

Medical Training in Regional Victoria: a collaboration between the University of Melbourne and La Trobe University

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Addressing the Maldistribution of the Medical Workforce in Australia

The undersupply of medical workforce for rural and remote locations has been a persistent and long-term problem in Australia, and several other countries. Looking at the availability of medical practitioners to the Australian population on a per capita basis, the rural and remote regions may appear well-served by GPs in that the number of GPs per capita is greater in remote and very remote regions compared to major cities. Of course, a greater number of GPs per capita does not mean that medical services are easier to access in sparsely-populated remote regions. Compared to GPs, the situation with specialists is more serious with the number of specialists per unit population 3.7 times greater for major cities as compared to remote and very remote areas.

There have been many attempts to address this maldistribution of medical services in Australia with the use of education and training programs to influence health workforce distribution having been a major focus of the Commonwealth health portfolio for many years. A major feature of the focus on improving health workforce distribution is an acceptance that rural background and substantial training in a rural setting increase the likelihood of pursuing a rural career upon qualification as a medical practitioner.

Most Australian medical schools receive Commonwealth funds under the Rural Clinical Training and Support (RCTS) program. The RCTS provides recurrent funding to establish clinical training schools in rural areas. The program provides targeted funding to participating Australian medical schools in a number of key areas including: rural student selection; the enhancement of support systems for students and rural medical educators; and the provision of structured rural placements for all Australian medical students.

The RCTS program targets include the following requirements: 25% of Australian medical students are to undertake a minimum of one year of their clinical training in a rural area by the time they graduate; 25% of Commonwealth supported medical students are to be recruited from a rural background; and all Commonwealth supported medical students must undertake at least four weeks of structured residential rural placement in an RA2-5 region, as defined by the Australian Standard Geographical Classification – Remote Area.

There is good evidence that rural origin is a strong predictor of choice of rural work location in many cases and the Review of Australian Government Health Workforce Programs (Mason, 2013) suggested that the 25% rural background target should remain in place and be closely monitored.

The Mason Review (Mason, 2013) comments that proposals for new medical schools, including those based in rural settings, have not been supported by the Commonwealth primarily on the basis that sufficient clinical training capacity does not exist to accommodate new CSPs in medicine. The alternative suggestion presented is “rather than the cost and other pressures of entirely new medical schools, some stakeholders have made requests for support of other innovative education and training models based on enhancing existing training programs to provide longer rural training experiences.”

Other schemes to increase rural exposure for medical students include the Australian General Practice Training Program ensuring that at least 50% of general practice vocational training placements are in rural and remote areas. It appears that the training initiatives have contributed to an increase in the number of GPs who take up rural practice with the rural and remote GP workforce increasing by 23% between 2010 and 2014, compared with a 3.5% increase in rural and remote population and a 10% increase in the metropolitan GP workforce over the same period.

The Murray Darling Medical School Network

Charles Sturt University (NSW) and La Trobe University (Victoria) have lobbied for some years for the establishment of a Murray-Darling Medical School to provide medical training in regional NSW and Victoria. As part of the strategy for the establishment of the School, the two universities appointed the high-profile medical educator Professor John Dwyer AO as the Foundation Professor of Medicine and Surgery in 2017.

Though La Trobe and CSU were not ultimately successful in their joint venture, in the Commonwealth Budget for 2018-2019, \$95.4 million has been granted to establish the Murray-Darling Medical Schools Network, described in the following terms:

As part of the Stronger Rural Health Strategy to support teaching, training, recruitment and retention in the regions, the Government will establish a Murray–Darling Medical Schools Network. The network will include the University of NSW (Wagga Wagga), University of Sydney (Dubbo), Charles Sturt University/Western Sydney University (Orange), Monash University (Bendigo, Mildura), and University of Melbourne/La Trobe University (Shepparton, Bendigo, Wodonga).

