Australian Medical Students’ Association

42 Macquarie St

Barton, ACT 2600

January 30th, 2019

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 MP Minister for Aged Care and Minister for Indigenous Health

The Australian Medical Students’ Association (AMSA) thanks the Government for the opportunity to develop this Pre-Budget Submission for consideration. As the peak representative body of 17,000 medical students, AMSA has developed the following recommendations for the 2019-2020 Budget.

**Recommendations:**

1. To refuse to fund any additional Commonwealth Supported medical places in medical schools
2. To refrain from funding any new medical schools
3. To limit the number of Domestic Full Fee places within postgraduate medical schools
4. To increase support funding for Aboriginal and Torres Strait Islander health students to increase retention rates
5. To provide funding to medical schools for mental health support, especially to off-site rural and regional based students
6. To provide increased funding for specialist training options in rural and regional Australia through the Specialist Training Program (STP)
7. To provide funding for health student income support, taking in consideration medical placement hours, living and transport costs
8. To improve overall preparedness and ability of the healthcare sector in response to climate change, particularly to respond to extreme weather events and climate threats

Sincerely,



Jessica Yang Clare Vincent

President Vice President (External)

**To refuse to fund any additional Commonwealth Supported medical places**

**To refrain from funding any new medical school proposals**

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. Training doctors who will be unable to find employment represents both an inefficient use of federal funds and an unfortunate waste of young talent and time. AMSA recommends strongly against any increase in the number of Australian medicals students, including international students, and the creation of any new medical schools in Australia.

Due to the nature of the medical training system, new medical schools, regardless of their location, will not lead to the creation of more doctors for rural communities. 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. Regardless of location of medical education, without the ability to retain junior doctors in rural areas with vocational training places, any efforts to increase the interest of medical students in rural practice will achieve no tangible outcomes. Federal resources are better directed to providing rural vocational training of medical students already in the pipeline to create fully qualified rural doctors in a timely manner.

**To limit the creation of Domestic Full Fee medical places in public universities**

In 2017, a concerning development occurred in the creation of the Macquarie Medical School, a private medical school within a public institution. This school, established outside of government oversight, will see a net increase of 60 medical students in Australia from 2018, including 40 domestic full and 20 international students, with no consideration for how they will be incorporated into an already strained hospital training system. Previously Federal legislation prohibited domestic full fee medical places in public universities. In the interest of retaining both federal capacity for workforce oversight and values of equity of access for medical education, AMSA calls for this ban to be reinstated.

**To increase support funding for Aboriginal and Torres Strait Islander health students to increase retention rates**

Currently, 2.5% of first year medical students are of Indigenous descent. Low retention rates due to a number of factors, including: costs and stressors associated with moving away from home, culturally limited curriculums, and discrimination experienced within universities, are preventing these students from becoming doctors. Developing an Indigenous health workforce is critical in the establishment of self-determination and holistic improvement of Indigenous health access. Any funding should take into account all the necessary recruitment and retention strategies that Aboriginal and Torres Strait Islander students require. Of paramount importance is the necessity to consult with key stakeholders, including the Australian Indigenous Doctors Association (AIDA), AMSA, and Indigenous communities, in the development of these strategies. Funding could provide additional mentoring support programs, including social and academic support and professional guidance from experienced medical professionals.

**To provide funding to medical schools for mental health support, especially to off-site rural and regional based students**

Young Australians aged 18-24 years old have the highest prevalence of mental health disorders of all age groups, at around 25%. Amongst young people, poor mental health is particularly prevalent amongst university students, with studies suggesting medical students are particularly at risk. Available data estimates that the financial cost of youth mental illness was $10.6 billion in 2009, 50.6% of which was borne by the Commonwealth government. Poor mental health can have a negative impact on ability to study and meet the demands of tertiary education, as well as to work and maintain relationships. Previous years have tragically seen at least five suicides of medical students.

