviest reliance on overseas-trained doctors compared to every other state in Australia.
- WA produces the lowest per capita level of medical graduates of any other state in Australia.
- WA has the lowest per capita level of GPs compared to every other state in Australia.

If WA had the same proportion of medical practitioners as the national average it would have an additional 950 registered medical practitioners. This represents the clearest and simplest assessment of relative access to medical practitioners.

Two stark facts arise from this comparison. WA does not have sufficient medical practitioners to provide an equivalent level of access to doctors as enjoyed by every other state in Australia. This means WA has the severest shortage of medical practitioners. Furthermore, the growth in the state's population is extending the level of shortage, which is most acutely felt in general practice, in rural and regional areas and in outer metropolitan settings.

GP s are the cornerstone of the Australian healthcare system. A lack of GPs in the community equates to a lack of access to universal healthcare a fundamental principle of Medicare in Australia. In financial terms it represents a double hit for WA, where through a shortage of GPs, WA has the lowest level of per capita access to Medicare and the PBS, and the state picks up these costs through greater proportional use of the hospital system.

Of key interest in this assessment is the reliance on overseas-trained doctors in WA, where the most recent published data indicates that overseas-trained doctors make up 35.2 per cent of the medical workforce in WA compared to a national average of 26 per cent (2009).

A statistic arising from this analysis was that in 2009/2010 Australia granted more visas to medical practitioners than it graduated from Australian universities, (Australian Health Workforce Series, Doctors in Focus 2012).

Overseas-trained doctors contribute enormously to WA's health needs. In 2011/2012 42 per cent of GPs in WA with their primary degree from overseas provided 51 per cent of all Medicare services. (Department of Health website, GP Workforce statistics).

If WA was to be at the equivalent level of doctors to its current population of other states there would need to be an additional 950 medical practitioners. This is despite the increased graduates currently in the two WA medical schools. In addition, if WA was to reduce its reliance on overseas-trained doctors to the national average it would require an additional 1,150 local graduates. On this basis an additional 2,100 doctors would be required to be educated and trained locally to simply achieve equivalent performance of other states.

These facts alone represent clear, unambiguous evidence that WA has an acute need for additional doctors (950) and needs to reduce its reliance on overseas-trained doctors (1,150). The current level of medical education and training is insufficient to meet either outcome.

More disturbing is that as the WA population continues to grow, so too will the doctor shortage and the immediacy of the shortage will mean that additional overseas recruitment will be the only available course of action for public and private hospitals and for private medical practices.

This analysis has been deliberately conservative and simplified. The magnitude of the shortage of medical practitioners in WA, compared to every other state in Australia, does not require more detailed analysis and is clearly obvious on any measure.

However, it should be acknowledged that it is a conservative estimate against national and other state benchmarks. It does not include other clear pressures in the system arising from the ageing population, increased demand from the burden of chronic disease growth and the falling direct clinical hours worked by each registered doctor. These factors will simply add further pressure to a very clear shortage of registered medical practitioners in WA.

The implications for the WA community if the shortage is not addressed includes:

- Higher cost of medical services in general practice and in hospitals, already WA pays a premium of almost $50,000 per employed doctor. (Productivity Commission findings).
- Longer waiting times, especially during winter months.
- Increased pressure for other health workers to undertake traditional medical roles.
- Increased demand on hospital emergency departments and hospital beds.
- Poorer access to health preventive services, especially in rural, regional and outer metropolitan areas.

Key findings

1. The shortage of doctors in WA as at December 2013 is estimated to be 950 doctors.

2. Western Australia needs to reduce its growing reliance on overseas-trained doctors to approximately 26 per cent of its medical workforce to align with the national average (1,150 doctors).
**Are additional medical student places required?**

In order to meet the significant shortage of doctors in WA in the short term it will be necessary to recruit additional overseas-trained doctors. The difficulty with this approach is that many of these doctors often fill service posts in major metropolitan hospitals as they require supervision. This in turn means that, rather than using these posts and supervisory resources for training purposes, they are used to oversee newly recruited overseas-trained doctors who may not meet all of the credentialing requirements in Australia.

The second issue with increased overseas recruitment is that WA is already at the highest proportion of overseas-trained doctors at 38.2 per cent of the total medical workforce of any state in Australia, as of 2009. This includes doctors from third world countries being recruited into WA hospitals, while the health needs in their country of origin remain acute. While not an economic argument, an ethical consideration needs to be involved before recruiting further doctors from overseas. Although WA has not actively recruited these doctors it has accepted approaches from these doctors for employment.

