



Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details This information will be used only for contacting you in relation to this submission	
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Publication of Submissions	
Please note all Public Submissions will be published unless otherwise selected below	

I do not want my submission published

I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.





Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Ensuring sufficient training positions for each new graduate of a WA Medical School

WA Health has in the past required substantial numbers of medical graduates from elsewhere in order to fill vacancies in the WA Health system. To become an independent practitioner, each doctor must undertake a series of posts in health, and it can be between 6 and 12 years after graduation before the graduate becomes an independent practitioner (general practitioner or hospital-based specialist) until between 6 and 12 years after graduation. Many of these doctors who graduated from elsewhere gained the requisite experience outside WA.

The standards of training to become independent practitioners are codified by the Medical Board of Australia, and by the bodies which regulate each specialty (such as for example, the Royal Australian College of General Practitioners). The standards exist to promote patient safety and optimal patient care.

With the increase in local graduates, their training after graduation will be undertaken in WA.

Sufficient training posts for the graduate of Curtin Medical School

The Commonwealth has approved a third medical School for WA. Curtin Medical School will provide an additional 60 graduates in 2022, rising to 110 graduates in 2026. When the peak is reached, this will represent an increase of the order of 38% in WA-graduated doctors (excluding fee-paying medical students).

All newly graduated doctors require a one year internship in order to progress with their training

Each new medical graduate requires an intern year in order to be able to progress from provisional to full registration as a medical practitioner with the Medical Board of Australia.

The WA Minister for Health guarantees a 12 month internship for all Commonwealth supported graduates of WA universities.

The intern year is strictly codified and oversighted

The intern year is oversighted by the Postgraduate Medical Council of Western Australia (PMCWA), by delegation from the Medical Board of Australia.

Each intern requires 5 terms of 10-11 weeks each. Three of these terms are core terms, namely Medicine, Surgery and Emergency Medicine.

PMCWA accredits each intern term according to published standards, which include sufficient clinical material and appropriate supervision, for training and for patient safety.





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Creation of a large number of intern positions requires funding in anticipation of the known increase

These additional terms will need to be structured 'in anticipation', that is in advance of them being required in 2022-26. Each additional intern will require a salary, and also implied costs for supervision.

A number of new positions will need to be created to provide sufficient clinical learning for the increased numbers of interns.

There will also be an effect upon the pipeline of medical training, since doctors do not become independent practitioners (general practitioners or hospital-based specialists) for between 6 and 12 years after graduation. An increase in intern numbers without an increase in the more senior posts will give rise to a 'bulge' of doctors between internship and entry into vocational training.

With the previous increment in intern posts peaking in 2016, positions were funded incrementally 'in anticipation'. This was termed the "Junior Doctors' Business Case."

This was because it is not feasible to create a large number of additional intern posts in the year immediately preceding the first increase of medical graduates.

Potential solutions:

- (1) Previously, there was some substitution with RMO posts being changed to intern posts: as well as creation of new posts. However, with 3 year contracts for JMOs, it is not easily possible to delete RMO posts and is not sustainable.
- (2) Commit funding to establish additional intern posts. This would ensure that in 2022 there will be sufficient intern posts to fulfil the commitment of WA MfH that each WA Commonwealth-supported graduate is able to be offered an intern position.

It is possible to create posts in advance of 2022 filled initially by a more senior doctor, with the proviso that they are structured so that they can be filled by an intern from 2022 and beyond.

(3) Such funding should be allocated in a step-wise fashion, such that a proportion of the additional posts can be created and filled each year. Creation of an intern post requires considerable work to satisfy the standards of PMCWA and the Medical Board of Australia.