



**AMA** TASMANIA

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## **Doctor in Training Position Statement**

Adopted by Branch Council 8<sup>th</sup> September 2012

### Background:

The University of Tasmania has until recently graduated approximately 70 Australian Domestic Government funded medical school graduates, with additional International Full fee-paying students above this. Traditionally, 20-30% of graduating medical students have sought employment as Interns interstate – with many of these doctors returning to their “home” states.

Regional Australia has had a significant requirement to employ overseas trained doctors in order to provide clinical services to regional populations. Tasmania has also relied heavily on overseas medical graduates and specialists to assist our struggling health system, which is faced with an ageing workforce servicing an ageing population with increasing complex chronic disease.

From 2011, there has been an increased number of medical students graduating and requiring employment as Interns in order to meet general medical registration requirements. In 2011, approximately 95 Australian Domestic (Government funded) medical students graduated, and this number will increase to around 120 by 2013. In addition to this, UTAS will graduate 10-20 International Full fee-paying students. It is now apparent that few, if any, of these graduating international medical students will gain internship employment in Tasmania, or indeed Australia.

This increase in numbers was mandated to ensure Australia has a medical workforce sufficient to meet the future health care needs of the Australian population. Each State will now be required to employ and train up to 30% more medical students and Doctors in Training (DiT). This commitment is required for a period of 4-10 years for DiT's required to train in the hospital system.

There is limited data reporting on the determinants of where doctors ultimately decide to practice as consultants (or medical specialists). What is known that doctors from a regional/ rural area, doctors with partners from a regional/rural area, and doctors who have rotated through a regional/rural area (as students or DiT's) are more likely to return to regional/rural areas as medical specialists. Regional and rural locations that have both career challenges, job security and lifestyle opportunities for the doctor and their family are more likely to be attractive to medical specialists.

The current budget health cuts and administrative measures being undertaken in Tasmania raise grave concerns about the retention of existing specialists, and the employment of new specialists which immediately limits the capacity of quality training of DiT's. Hospital services such as the number of inpatient beds and elective surgery are reduced, Hospital capacity will be constantly at 100%, and the treatment of patients requiring elective and semi elective procedures will be delayed. This will shift the burden of care back to the community services- GP's, the ambulance service, and the emergency department. Proposed new clinical services are also being put on hold. The reduction in elective surgery cases has the potential to undermine training in obstetrics and gynaecology, anaesthesia and surgical specialties (including orthopaedic surgery, general surgery, plastic surgery, urology, ear nose and throat surgery, and ophthalmology). In 2012, we have noted an alarming reduction in "resident medical officer" and registrar positions within DHHS, possibly to fund the increased intern requirements.

### **Tasmanian DiT Requirements.**

The Tasmanian Government must recognize and commit to the funding to support and train our future medical workforce. This requires the strategic funding of the THOs, departments and specialists to supervise the training and ensure that excellent quality care is give to the right patients at the right time and right place. Departments relying on locum and short term contract specialists to meet clinical care and DiT supervision requirements must be adequately funded to meet the regional workforce demand to employ full time specialists or equivalent.

DiT positions must be funded for both junior doctors and specialists in training (known as "registrars"), which can be 4-12 years in the hospital system, not just funding increased intern positions.

The Training of Tasmanian DiT's should encompass "rotation Tasmanian Training programs"- whenever practical to facilitate each region having the benefit of Tasmanian trained DiT's, DiT's are exposed to our excellent clinicians and teaching opportunities and can complete training within Tasmania, and each region has opportunity to attract these doctors as specialist in the future.

If the Tasmanian Government does not have the capacity to support the necessary increases medical workforce, it must advise the Federal Government of this so that the necessary funding of specialists to train the DiT's and the expansion of hospital training positions can be established.

[ AMA TAS Calls on the Tasmanian Government to clarify the funding capacity and plans to fund DiT's 2013-2018 ]

References:

- Practical plan needed to get doctors to live and work in rural Australia, <http://ama.com.au/node/7467>Other Links

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