The solution to this is to endeavour to increase our own capacity to educate and train doctors otherwise we will continue to increase our reliance on overseas-trained doctors and/or continue to suffer a severe shortage.

The current growth of medical students will not address either the existing shortage or the reliance on overseas-trained doctors. It is only sufficient to fill the vacancies arising from natural attrition and to some degree the growth in population. This is simply treading water in the short term.

One means of measuring how many medical students WA should expect to have is to assess the level nationally where, as at 2013, there were a total of 3,556 medical graduates to a population of 23,032m (ABS ERP March 2013). To achieve this national average in WA requires an increase of 71 graduates immediately as we graduated 333 students with a population of 2,497,500 (ABS ERP March 2013). This situation will only worsen as the population continues to grow.

**Key finding**

3. WA requires at least a further 71 graduates per annum to immediately reach the same level of performance in medical education and training as other states in Australia as at 2013.

**What measures are required to support an additional 100 graduates per annum as proposed by the new Medical School at Curtin University?**

Simply increasing medical student numbers alone is not sufficient. The education and training of medical practitioners also requires an intern year (funded by the state government for permanent residents) before medical practitioners can seek general registration. Following this one-year internship, each student needs to seek a vocational training place for entry and recognition to practise in a specific field (funded largely by the Australian Government). This includes general practice training or training as a specialist.

As a consequence, any increase in medical students in WA, needs to be accompanied by an increase in internships and subsequent vocational training places timed to coincide with their graduation.

The state government has already demonstrated its capacity to increase intern places across the public hospital system to meet growth in demand arising from the commencement of Notre Dame University’s medical school and an increase in graduates from the University of Western Australia. Essentially the state coped with almost triple the number of medical students over the period 2005 to 2011.

As part of this planned growth in graduates WA no longer relies exclusively on public tertiary hospitals to provide the intern year. The internship is now available in country settings, other metropolitan public hospitals and private hospitals, while other states have expanded into community and general practice intern places. The private hospitals, community and GP settings have further capacity to provide part, or whole, of the intern rotations across medicine, surgery and emergency medicine without any reduction in the clinical experience and learning by the registrars. In fact, it can be argued, that expansion of the intern rotations into the broader medical fields broadens the understanding of interns and increases exposure to a variety of clinical cases.

All of the intern places are required to be accredited as meeting the learning and experience required with appropriate supervision. As a result, the quality of medical education available is not expected to decrease with an increase in places.

The state government has already committed and honoured its obligations to establish appropriate growth in intern programs to meet the growth in graduates to date and there is no reason to expect this will not continue. Providing the state government has sufficient notice it is possible to establish the required intern programs across a variety of public, private and not-for-profit clinical settings without reducing the quality of the intern experience.

Similarly, the Australian Government has shown it is acutely aware of the shortage of doctors in WA by allocating additional intern from other states during 2013 and also increasing the number of GP training posts for 2013 and 2014. It is therefore expected that support may be available from the Australian Government, providing the training posts are focused on areas of workforce shortage, particularly in general practice and in rural, remote and outer metropolitan areas.

**Key findings**

4. Despite an almost threefold increase in medical students from 2005 to 2010, WA produces the lowest number of medical graduates per capita of all states in Australia and produces insufficient local graduates to make any headway in addressing the shortage of 950 medical practitioners, or reducing the reliance on overseas-trained doctors.

5. Any increase in medical graduates must be accompanied by an equivalent increase in internships upon graduation and into prevocational training programs.
What is the case for a proposed new Medical School at Curtin University with 100 graduates from 2021?

The analysis of the available evidence clearly shows that WA currently has a significantly poorer capacity to educate and train its own doctors. Consequently it has the fewest number of doctors per population of any state, the poorest number of medical graduates, and the highest reliance on overseas-trained doctors, compared to every other state in Australia.

By 2025 WA is expected to have a shortage of 1,046 doctors, and an over reliance on overseas-trained doctors (1,150 doctors), more than the national average.

A clear and essential response to this growing problem is to increase medical graduates in WA.

The proposed new Medical School at Curtin University is well advanced with its curriculum under development and an approach that proposes to offer a direct-entry undergraduate degree. Its education and training will be focused towards medical students interested in general practice and primary healthcare.

