

The Hon Josh Frydenberg MP  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600



Dear The Honourable Josh Frydenberg,

CC The Hon Greg Hunt MP, Minister for Health  
The Hon Dan Tehan MP, Minister for Education  
The Hon Ken Wyatt AM MP, Minister for Indigenous Australians

The Australian Medical Students' Association (AMSA) thanks the Government for the opportunity to develop the following Pre-Budget Submission for consideration.

As the peak representative body of over 17,000 medical students and the nation's future medical workforce, AMSA has developed 7 health and education priorities for the 2020-2021 Budget.

The recommendations are in the areas of:

1. Improving Medical Student Mental Health
2. Aligning Medical Education with Workforce Demand
3. Fortifying our Rural and Regional Workforce
4. Supporting our International Students
5. Securing our Future Medical Workforce
6. Acting on the Relationship between Climate Change and Health
7. Increasing Support for our Future Indigenous Health Workforce

Sincerely,

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Daniel Zou  
President

A handwritten signature in black ink, appearing to be 'Isabelle Nehme', with a long horizontal flourish extending to the right.

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## Improving Medical Student Mental Health

### AMSA calls on the Government to:

1. **Provide \$815,000 additional funding to Mental Health First Aid over the next 3 years until 2023 to enable the online component of this valuable training to remain freely available to Australian-based medical students.**
2. **Protect funding for mental health support initiatives and the expansion of university health services to provide off campus support for rural clinical school students and ensure that demand is met**

Young Australians aged 18-24 years old are recognised as having the highest prevalence of mental health disorders of all age groups. Within this cohort, university students are a vulnerable population, reporting higher levels of psychological distress. Similarly, it has been shown that medical students and doctors experience higher rates of distress and mental health diagnoses in comparison to other university students and the general population. However, this susceptibility is not solely limited to the medical profession in its entirety. The Beyondblue 'National Mental Health Survey of Doctors and Medical Students' reported that medical students had a higher likelihood of experiencing a minor psychiatric disorder compared to doctors. Risk of suicide in medical students and doctors concerningly follows similar trends, with a widely cited metaanalysis suggests that the suicide rate among male physicians is 40% higher than among men in general, while the rate among female physicians is 130% higher than women in general. Tragically, in 2019 alone, at least three medical students committed suicide.

Students who undertake university placements away from campus experience isolation from mental health support and on-campus wellbeing services in conjunction with the pressures of entering the workplace as an inexperienced professional-in-training. Throughout medical training, students are expected to undertake prolonged placements, often in rural and regional locations. For medical students to thrive in their rural placements and develop their passion for rural healthcare, Government funding for universities to help extend and create tailored and accessible support services at rural clinical sites is paramount.

Promoting mental health and wellbeing has been a cornerstone commitment of the current Australian Government. Starting in 2012, the Australian Government has consistently provided funding to Mental Health First Aid

(MHFA) Australia to cover the cost of enrolling medical and other health professional students in the online component of the MHFA course. Due to the significant demand for the program, these funds were exhausted earlier than accounted for. Medical Deans of Australian and New Zealand and AMSA request that the Australian Government provide \$815,000 additional funding to MHFA over the next 3 years to enable the online component of this valuable training to remain freely available to Australian-based medical students. This figure has been calculated using the estimated 2020 medical student commencement figure, frequency accessing the course throughout the medical program and current cost per student. The associated MHFA face-to-face training would continue to be funded by the medical schools or alternative means.



## **Aligning Medical Education with Workforce Demand**

### **AMSA calls on the Government to:**

- 1. Refuse to fund any scheme which directly or indirectly increases the number of Australian, especially international medical students**
- 2. Refrain from supporting or funding any new medical school proposals**
- 3. Direct federal funding toward providing rural vocational training of medical graduates already in the rural medical pipeline to improve rural workforce retention**
- 4. Reinstate the previous federally legislative ban preventing the creation of domestic full-fee places in public universities**
- 5. Amend the Higher Education Support Act 2008 to extend the above ban to private universities to limit the creation of further domestic full-fee places**

The rapid increase of medical schools in Australia from 15 in 2006 to 22 in 2017 is estimated to cause an oversupply of doctors of 4,494 by 2030. This has resulted in medical student numbers surging to an all-time high. Medical Deans have approximated the cost of training a single doctor per year to a conservative \$51,000 (with current degrees ranging from 4-7 years in length), thus, training medical students who will be unable to find an internship to become fully qualified represents both an inefficient use of federal funds and an unfortunate waste of young talent and time. Due to both existing and projected oversupply, AMSA strongly recommends against any scheme which

directly or indirectly increases the number of Australian medical students, including international students.

