



# Deakin University's response to the Productivity Commission's Position Paper Australia's Health Workforce

November 2005

## Introduction and background

1. Deakin University commends the Productivity Commission on its Position Paper *'Australia's Health Workforce'*. The major issues have been identified correctly and a range of promising new directions have been proposed which the University welcomes.
2. Deakin is one of the newer Australian universities. It successfully combines traditional values of excellence in teaching and research with an attitude that challenges conventional practices, and produces new ways of developing and delivering courses.
3. Deakin was first established in 1974 as a 'university in the Geelong area'. Through mergers with the Warrnambool Institute of Advanced Education and, later, Victoria College it has now evolved into a multi-campus institution. These comprise two campuses in Geelong (regional), one in Warrnambool (rural), and two in Melbourne (metropolitan). Each campus has a distinctive character and a strong presence in the local community. Deakin is closely engaged with Western Victoria and it provides a wide range of teaching and research programs, and support for regional development through well established partnerships and alliances.
4. As one of Australia's largest universities, Deakin University in 2004 had over 31,000 students (21,110 EFTSL) studying across its five campuses and throughout the world by distance education. Of these 46% were students over 25 years of age and 343 were Aboriginal and Torres Strait Islanders. Scholastic excellence, top quality research, industry partnerships and tailored courses are among the factors that attract students to Deakin University from all around the world.
5. Deakin's reputation for excellent teaching and innovative course delivery has been recognised through many awards over the past decade. In 1995, Deakin was first awarded the prestigious University of the Year for its 'innovative use of technology in teaching and learning'. In 1999–2000, Deakin was named joint winner of the University of the Year award for its 'productive partnerships with business and industry'. It was the first time in the history of the award that a university has won the title twice.
6. The University's mission statement is that: 'Deakin University's teaching and learning, its research, its partnerships and its international programs will be: relevant, innovative, and responsive. Deakin will be recognised as Australia's most progressive university'. Deakin's core commitments are focused on equity and access, rural and regional engagement, and life-long learning.

## Rural and regional medical education is a priority

7. With this background and direction Deakin University has been very concerned about the medical workforce shortage in rural and regional Australia. For the last twelve months it has researched and scoped the issue thoroughly and has come to the same conclusions as those reached by the Commission such as:
  - the need for more medical practitioners in rural and regional areas,
  - changing patterns of chronic disease,
  - health concerns with an ageing population,
  - over dependence in Australia on overseas trained doctors,
  - changing lifestyle issues for doctors and
  - new opportunities in the delivery of both education and health services presented by the telecommunications revolution.
8. Recognising its capacity to address the medical workforce shortage in rural and regional Victoria, Deakin University applied to the Australian Government in August 2005 to establish a four-year graduate Bachelor of Medicine and Bachelor of Surgery (BMBS) degree program in rural and regional Western Victoria. Deakin proposes to introduce the course in 2008, subject to approval by the Australian Government by May 2006 or earlier and accreditation by the Australian Medical Council during 2006 and 2007.
9. The program will achieve the same minimum standards required of all other medical programs in Australian and New Zealand universities. The program has been developed and validated following research, internal discussion and extensive consultation on a curriculum licensing arrangement with Flinders University. The University has sought advice on the proposal from a range of other international and interstate universities, as well as from professional associations and public and private health agencies in Victoria.
10. Deakin University has received very strong and enthusiastic support for its intended approach to the training of doctors for regional and rural areas from community members, medical professionals, hospitals and health services, and State and Commonwealth politicians in rural and regional Western Victoria. In particular, the proposal is supported by Barwon Health, which is the largest health provider outside metropolitan Melbourne, and St John of God Health Care, which is one of the largest not for profit hospital providers in Australia.
11. The Faculty of Health and Behavioural Sciences will host the new medical school within Deakin University. It offers a range of undergraduate and postgraduate programs and short courses designed to assist students to achieve their career goals and professional aspirations. The courses are highly regarded by the professions and industry, and all can lead to higher degree studies, either by coursework or research. These courses include Nutrition, Dietetics, Exercise Science, Sports Coaching, Public Health, Health Promotion, Disability, Occupational Therapy, Social Work, Nursing (General, Mental Health, Ageing, Peri-Operative, Critical Care), and Psychology (Health, Clinical, Forensic, Industrial, and Organisational).
12. The Faculty has a number of key research strengths, including biotechnology, physical activity, nutrition, social exclusion, health inequalities, mental health, risk behaviours, chronic illness management and ageing. Schools and individual staff of the Faculty work collaboratively with a wide number of external organisations. These include Federal and State governments, schools, hospitals, health centres, Non-Government Organisations such as the Heart Foundation, community groups, international bodies such as World Health Organization, commercial companies, and other universities in Australia and overseas.
13. The Summary of the Deakin proposal is attached to this submission. It provides further substantiation to the following points regarding the Commission's 'Position Paper' and the 'Draft Proposals'.