Students undertaking university placements away from campus are a group with additional concerns of increase risks, placed under the pressures of entering the workplace as a professional-in-training and removed from the support of on-campus health and wellbeing services. Medical students spend years away from university campus during their degree, often in rural areas, creating a significant barrier to help seeking. Providing funding for affordable university-based health services, including teleconferencing for rural areas, at off-campus placement sites would work towards removing this barrier.

**To provide increased funding for specialist training options in rural and**

**regional Australia through the Specialist Training Program (STP)**

Australians who reside outside of metropolitan centres have poorer health outcomes than their city-based counterparts. There is a maldistribution of medical professionals between urban and rural communities. Successive Commonwealth governments have taken steps to improve this distribution at the medical student level. Programs that facilitate positive exposure to rural practice at Rural Clinical Schools have been very successful with students increasingly seeking rural clinical experience and reporting a desire to work in the country. Increasingly the provision of vocational training pathways in rural areas is critical to retaining rural doctors, and crucial to addressing shortages in the rural medical workforce. As it currently stands, doctors are required to complete their specialist training in metropolitan centres, forcing them to leave rural locations where they may have completed medical education and pre-vocational training. Unlike medical school, vocational training is a time when many junior doctors are putting down roots and establishing homes, when this occurs in metropolitan areas it makes them unwilling to return to regional and rural Australia after completing training. AMSA applauds the Integrated Rural Training Pipeline initiative and encourages its timely implementation and continued expansion with funding under the Specialist Training Program (STP).

**To provide funding for health student income support, taking in consideration medical placement hours, living and transport costs**

In a 2013 BeyondBlue survey, 26.6% of medical students respondents identified ‘finances and debt’ as a source of work stress. Ensuring students have access to requisite financial resources to meet the minimum costs of living is essential to maintaining equity of access to medical education. In addition to direct course fees, medical education entails many additional costs to students unique to health-related degrees.

Medical placements sometimes pose an additional cost, as is with the rural health multidisciplinary training program subsidized by the Australian government; participating universities must ensure at least 50% of Commonwealth-supported students complete at least 4 weeks of rural placement, and 25% complete at least 1 year. Some universities expect the student to be solely responsible for accommodation costs; subsidized accommodation can still be as high as $105/week. Additionally, students usually must continue paying rent in their usual place of residence and forgo existing employment.

Students are often expected to fund their transport costs to and from rural and distant urban placements. The time and costs involved in travelling to such placements creates an additional financial burden and further detracts from the opportunity to use that time for study or employment.

The demands of medical education are a major barrier to seeking paid employment. Holding paid employment is often untenable as medical students are expected to complete long hours of formal educational activities as well as informal study; spend long hours, usually including business hours, in clinical placements, which are often unpredictable and include after-hours and weekend work; attend multiple educational and clinical sites, which often involves significant travel time.

AMSA calls upon the Federal government provide a level of financial support for the full duration of students’ medical education that adequately addresses the needs of medical students.

**To improve overall preparedness and ability of the healthcare sector in response to climate change, particularly to respond to extreme weather events and climate threats**

Climate change is the greatest global health threat of the 21st century, posing an immediate and long-term threat to human health, having both direct and indirect effects on morbidity and mortality. Rising temperatures and extreme weather patterns cause increased transmission of infectious diseases, and undermines major environmental determinants of health, such as clean air and water, and sufficient food. Already, Australia has witnessed a rise in climate-related events such as increased heat stress, floods, fires, and storms. As a disease modifier and amplifier, climate change also threatens to exacerbate current health inequities, having a disproportionate impact on already disadvantaged and marginalised communities. Having ratified the Paris Agreement, Australia has recognised the role climate change plays in human health. Therefore, a failure to adapt to climate change-related health effects poses a huge risk to individuals and communities.

With the burgeoning healthcare needs of Australia’s growing and ageing population, actions to adapt to anthropogenic climate change are investments in the future of Australian healthcare. Training medical professionals on the impact of climate change on health and ensuring their preparedness to adequately respond to climate-related events is required to address the present, and ameliorate the future, burden on the healthcare sector. The Australian Government should enact policies that minimise the adverse environmental impacts to the healthcare sector, and maximise its adaptation for the health impacts of climate change.