



Medical Students Criticise Plans for Third Med School in 2016

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The Western Australian Medical Students' Society (WAMSS) and the Medical Students' Association of Notre Dame (MSAND) today expressed serious concerns over plans by Curtin University to open a third medical school in WA in 2016.

"We are extremely concerned that plans for a new medical school in WA continue to be advanced by Curtin University with the support of a myopic State Government that has failed to find or fund sufficient internships for students who are already in the system" said WAMSS President Mr Sebastian Leathersich.

"Plans to open a third medical school in WA will put further pressure on an already overburdened training system, without addressing the workforce issues affecting our communities. It will be bad for WA, bad for patients, bad for students and bad for health services in our state."

In 2013, the State Government failed to provide internships for two of our state's medical graduates, and this figure is predicted to increase in 2014 in line with increasing graduate numbers unless there is considerable investment in the training pathway for young doctors. Without an internship, these graduates are not able to fully register as doctors. Rather than going on to serve our communities, they will instead be adding to the number of unemployed doctors in our state.

These issues are not confined to interns: RMOs remain without jobs this year despite Public Hospitals in WA being declared "areas of need", and there were over 2000 applicants for specialist training (including generalist training) in WA last year with only 700 positions available. "Curtin is focusing on WA in isolation rather than looking at the number of medical students graduating within Australia, and is ignoring the need for a proper analysis of the medical workforce" said Ms Molly Kehoe, MSAND President.

The proposal from Curtin University has not demonstrated how it will address the rural and regional shortage of doctors in our state. The only evidence for increasing the proportion of students going on to practice in rural areas is to increase recruitment from rural areas, or to train students for extended periods in rural areas (for example through Rural Clinical Schools or rural campuses).

Professor Hart, from Curtin University, has recently reaffirmed that they intend to enrol just 20% of their students from rural backgrounds, falling short of the 26.5% of commencing WA medical students currently from rural backgrounds, and the 30-33% quota called for by multiple national bodies. "Curtin is attempting to placate the public through clever reporting," said Mr Leathersich, "but the fact is that their rural aspirations are a masquerade, falling well short of state and national averages and expectations."

Additionally, rural health services throughout the state are already saturated with medical and allied health students, as are tertiary hospitals, GP practices, and other health services in the metropolitan area.

The increase in medical graduates in WA in recent years has not been matched by adequate funding and support for universities, academics, internships and postgraduate training. Before considering an increase in medical student numbers, it is imperative that we invest in the long-term sustainability of our healthcare system to ensure continued quality of undergraduate training, to alleviate the bottleneck in the postgraduate training pipeline, and to make sure that all of our communities receive the health care that they deserve. Without first addressing these issues, a third medical school in WA is irresponsible, ill-conceived and unjustified.

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