Considering the projected oversupply of medical students, the government should be reluctant to fund additional Commonwealth Supported Places for new medical schools. Consequently, there has been a recent reallocation of medical school places from other universities, giving rise to numerous financial concerns. New medical schools require a critical mass of medical education specialists to effectively and adequately teach their students. This will dilute the current medical education workforce particularly as medical schools are already underfunded, which threatens to reduce the quality of training medical students receive. In addition, reallocation of medical places requires significant federal investment in supervision, mentoring and infrastructure, divesting funding from existing medical schools which require funding for numerous other educational initiatives and support programs to improve support for students.

The inherent features of the medical training system mean that new medical schools, regardless of whether they are placed rurally or in a metropolitan location, will not yield an increased rural medical workforce. Similarly, money spent to establish new medical training programs in rural areas will duplicate the already successful Rural Clinical School scheme and represents a poorly targeted use of federal funding that will not achieve any further progress in relieving the maldistribution of medical professionals. So long as medical training fails to retain junior doctors in rural areas with vocational training places, any efforts to increase the interest of medical students in rural practice will largely remain fruitless. Federal resources are therefore better directed toward providing rural vocational training of medical students already in the rural medical pipeline to secure fully qualified rural doctors in a time-efficient manner.

Lastly, while the Commonwealth is able to regulate Commonwealth Supported Places (CSP) to meet workforce demand, it has a complete inability to regulate or influence domestic and overseas full-fee-paying medical places offered by universities. This has invited a net increase in medical students, including international students, without consideration for how they will be incorporated into an already struggling training pathway. Furthermore, the fees charged for full-fee places at private medical schools are not subject to federal government regulation. In the interest of retaining equity of access for medical education and federal capacity for workforce oversight and regulation, AMSA calls for the previous Federal legislation prohibiting domestic full-fee medical places in public universities to be reinstated. AMSA

strongly advises that the ban be extended to private universities as the existing model is counterproductive towards medical education equity, regulation and medical workforce oversupply.

## Fortifying our Rural and Regional Workforce

### **AMSA calls on the Government to:**

- 1. Provide increased funding for specialist training options in rural and regional Australia via the Specialist Training Program, to meet the number of positions offered in 2018**
- 2. Continue to support the Rural Generalist Pathway and expand the program in accordance with workforce needs**
- 3. Prioritise national policy that emphasises rural health equity rather than equality**
- 4. Reinstate the role of Minister for Rural Health**

It is well-established that Australians living in regional, rural or remote locations experience significantly poorer health outcomes compared to their metropolitan counterparts. The shortage of medical professionals in non-metropolitan areas exacerbates this access inequity. However, a large proportion of this shortage can be attributed to maldistribution of the medical workforce rather than an overall insufficient number of doctors in Australia, especially doctors that have completed their specialty training.

The provision of vocational training pathways in rural areas is critical to retaining rural doctors and addressing workforce maldistribution. Evidence demonstrates that positive extended rural and remote placements have resulted in increased interest in rural practice and increased desire to remain in rural and regional areas to specialise and practice. However, the current vocational model requires doctors to complete specialist training in metropolitan centres, forcing them to leave rural communities where they may have completed pre-vocational training. The associated relocation also occurs at a crucial time in life where doctors are meeting a partner, starting a family, buying a home or pursuing competitive careers. AMSA commends the Integrated Rural Training Pipeline initiative and encourages the timely implementation and funding of its new agreements under the Specialist Training Program (STP), which seeks to extend vocational training centres outside of traditional metropolitan teaching hospitals. Despite the obvious need for this service and for its timeliness, STP places were reduced in 2019. AMSA wishes for the Government to deeply reconsider maintaining the number of STP places offered in 2018 prior to the cut.