## Training must be strengthened in rural and regional areas

14. Deakin University concurs with the analysis presented by the Commission in Chapter 10, 'Rural and remote Issues'. It particularly welcomes the statement (page 179) 'For these various reasons, the Commission supports a strong focus on the provision of regionally-based health workforce education and training'. This is the essence of Deakin's proposal.
15. In areas such as health and education, there is growing evidence that people educated and trained in rural areas are more likely to live and work in rural areas. Accelerated regional development and sustainable growth in infrastructure and other related services are important outcomes from new regional courses and these in turn are important factors in a region's capacity to attract and retain professional people.
16. Recent evidence suggests that medical practitioners are more likely to practise in a region where they have been trained – the so-called 'where you train is usually where you stay' effect. Information from the Australian College of Rural and Remote Medicine (ACRRM) suggests that this is multi-factorial and there is more than one reason why some doctors are prepared to practise in rural areas.
17. Factors that increase the likelihood of doctors staying and working in rural areas are:
  - origins in rural areas (2.5 times increase);
  - schooling in rural areas (2.5 times increase);
  - spouse from rural areas (3.5 times increase);
  - completed undergraduate program in rural areas (2.0 times increase);
  - completed internship in rural and (3.0 times increase); and
  - ongoing rural training (2.5 times increase).
18. Many regional and rural areas now depend upon overseas trained doctors for the basic provision of primary health care services. There is evidence that Australia's practice of recruiting overseas trained doctors to supplement an undersupply from Australia's universities is being viewed negatively by many developing countries as well as by many in the Australian community.

## Inequities need to be addressed between States

19. Whilst supporting the Commission's findings on regional training, Deakin University is most concerned about the subsequent statement (page 179) 'However, given recent initiatives that have significantly expanded such opportunities, the Commission considers that it would be timely to commence a rigorous evaluation process, before further programs are adopted'.
20. In Victoria there have been no 'significantly expanded' opportunities for regionally-based health workforce education and training – particularly regarding medical education. Recent decisions to open new medical schools in Queensland, Western Australia and New South Wales have left Victoria with fewer undergraduate medical places than its population requires or is entitled to on the basis of its population.
21. According to the Victorian Government, since 2000 'the number of Commonwealth supported medical students graduating from Victorian universities has only been able to replace 52% of the number of medical practitioners exiting the system'. If nothing is done about the shortfall in medical places in Victoria it has been projected that by 2011 the number of new medical graduates who are Australian citizens and permanent residents will fall to 17.5% of the national total – yet Victoria comprises 25% of the Australian population.

22. By 2011 Queensland, with a smaller population and four medical schools, will be training more doctors than Victoria. Because of the shortages of doctors there, made worse by more doctors retiring earlier and chronic health problems associated with an ageing population, these doctors will not relocate easily to Victoria – nor should they. This means that Victoria will have to continue to rely on overseas trained doctors from poorer countries - and more so than any other State in Australia. Assuming these doctors can be recruited they will be located mainly in rural and regional Victoria. This is because Victoria's current medical education system caters more for the city than the bush.
23. Victorian hospitals recently advertised 406 medical intern posts for 2006 but at the end of the first round of applications only 330 Commonwealth funded Victorian graduates were matched to the positions and the losers were hospitals in rural and regional areas. There is little evidence to suggest that interstate graduates will travel to Victoria to fill some of these clinical places. In fact Victoria is facing an active recruitment campaign for its doctors to leave and work in Queensland.
24. In a recent press article<sup>1</sup> it was said that the Queensland Premier Peter Beattie, *'will launch and international recruitment drive to attract medical professionals to the Sunshine State as part of a \$6.4 billion boost to health funding over the next five years. Mr Beattie, who wants to find 300 doctors, 500 nurses and 400 allied health professionals in the next 18 months, admitted yesterday he had his eyes on staff in NSW and Victoria to help cure Queensland's health problems. An additional \$733 million over four years will be used to pay for increased salaries for doctors to make the state's pay rates more competitive on a national level. "This is a challenge. Doctors don't grow on trees. We'll have to do a number of things to recruit them. But now that we're paying our doctors at a national level, we're competitive, perhaps for the first time," Mr Beattie said'.*