Bachelor of Biomedical Science (Medical), La Trobe University

La Trobe University will take the first enrolments into the Bachelor of Biomedical Science (Medical) course at the Albury / Wodonga campus and the Bendigo campus in 2019. Students completing this course, with consistent high performance, will be offered a place in the University of Melbourne Doctor of Medicine course based in Shepparton. Entry to the Bachelor of Biomedical Science (Medical) is extremely limited with only 15 students in total across both campuses to be admitted to the course in 2019.

The Bachelor of Biomedical Science (Medicine) has been designed to meet the admission criteria defined by the University of Melbourne for the Doctor of Medicine. These include prerequisite studies in anatomy, physiology and biochemistry consisting of at least one subject at second-year level of each. These are minimum requirements and the design of the course ensures that students have far greater exposure in these discipline areas than the minimum. A further admission criterion for the MD is that students must maintain a WAM (weighted average mark) of 75 to qualify for admission to the Doctor of Medicine program at the Shepparton campus of the University of Melbourne.

Because of the unusual situation of admission to an undergraduate course of one university effectively guaranteeing admission into a postgraduate course of another university, the two institutions have worked closely together in developing the admission criteria and will collaborate on selection for admission to the Bachelor of Biomedical Science (Medical) at La Trobe University.

Amongst the admission criteria for the La Trobe Bachelor of Biomedical Science (Medical) is a 'rural residence requirement': To be eligible applicants must have resided (according to principal home

address) for at least five years consecutively or ten years cumulatively in areas classified as RA 2 to RA5 and preferably have completed Years 11 and 12 at a school in an area classified as RA2 to RA5.

As part of the selection process is a Multiple Mini Interview (MMI) The MMI will consist of situational questions focussing on: advocacy, collaboration, critical thinking, empathy, ethical reasoning, motivation and regional identification. Applicants are expected to demonstrate adequate communication skills at the MMI.

In selecting an applicant for admission to the course, 50% weighting is put on Selection Rank (ATAR with SEAS adjustment, with a limit of 10 aggregate points) and a 50% weighting is put on the performance at the MMI, including assessment of rural connectedness from the Personal Statement.

Given that the numbers of students in the Bachelor of Biomedical Science (Medical) is extremely small this course would not provide viable class sizes in its own right. There is already a Bachelor of Biomedical Science offered at La Trobe University's Bendigo campus and a Bachelor of Biomedical Science will be launched at the Albury / Wodonga campus in conjunction with the launch of the Bachelor of Biomedical Science (Medical) course. Students will have to complete anatomy laboratory work at the Bendigo campus of La Trobe University in second and third year, as anatomy laboratories will not be built at the Albury / Wodonga campus in the foreseeable future, given the complexity of regulations related to such facilities, and the expense. There will be development of new teaching laboratories at Albury / Wodonga to support the teaching in biochemistry and other related subjects. At both Bendigo and Albury / Wodonga students enrolled in the Bachelor of Biomedical Science would be able to complete the same subjects as the Bachelor of Biomedical Science (Medical) students, subject to any subject / class quotas. Students graduating from the Bachelor of Biomedical Science at either Bendigo or Albury / Wodonga, with the right prerequisite subjects, would be able to compete for entry to the University of Melbourne Doctor of Medicine to be taught at Shepparton, as not all places in that course are 'guaranteed'.

On the La Trobe University website it is stated under Career Outcomes that:

After completion of the Doctor of Medicine at Shepparton, followed by pre-vocational (internship) and vocational training (minimum of 3 years but up to 7 years), you will be qualified to practice as a medical practitioner, with a specialisation depending on vocational training. The expectation is that you will practice in a regional location.

For graduates of the Bachelor of Biomedical Science (Medical) who do not proceed to the Doctor of Medicine it is noted that "you'll graduate well-prepared for roles in biomedical, biotechnology and pharmaceutical industries as well as in hospitals and government departments. You will also be suitable for roles in medical sales and health communication."

Reference

Mason, J. (2013) Review of Australian Government Health Workforce Programs, Canberra: Department of Health.