Generalist training equips junior doctors with the skillset to service the specific health needs of rural communities. The success and interest seen in the Queensland Rural Generalist Pathway serves as an exemplary framework for strengthening the National Rural Generalist Pathway.

Finally, Australia's rural communities continue to face multifaceted, complex and unique health challenges. In the past, these vulnerable communities have received national policy prioritising equality rather than equity, failing to address inherent rural health inequities. The loss of a dedicated Rural Health Minister in 2019 can be perceived as a curtailment in the importance of rural health disparities. On this account, AMSA supports the reinstatement of the role of Rural Health Minister.

## Supporting our International Students

### **AMSA calls on the Government to:**

- 1. Extend the funding for the JDTP program for 115 spots, beyond the current commitment to the end of 2020.**
- 2. Cyclically review the number of JDTP places available and ensure the numbers being funded adequately meets projected workforce demand.**
- 3. Prevent any potential increase in international student places when re-allocating Commonwealth Supported Places throughout the Australian Medical School network, especially for the Murray Darling Medical Schools Network**
- 4. Introduce late entry or second round JDTP internships for international students that have exhausted other options.**
- 5. Maintain the integrity of the JDTP internship allocation process by offering internships to international students and continue to preferentially offer the JDTP to international students from onshore Australian medical schools.**

The number of medical graduates has more than doubled since the year 2000, yet, Australia continues to depend on International Medical Graduates in an attempt to combat geographic doctor maldistribution.

This rapid expansion of medical graduates has placed immense pressure on hospitals to meet training demands. Additionally, preferencing systems used to allocate internships generally prioritise international students lower than

their domestic counterparts. Thus, these international students pursuing a medical degree in Australia, majority with the intention and desire to remain in Australia and contribute to Australian society, form the majority of those who miss out on securing an internship in Australia.

Further, recent government investment into the Murray Darling Medical Schools Network has added an additional burden on these graduates who are already disproportionately affected when securing an internship. For this program, the network reallocated existing medical Commonwealth Supported Places (CSP). As a result, universities affected by reallocation of their CSP places have been allowed a commensurate increase in their international full-fee paying medical enrolments. This means an increased pool of medical students, particularly international students, without an increase in medical internships and therefore exacerbates prevailing internship challenges. Of the 2019 international students polled in the AMSA National Survey, majority were extremely worried about internship and job prospects in Australia and over 40% said they would not recommend studying medicine in Australia to family and friends. This poses a reputational risk to Australia's universities and an exacerbation of the current climate would present a deterrent to prospective international students to invest in an Australian tertiary education.

The Junior Doctor Training Program (JDTP), which replaced the Commonwealth Medical Internship (CMI) scheme in 2018, has been instrumental in international graduate internship security and maximising the federal funds that go towards training medical students into fully fledged doctors. Through this stream in 2020, 115 internship positions will be federally funded, preferencing full-fee paying international graduates of Australian medical schools. This underlines that the Government acknowledges that this pathway is an important alternative for unmatched international students who were unable to obtain an internship after graduation. However this funding has not been renewed beyond 2020. If funding is not renewed, it is likely there will be an internship crisis for medical students, reverting back to scenarios in 2016. Therefore, AMSA calls on the Government to secure funding for the continuation of the JDTP program beyond the current commitment to the end of 2020. Moreover, AMSA advocates for the Government to review the 115 positions and ensure funding for this scheme continues to meet projected workforce demand, as newly established medical schools begin to graduate medical students, further marginalising international students.

## Securing our Future Medical Workforce

### AMSA calls on the Government to:

- 1. Implement a national general placement program for junior doctors, focusing this training opportunity in rural and remote centres**
- 2. Redistribute accredited training places to meet demand and limit the use of unaccredited registrar positions**

The health of Australia's population is contingent on a skilled, interdisciplinary and well-distributed medical workforce. Majority of healthcare in Australia is provided outside of the hospital setting. Implementing a national general placement program for junior doctors would relieve the burden on the hospital system to accommodate the increasing number of medical graduates. Further, by allowing this training to occur in regional and remote primary care settings, joining the Integrated Rural Training Pipeline would become a more accessible career choice. The downstream effects of supporting this initiative also serve to decrease Australia's reliance on overseas-trained doctors to fill the primary healthcare gap in rural communities.