### Further innovation is greatly needed

25. New medical schools have recently been approved in New South Wales, the Australian Capital Territory, Queensland and Western Australia. Most of these new medical schools are located around Sydney, Brisbane or Perth. The new programs are located in some of Australia's newer universities and whilst the courses are still within the guidelines set by the Australian Medical Council, in many cases innovative approaches to medical education will be used. At the University of Wollongong, for example, clinical training will begin in the first year of the graduate program and the University will use a number of international university partners in the development of the course.
26. In Victoria there are only two medical schools. This compares unfavourable with the four in Queensland, which has a smaller population than Victoria, and seven in NSW and the ACT. The Deakin University medical program will differ from other medical programs as it will be the first rural and regional medical school in southern Australia. It will have a major focus on rural and regional medical practice and will address the significant health needs of people living in non-metropolitan areas. It will make a speedy and effective contribution to solving the critical medical workforce shortages, particularly of GPs, in rural and regional areas.
27. The approach taken by Deakin will be a distinctive and complementary alternative to the metropolitan-focused 'regional and rural outreach' clinical school model used by the two existing medical education providers in Victoria, the University of Melbourne and Monash University. In contrast to these universities, Deakin University will offer a specific graduate entry program of four years duration with a strong emphasis on practical skills, chronic disease prevention and management and effective teamwork. Teaching of procedural and clinical skills will prepare students for future work in accident and emergency, obstetrics, anaesthetics, minor surgery, and some internal medicine procedures.

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<sup>1</sup> "Qld on the prowl for more staff". AFR, 26 October, 2005

28. An innovative feature of the Deakin program will be the new inter-professional learning module that will be studied with students from other health disciplines at Deakin, such as nursing, dietetics, psychology, social work, and occupational therapy. The co-learning that will occur in this module will foster effective teamwork among health professionals, which is essential for providing a comprehensive and coordinated approach to patient health care. Good communication skills, mutual respect and trust are vital for safeguarding quality and safety, particularly in complex and fast changing clinical situations.
29. Another distinctive feature of the Deakin program will be the strong engagement with general medical practice and with public and private hospitals and health services, which will contribute to teaching and learning by providing a network of clinical placements. Web-based support, built on Deakin's longstanding expertise in distance learning, will also ensure students and staff remain in close contact with each other for educational, research, and professional development purposes
30. Deakin University is arguing that there is need for a third medical school, not only on the basis of Victoria's population, but also on the basis that innovation in the training of the next generation of health professionals is a requirement of universities, and particularly universities with a regional and rural health care focus. Table 1 summarises the innovative features of Deakin's Proposal.

### Developing a sense of urgency is vital

31. The Commission's report has made some excellent proposals and suggestions on how Australia's workforce can be strengthened. However there are currently serious shortfalls in rural and regional areas and major inequities in workforce supply across the nation. Victoria is the most disadvantaged in terms of the training of medical graduates. This must be addressed as a matter of urgency.
32. Deakin University is concerned that the Commission's report could have the effect of slowing down the expansion of rural and regional training programs. This could put Australia and Victoria in particular in an even more difficult position with respect to the supply of its rural workforce. In particular it would significantly disadvantage Victoria in terms of the supply of specialist and general medical practitioners, where the crisis will become even more acute over the next decade.
33. The Commission's Draft Proposal 10.3 (on page LXXV) and particularly the final sentence that "there should also be an assessment of the effectiveness, over the longer term, of regionally-based education and training, relative to other policy initiatives" could be misinterpreted. Whilst recognising the value and benefit of this proposal it could have the effect of postponing further developments. This would put the training of regional and rural health professionals at a considerable disadvantage when compared with the training of health professionals in Australia's big cities.
34. Deakin University considers that any delays in addressing the need for more regionally trained doctors in Victoria will make current shortages more difficult to address in the future. Whilst supporting rigorous assessment of current training policies and practice the University urges the Commission to recommend new and urgent initiatives in parallel with such assessments.
35. Accordingly Deakin University recommends that the Commission includes a further Proposal as follows:
  - **While these reforms and assessments are progressed, the Australian Government, in conjunction with States and Territories, should continue to develop new regionally-based education and training initiatives as a matter of urgency in order to address the pressing health workforce needs of rural and regional Australians.**