This approach is appealing when aligned with the clear shortage of GPs in WA.

The proposed new medical school will need to demonstrate its curriculum is accredited and meets the required education standards. Without these conditions, the school is unlikely to attain Commonwealth funding.

If Curtin’s proposed Medical School commences in 2016, it could help to address the doctor shortages in WA, which is predicted to reach 1,046 by 2025. If Curtin produces 100 graduates per annum from 2021 it could begin to address this shortage and reduce the doctor shortages to 547 by 2025.

Those in WA’s doctor training community are clear that the Commonwealth must provide an approach that supports a clear objective from Curtin University. WA’s medical workforce relies most heavily on overseas-trained doctors, hence the need for a clear and explicit strategy to train its own students.

There is a clear need to increase the number of medical graduates, thus any increase in the number of students, especially in WA, will have an immediate impact.

Stakeholder perspectives

Rural Health West

Rural Health West is an organisation dedicated to the recruitment and retention of doctors to rural and remote areas of Western Australia. The organisation has a long record of recording workforce data associated with the rural medical workforce and has wide association both in Western Australia and other States through the rural workforce agency network. They are a respected agency in terms of understanding of medical workforce issues outside the metropolitan area.

Belinda Bailey, Chief Executive made clear that her organisation supported and endorsed the view that Western Australia has a serious workforce shortage. Any shortage is felt first and impacts hardest in rural and regional areas. The rural medical workforce relies most heavily on overseas recruitment for its supply of doctors. Indeed 52% of all rural doctors gained their primary degree overseas. This is a heavier reliance than WA as a whole (38.2%) or nationally (26%). Despite having this extraordinary degree of overseas-trained doctors, shortages of doctors continue at about 90 vacancies at any given point in time.

Despite an enormous effort to establish high quality education and training posts in regional centres and establishment of Rural Clinical Schools the continued population growth means the shortages will worsen over time and high rates of overseas recruitment will continue unless an additional supply of doctors can be found.

Rural Health West indicated its strong support for an increase in Medical Student places in Western Australia to arrest the shortages in the State, however this support is conditional on a transparent, evidence based Western Australian medical workforce plan that makes explicit the future education, training and supervision strategies required to meet the needs of current medical students and junior doctor cohorts.

In respect to the proposed Medical School at Curtin University it makes such support conditional on a clear objective from Curtin University to develop in such a manner that clearly focus their objective on providing graduates focused on a pathway into rural practice.

WA General Practice Education and Training (WAGPET)

WAGPET is the vehicle through which GP Education and training placements are funded by the Commonwealth and a variety of GP education and training programs designed and administered.

The Chief Executive Dr Janice Bell made clear that WAGPET fully endorsed the poor share of General Practitioners in Western Australia and the clear disadvantage experienced by Western Australians as a consequence of the shortages of doctors in this State, particularly General Practitioners. The workforce figures came as no surprise to Dr Bell, although the lowest per capita level of Medical Students in Australia was something not widely known.

Dr Bell also supported the clear need for additional Medical Students required to address both the growing shortage of doctors (due to population growth), but also the over reliance on overseas-trained doctors.

Dr Bell felt any increase in Medical Students numbers in Western Australia, however they might be achieved, must be part of a wider package involving clear planning for Internships and vocational Training places to match. Without such an approach there was a high risk that inadequate intern training and lack of clear pathways to recognised areas of workforce need, would mean a major opportunity to grow WA’s medical workforce in the areas it needs them most would be lost.

Whilst capacity was not yet in the WA Health System, such a capacity could be built quickly, involving private sector, not for profit organisations and community based services. These areas had capacity for further growth in providing both placements for intern rotations and vocational training, particularly GP Training Places. The GP Training places would provide an avenue for hospital based Registrars to move into other training settings releasing hospital posts for additional Interns and Registrars. This must commence as soon as possible. WAGPET advise that it does not have community training capacity problems at present and have about 10-20% vacant. However, we will always need the teaching hospital contribution and are concerned that the Hospitals are reducing their teaching and training capacity at just the time when it is needed most.

WAGPET’s clear position is that it supports “in principle” more medical students subject to them being able to get hands on experience as students as well as pre vocational and vocational doctors.