Internship and specialty training pathway insecurity has been observed to weigh heavily upon the poor mental health outcomes seen in medical students and junior doctors. In recent years, the training bottleneck is not only present in internship, but also in advanced and specialty training programs. This can be attributed to the short supply of vocational training places and their poor multidirectional distribution, both geographically and across specialties. As a consequence, the number of unaccredited young doctors and the periods during which they remain unaccredited have increased. These doctors often fail to receive the teaching or supervision required to obtain the necessary qualifications that will allow them to practice independently. AMSA is concerned about the simultaneous growth of medical graduates and unaccredited registrar positions. The unaccredited registrar is a waste of human capital and subjects these vulnerable doctors to potentially unsafe working conditions and exploitation. We ask for the Government to redistribute accredited training places to meet demand, subsequently reducing Australia's reliance on overseas-trained doctors.

## Climate Change and Health

### AMSA calls on the Government to:

1. **Improve overall disaster and emergency preparedness and ability of the healthcare sector to respond to extreme weather events and climate threats associated with climate change**
2. **Continue to fund communities affected by severe weather events so they may rebuild their social capital thus improving long-term mental health outcomes**
3. **Enact policy which minimises adverse environmental impacts on the healthcare sector**
4. **Allocate funding to preventative teaching and practical initiatives which allow current and future medical professionals to adapt to the health ramifications of climate change**

Climate change represents one of the greatest global health threat of the 21st century. Inflicting both direct and indirect effects on morbidity and mortality, climate change poses immediate and long-term challenges to the systems encapsulated by 'One Health'. Globally regarded evidence has demonstrated the interconnection between rising temperatures and extreme weather events and subsequent transmission of infectious diseases, in addition to endangering significant environmental determinants of health, such as air, food and water quality and availability. Already, Australia has witnessed a rise in extreme climate-related events including prolonged and harsher droughts, more frequent flooding, severe storms and most recently, devastating fires. A disease modifier and amplifier, climate change will disproportionately aggravate health inequalities in disadvantaged or marginalised communities, as was most recently experienced by our rural and Indigenous students.

Whilst Australia has recognised the intersection of climate change and human health by ratifying the Paris Agreement, a failure to act on agreed upon targets by their deadlines will incur national health repercussions that would disproportionately affect Australia's most vulnerable populations. With the burgeoning healthcare needs of Australia's fire-affected communities - which are the homes and workplaces of countless medical students and health practitioners - actions to adapt to anthropogenic climate change are investments into the future of Australian healthcare. It is therefore imperative for medical professionals to be trained on the impact of climate change on health, ensuring their preparedness to adequately respond to the increasing burden of climate-related events on the healthcare sector. Consequently, AMSA calls for the Australian Government to enact policy which minimises

adverse environmental impacts on the healthcare sector, in addition to allocating funding to preventative initiatives which allow current and future medical professionals to adapt to the health ramifications of climate change.

## Indigenous Health

**AMSA calls on the Government to:**

- 1. Improve retention rates of Aboriginal and Torres Strait Islander health students by increasing funding for supportive programs**
- 2. Collaborate with key Aboriginal and Torres Strait Islander stakeholders throughout the development of funding strategies**

Developing an Indigenous health workforce is vital in the establishment and improvement of self-determination and accessibility of health care for Aboriginal and Torres Strait Islander peoples. 2.5% of first year medical students identify as being of Aboriginal and Torres Strait Islander origin. However, low retention rates of these students is preventing them from becoming doctors. Costs and stressors associated with living away from home, culturally limited curriculums, and discrimination experienced in the university setting are all salient factors contributing to poor retention.

To improve First Nations people's access to health care, health and support services must be culturally safe and trauma-informed. Increased funding in this area would provide additional culturally competent mentoring support programs, including social, academic and professional support and guidance from experienced healthcare professionals. It is a necessity that the development of these strategies is done in consultation with key stakeholders, such as the Australian Indigenous Doctors Association (AIDA), AMSA, and Indigenous communities. Furthermore, any funding should take into account the required recruitment and retention strategies for Aboriginal and Torres Strait Islander students.