



# Don't risk sub-standard graduates



By John Zorbas  
President of the West Australian Medical Students' Society

It is no secret that our health system is suffering due to a lack of doctors, nurses and allied health staff willing and able to work in areas of need. In an effort to correct this "drought", the Federal Government sought to increase the number of undergraduate and postgraduate training positions, particularly in the field of medicine.

Sounds great on paper, but there were several problems with this solution.

Firstly, the time lag for these new graduates to be of any value to the health system is fairly large; even after graduation they will still require more training before being deemed competent enough to serve this need.

Secondly, most of the burden of providing training services to these new students ultimately falls back on the State

governments. This is a major problem, as the Federal Government is yet to co-ordinate any kind of centralised approach to accommodating the training of these students. The majority of these new trainees are now third year medical students. Next year will be the acid test for how well the current system of clinical education will cope with their arrival. These new students have forced key stakeholders to realise that the current centralised model of medical care doesn't provide a deep enough reserve for the training of such a large number of new doctors. Many changes have been made in the last year to accommodate their educational needs and it seems that the Faculty and the government have been able to sufficiently adjust, so that this "tsunami" year will be able to proceed

with minimal turbulence.

That was, of course, until last month when the Federal Government once again decided to increase the number of medical student places. Granted, we are unsure how many of these places will come to WA, but it is the manner in which these places have been created which is of concern. Similarly to what happened three years ago, there has been minimal communication with those who will be required to actually train these students. This kind of irresponsible action will serve no purpose other than to further burden a struggling health system. If the system is pushed past its limits, we run the risk of creating graduates who have received sub-standard training - and there is no safe future in this kind of social investment.



# A better way to go bush



By Jan Rusman  
President of the Medical Students' Association of Notre Dame

Is there a better way to get doctors into the bush other than by bonded medical school places?

It's only when the wine is brought out at dinner parties that I gather the courage to raise the topic and ask others how best to get recent medical graduate students servicing rural and remote areas in the long term.

What we generally come up with is direct exposure, relationship and relevance - with the sharp acronym "DERR".

Direct exposure is the first critical point. Medical students interested in a rural and remote experience should be offered (and these days are) given direct exposure to remote communities. Current opportunities offered by Notre Dame include a rural trip in 1st year spending a week in the Wheatbelt, a three week stay in the Pilbara in 2nd year, and optional participation in the Rural Clinical School Program in 3rd year

Relationship is second. I suspect that the motivation of being in a relationship with a community would improve the likelihood of a student committing to service upon graduation, rather than the student who upon specialisation, is confronted with

a Government list of those communities classified as areas of need.

One shining beacon leading the way is the John Flynn Scholarship initiative which is a great experience for recipients. It places them into a community for several weeks and brings them back each year for three years. It would be great if the scheme was further bolstered to increase the number of participants. Relevance is third. It's important that students-turned-doctors participating in remote servicing are not professionally isolated; that their years in the outback do not restrict their eligibility to work in large urban centres.

So where am I going with all this? Currently, some students are offered a Government subsidised place on the proviso that they work in an area of need for six years upon specialisation. It's a contract they sign and a commitment they make before they even begin medical school.

This is a good start, but it would be better if the DERR principle applied before students signed on the dotted line. If that were possible, it would require greater co-ordination between medical schools and government funding

allocation.

Because it may be difficult doesn't mean it's not worthwhile.

## Funding boost for UND program

Notre Dame's School of Medicine has been given a major boost, with a grant of almost \$600,000 for the Rural Undergraduate Support and Coordination (RUSC) Program. The program aims to encourage and support country students wanting to pursue medical training.



Notre Dame's Professor of Clinical Years Bernard Pearn-Rowe with first year medical students (l-r) Paul Pittorino, Rohan Carter and Jill Brennan from rural WA.