At present we believe this would be a real challenge – in hospitals because of capacity and in the community because of funding. We believe building hands on experience and especially in the community is fully doable if we engage with them and more importantly, coordinate the efforts/ funding/capacity/training models of the public, private and not for profit sectors.

It is WAGPET’s view that the supervision difficulties currently experienced by medical students and junior doctors will be relieved once the 2005 cohort have completed their training and the system will have moved to a more steady state with these new doctors and the subsequent cohorts becoming the basis for additional supervisory and training support in the system.

On this basis any additional students should be timed in such a way that they enter the system with the increased supervision and training capacity in place.

Already WA’s GP Training places are heavily oversubscribed and would be quickly filled if additional places were made available by the Commonwealth. Dr Bell supported the proposal for additional students, but in a phased approach possibly commencing with 60 students and increasing each year after that to avoid a bottleneck in education and training capacity.
Australian Medical Association (AMA)
The AMA represented by Executive Director, Mr Paul Boyatzis described the AMA’s public position as being wrongly described as lack of support for Curtin University. The AMA has no particular view about Curtin University, rather it has a firm view that the most pressing need in Western Australia was to fix the Medical Education and Training programs from Interns to vocational training places, especially General Practice. Only then should the need for an additional Medical School be considered, or in fact increased places over time to the existing Medical Schools.

Mr Boyatzis described the view of many junior doctors that clinical training in the State’s Hospitals had fallen in quality with junior doctors having less access to clinical cases and therefore poorer clinical experience. He acknowledged the growth in rural placements and their popularity as well as private hospital settings representing areas where growth could occur and greater clinical exposure was available.

The AMA reinforced the view of WAGPET that additional GP Training positions were immediately needed to relieve the bottleneck in hospital training and provide a pathway to address the major GP shortage in WA. He said the AMA would be advocating with the Commonwealth for an additional 100 GP Training places.

Mr Boyatzis expressed the view that while WA might lag behind other States in respect to medical workforce it didn’t mean we have a shortage, it just means other States have more doctors. He felt that the maldistribution of doctors in WA was the key issue and was similar in other States.

He agreed that additional medical students were required, but had seen little evidence to support an immediate need and that such information was important to inform the discussion. He said if presented with the clear evidence that additional students were needed then the AMA would reconsider its position, however he reiterated that the priority was to increase GP Training places and perhaps look at a gradual increase in Medical students when the workforce data demonstrated they were needed.

The reviewers agreed to share the workforce data with the AMA to demonstrate the evidence of the medical workforce shortage and the impact of population growth on current projected growth in Doctors in WA.

Health Department WA - Chief Medical Officer, Gary Geelhoed and Professor Lou Landau, Medical Workforce Division

The Health Department representatives supported the medical workforce analysis and the estimated shortage of doctors in Western Australia was consistent with their own analysis. There was some agreement to the need for future additional medical students and the importance of reducing the state’s heavy reliance on overseas-trained doctors. Both Officers expressed the view that whilst the additional funding provided by the WA state government over recent years had meant it had been able to provide hospital internships matching the almost tripling of number of medical graduates in WA since 2005 it was extremely difficult to do so in a short period. They did not favour an increase in student numbers at the present time as training pressures will increase over the next five years. They both strongly supported the need for further vocational training posts in WA.

So while supporting the medical workforce analysis and the need for future additional students in Western Australia it was felt that a commensurate increase in internships and vocational training posts needed to be in place and the preference was for a staged increase in student numbers rather than an increase to 100 in the first year. They felt that if workforce predictions continue to show continuing gaps then an increase starting around 50 or 60 places may be appropriate from around 2019. This could then be progressively increased over subsequent years.

The Health Department was not able to comment on the specific proposal by Curtin, however they reiterated that any approval to increase Medical Student numbers would require additional state government commitment and funding for the intern program and that funding would need to be the subject of a submission to government for consideration.

Key findings
6. The majority of stakeholders support and endorse the assessed shortage of Medical Practitioners in Western Australia and the need for additional Medical Graduates described in this paper.
7. All stakeholders believed that the increase in medical graduates needs to grow over time and must be accompanied by equivalent intern places and appropriate prevocational training geared to areas of workforce need.
From: felicity.jefferies@healthfixconsulting.com.au
Subject: Healthfix badge
Date: 7 February 2014 10:35 am
To: Andrea Jones Andrea.Jones@curtin.edu.au

Andrea I have attached two versions, for you to use thanks.

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