

**Australian Medical Students' Association
Submission to the Australian 2020 Summit 2008**

Meeting the health workforce requirements of metropolitan, regional and rural Australia into the future requires comprehensive workforce modeling and sustainable growth in the medical workforce. Any such growth must occur in the context of increased capital investment into medical education and training infrastructure in order to ensure that training capacity keeps pace with the demand for training, and that the quality of education trainees receive remains of the highest standard.

Growing medical workforce training capacity will require innovative approaches to medical education. Such approaches should include:

1. Ensuring that increases in commonwealth supported university places for medical, nursing and allied health students are not granted until it can be demonstrated that the training capacity exists for these students to undertake further education in clinical setting upon graduation.
2. Expanding clinical training settings for medical, nursing and allied health students and junior doctors to include placements in private healthcare facilities and novel community settings.
3. Incentivising training of junior colleagues by senior doctors, nurses and allied health workers through remuneration for health workers who provide education, including the creation of training supplements for Medicare item numbers, and allocation of rostered teaching time for salaried health workers.
4. Indexing the provision of funding provided to health jurisdictions to the amount and quality of training they provide for medical, nursing and allied health students, junior doctors undertaking vocational training, and other health workers upgrading their qualifications.

It is essential that medical workforce training capacity is able to be expanded without compromising the quality of the training provided. Simply expanding health workforce training places without considering quality will not only fail students and health workers, but will result in poorer health outcomes for patients. Ways to ensure the quality of the healthcare training provided include:

1. Making the quality of education an integral marker of the performance of a health system.
2. Considering the future infrastructure requirements of medical education and training when planning and delivering health infrastructure such as hospitals and community health services.

3. Quarantining funding within health budgets, separate to that allocated for service delivery, for the provision of medical education and training.
4. Avoiding the introduction of alternative workforce models until training capacity can be guaranteed for existing healthcare students and health workers.

In addition, growth in the medical workforce needs to address the inequities evident in the disparate distribution of health services. This can be achieved through:

1. Targeting students from underserved regions, populations and communities and facilitating their entry into the health workforce.
2. Ensuring ongoing funding for schemes which expose health care students to early, positive experiences in underserved communities.
3. Reducing reliance on schemes which bond health care students to areas of workforce shortage without incentive.

Providing appropriate training capacity and quality across the continuum of health education is essential to addressing the health needs of the Australian community into the future.