



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

23 October 2019

The Hon Dan Tehan MP
Minister for Education
Parliament House
CANBERRA ACT 2600

Dear Minister 

Re: University of Wollongong (UOW) response to the Redistribution pool of medical Commonwealth supported places (CSPs)

Thank you for the opportunity to comment on the Department of Education's Discussion Paper concerning the redistribution pool of medical student (Commonwealth supported) places that was released on 23 September 2019.

As you are aware, UOW's Medical School was established under the Howard government with the specific remit to train medical students in remote, regional and rural Australia. Over the past decade we have graduated over 600 doctors with a passion to deliver high quality medicine in the regional, rural and remote Australia. UOW teaches from the following locations: Illawarra, Shoalhaven, Milton/Ulladulla, Southern Highlands, Murrumbidgee, Mudgee, Broken Hill, Grafton/Maclean, Lismore, Murwillumbah, and Forbes/Orange.

The UOW Medical School is small with an average intake of 69 domestic students a year and it deliberately keeps the number of international students as a very small cohort in order to best serve Australia's regional and rural medical workforce needs. We have been very successful in producing doctors who have returned to practice in regional and rural areas (at last count, more than 60% of our output). Further, the quality of our junior doctors is high: UOW students performed well in all three national assessment benchmarking collaborations and in the 2018 AMC/MBA JMO Preparedness for Internship survey.

You may recall that in 2017, the University reached an agreement with the then Assistant Minister for Health, The Hon David Gillespie MP to transfer three Commonwealth Supported Places (CSP) per annum to assist the Commonwealth's desire to reallocate CSP resources to the Sunshine Coast. This was done on the understanding that this would be the final call on UOW's domestic medical numbers.

As such, UOW is not in the position to release any further domestic numbers as part of the Federal Governments proposal to top slice all medical schools by 2% of domestic student numbers in order to redistribute these Commonwealth Supported Places to newly emerging medical training hubs/schools as part of the Murray Darling Medical Network.

Professor Paul Wellings CBE
Vice-Chancellor

UOW believes that an important principle to ensure the success of the government's *Stronger Rural Health Strategy* announced as part of the 2018-19 Budget is to harness the strength, capability and proven record of those universities who have helped to deliver the regional and rural gains already achieved.

As it stands, the proposed CSP redistribution options may not necessarily provide the most effective solutions to ensuring medical programs serve the needs of rural and regional communities.

More specifically:

Option 1: is likely to result in more of the same, unacceptable, status quo. For example, the move to establish end-to-end medicals schools in regional areas is only possible for universities with large medical student intakes; in effect, they are conducting a small re-distribution by themselves, by reallocating rural-sourced medical students away from the main campus. Due to financial and logistical constraints, total numbers of rural medical students in these end-to-end medical schools are necessarily small. Therefore, the net overall position is that the government is unlikely to see any increase in rural doctors. Moreover, if CSPs are redistributed in favour of universities with end-to-end medical schools, the unintended consequence may be actually a net *reduction* in rural doctors, by removing CSPs from more effective medical schools.

Option 2: proposes redistribution based on the proportion of regional training. This is disadvantageous to UOW given that we could only claim back 50% of CSPs nominated into the national pool.

Option 3: also narrows the options for many medical schools - that of an end-to-end training model. As argued above, this option is only realistically available for the handful of city-based universities with already high medical student CSPs.

We think all proposed options have deficiencies, resulting in a questionable investment for the government, and without a commensurate improvement in outcomes. Further, any new medical school (Murray-Darling included) requires a significant lag-time before doctors with appropriate training and experience are produced (minimum of 6 years, allowing for 2 years of postgraduate training). Given the rural medical workforce is ageing and near retirement, there is only a small window of opportunity to nurture rural doctors of the future, and it makes sense to "reward" medical schools that are already successful in this endeavour, so as to strengthen the pipeline *now*, without any further delays.

We strongly support the need to provide more medical care of the population in regional and rural areas. We also acknowledge that the government should have the freedom to address these needs via policy changes and practical measures. However, we believe the best approach to achieving these aims is a multi-faceted approach, as outlined below.

UOW welcomes the opportunity to have CSPs redistributed, and we hope to build on our success through growth aspirations focussed primarily on the Shoalhaven region. We recommend that the government consider an extension of its University Departments of Rural Health (UDRH) and Rural Training Hub initiatives, which encourages local solutions and local responsibility for outcomes. In this regard, UOW is very well placed to add value to this program with enhanced CSP funding that delivers not only on medical students, but allied health staff for regional and rural areas. Not only will this help to alleviate the health needs of the population, but in so doing, provide critical infrastructure support to overcome some of the barriers that doctors face in living in remote areas, that of lack of allied health support.

Our suggestion is to enhance a regionally-based integrated model – including allied health students – worked out in partnership with local and regional organisations that produce good training opportunities from study through to employment. We believe this will be the most cost-effective and efficient way to achieve policy outcomes.

As requested, we have also attached UOW's completed medical data form.

We would welcome the opportunity to meet with you to discuss these issues further, and to provide further information.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'P. Wellings', with a large, sweeping flourish at the end.

Professor Paul Wellings CBE
Vice-Chancellor