**Table 1: Distinctive Features of the Deakin Regional and Rural Medical School**

<p>1. <b>Leadership in rural and regional health</b></p> <ul style="list-style-type: none"> <li>Meeting the health needs of regional and rural Australians as the only medical school operating solely in Western Victoria</li> </ul>	<p>14. <b>Graduate entry</b></p> <ul style="list-style-type: none"> <li>Offering older, more mature students a focused 'graduate-only' learning experience and environment which is unique in Victoria</li> </ul>
<p>2. <b>Commitment to solving the medical workforce shortages in regional and rural areas</b></p> <ul style="list-style-type: none"> <li>Requiring all students to study and live in rural and regional locations for four years</li> </ul>	<p>15. <b>Health or biomedical science prerequisites</b></p> <ul style="list-style-type: none"> <li>Requiring all students to have completed prior learning so that greater emphasis can be placed on clinical training and service</li> </ul>
<p>3. <b>Devolved clinical training across Western Victoria through clinical school clusters</b></p> <ul style="list-style-type: none"> <li>Improving the quality and depth of learning and allowing local needs to play a major part in 'hands on' student experiences</li> </ul>	<p>16. <b>Selecting students with good communication and relationship skills</b></p> <ul style="list-style-type: none"> <li>Recognising the importance of the 'art' as well as the 'science' of medicine particularly for supporting difficult behavioural change</li> </ul>
<p>4. <b>Efficient 4-year program producing 'work ready' doctors for Western Victoria</b></p> <ul style="list-style-type: none"> <li>Encouraging familiarity with the region and developing social and work related connections</li> </ul>	<p>17. <b>Selecting student with prior experience of regional and rural living and education</b></p> <ul style="list-style-type: none"> <li>Valuing cultural awareness of regional and rural people for effective health care</li> </ul>
<p>5. <b>'Leapfrogging' curriculum development through a partnership with Flinders University</b></p> <ul style="list-style-type: none"> <li>Benefiting from an already accredited medical training provider that has a proven track record of success in rural and regional Australia</li> </ul>	<p>18. <b>Special Indigenous student stream</b></p> <ul style="list-style-type: none"> <li>Building on the proven track record of Deakin's Institute of Koorie Education to increase the number of indigenous doctors by engaging all Aboriginal and Torres Strait Islander communities</li> </ul>
<p>6. <b>Preclinical sciences building under construction</b></p> <ul style="list-style-type: none"> <li>Utilising the extensive public and commercial infrastructure in the biomedical sciences at Deakin's Geelong campus at Waurn Ponds</li> </ul>	<p>19. <b>Integrated general practice attachments</b></p> <ul style="list-style-type: none"> <li>Valuing novel placement programs, pioneered by Flinders University, whereby students contribute as part of the primary health care team</li> </ul>
<p>7. <b>Speedy Australian Medical Council approval</b></p> <ul style="list-style-type: none"> <li>Fast tracking the necessary approval process by using a tried and tested accredited medical curriculum and having a building ready to go</li> </ul>	<p>20. <b>Problem and systems based teaching</b></p> <ul style="list-style-type: none"> <li>Joining up the preclinical and clinical sciences through innovative learning experiences which draw on adult learning techniques and principles</li> </ul>
<p>8. <b>Teaching-centred organisational structures in a research friendly environment</b></p> <ul style="list-style-type: none"> <li>Focusing on the learning needs of students whilst optimising research opportunities</li> </ul>	<p>21. <b>Interdisciplinary learning</b></p> <ul style="list-style-type: none"> <li>Improving quality and safety in future health care by students from different health disciplines studying and working together</li> </ul>
<p>9. <b>Joint academic appointments for medical staff across regional and rural health services</b></p> <ul style="list-style-type: none"> <li>Strengthening many small as well as large health facilities throughout the Western region</li> </ul>	<p>22. <b>Emphasis on procedural skills</b></p> <ul style="list-style-type: none"> <li>Focussing on simulated and real life skill development to ensure graduates are 'work ready' for regional and rural practice</li> </ul>
<p>10. <b>'Win win' teaching contracts</b></p> <ul style="list-style-type: none"> <li>Using a quality assurance model which will bring benefits to both students and staff and the health agencies in which they work through clear, accountable and appropriately funded contracts</li> </ul>	<p>23. <b>Chronic disease prevention and management</b></p> <ul style="list-style-type: none"> <li>Ensuring students can address the new challenges for better health by drawing on Deakin's research strengths in cancer, obesity, diabetes, osteoporosis, and heart disease</li> </ul>
<p>11. <b>Novel ICT infrastructure and applications</b></p> <ul style="list-style-type: none"> <li>Connecting all the teaching health services with broadband to maximise the benefits of the new technologies in education and medicine</li> </ul>	<p>24. <b>Masters of Regional and Rural Medicine</b></p> <ul style="list-style-type: none"> <li>Developing a new practice-based program for interns who want to stay in the region and specialise in regional and rural medicine</li> </ul>
<p>12. <b>Strong private health sector engagement</b></p> <ul style="list-style-type: none"> <li>Offering students clinical placements in the private as well as the public hospital sectors to improve learning opportunities</li> </ul>	<p>25. <b>Medical and biotechnology research leverage</b></p> <ul style="list-style-type: none"> <li>Supporting the growth of new industries and further regional and rural development through medically related research and development</li> </ul>
<p>13. <b>Life long learning</b></p> <ul style="list-style-type: none"> <li>Using Deakin's longstanding expertise in adult, distance and online learning to give doctors the skills and confidence to keep up to date and to utilise the new information and communication technologies</li> </ul>	