



nzmsa

New Zealand Medical Students' Association

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Medical Student Numbers – Position Statement

Date Published: May 2011

Version: 2

Document Due For Revision: 2013

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TITLE

Medical Student Numbers: this position statement was prepared in April 2011 by Lauren Brown, Education Officer NZMSA, in partnership with the External Working Group.

INTRODUCTION

In 2008 the Medical Training Board recommended that the number of medical students training in New Zealand should be increased as one aspect of the strategy to tackle the current medical workforce crisis[1]. Training and retention of New Zealand doctors is a priority issue for addressing workforce shortages.

In the 25 years prior to 2008 there had been only two small increases in medical student numbers, once in 2003 and again in 2008[Table 1]. This is despite a significant growth in demand on the health system due to a growing and aging population, and a significant increase in the burden of chronic diseases. Between 2010 and 2011 there was an increase of 120 places across the two schools, with a proposed increase of a further 80 places by 2014[2].

NZMSA feels that such a significant increase over a short time period presents a number of specific challenges that must be addressed in order to ensure that increased medical student numbers does not compromise the quality and accessibility of medical education in our country.

NZMSA POSITION

The New Zealand Medical Students' Association (NZMSA) supports the goal of self-sufficiency of our medical workforce. We therefore support an increase in medical student places so long as the quality and accessibility of medical education in New Zealand is maintained and there is a corresponding increase in workforce places for these students to fill post-graduation.

BACKGROUND

► Key Issues for Medical Students

The following issues surrounding increased medical student numbers have been identified and must be considered in relation to our position:

(A) Funding:

Funded medical places

Any increase must be of funded medical places. NZMSA opposes full or partial fee paying systems for NZ domestic students for reasons of equity, educational capacity, and for the negative effects they would have on professionalism and workforce distribution.

Dedicated funding

Dedicated funding for extra resources (i.e. medical staffing and facilities) must be earmarked at both the national and institutional levels to ensure the health system can

cope with the increased demand in medical training requirements without negatively impacting upon the quality of training medical students receive.

Student fees and government support

Any increase in resourcing must not be funded by further increases in medical student fees as students are already facing significant issues regarding debt, leading to higher levels of stress and influencing future career choices [doctors in debt casebook]. Any increase in levels of medical student debt will be detrimental to junior doctor retention and therefore junior doctor numbers[3] - the very problem an increase in medical student numbers is trying to address.

(B) Resourcing/Quality of Education:

Resourcing

Any increase in medical student numbers must be adequately resourced. The quality of education and professional training cannot be compromised. Substantial funding will be required to support the provision of appropriate resources. Physical resources for example, learning space size and hospital access, will need extension and development.

Quality of teaching

There must be incentives for practicing clinicians to take on more teaching hours. These teaching hours must be protected within the workplace setting. The numbers of dedicated teaching staff should increase with the corresponding increase in medical student numbers. These teaching staff should be adequately trained in the area in which they are giving tuition.

Strategic planning

Strategic planning is required so that adequate resources and appropriate infrastructure is in place well in advance of increasing student numbers so increased numbers are not to the detriment of the quality of medical education.

(C) Access:

Currently there are designated medical student entry schemes for Maori, Pacific Island, and rural origin students for reasons of equity consideration. NZMSA supports a proportional increase in these places with any increase in medical student numbers.

NZMSA is aware that not all places on each scheme are filled year to year. This is not a reason to curtail a proportional increase in these places. It is the responsibility of the wider educational sector to facilitate appropriate opportunity for entry into these schemes and overcome any shortfalls in entry numbers.

(D) Peripheral Placements

Support

There has been increasing development by New Zealand medical schools of placements in a wider range of clinical teaching settings including rural clinics, rural hospitals, and community-based health services. NZMSA believe these networks present a viable, valuable option for expanding clinical training beyond the urban tertiary hospital setting, but that the utilisation of these satellite sites must be well supported and sufficiently resourced to ensure *quality* and *consistency* of training. Please refer to our Peripheral Placements Position Statement.

Use of Private sector

We acknowledge that there are underutilised educational opportunities in the private sector. We would encourage student involvement in any decisions regarding medical student placements in private sector learning environments.

(D) A sustainable long-term approach:

Incremental increase

Any increase in medical student numbers must be done in a sustainable fashion to avoid the boom and bust cycles seen in the UK and Australian medical workforces.

Sustainable Workforce Development

Guarantees need to be made and infrastructure put in place so that all students will be supported beyond graduation. Junior doctor positions and training posts need to be developed for extra graduates to fill in order to prevent these extra New Zealand graduates from leaving for overseas.

Retention

Any increase in medical student numbers also needs to be backed by an increased focus on the retention of junior doctors. Active steps must be implemented by the appropriate agencies to promote retention.

(E) Review

Any changes or development in the health and education sectors affecting or affected by the increase in medical student numbers should undergo regular review to ensure they are meeting the needs of both students and the wider workforce. NZMSA asks that the Association has formal involvement in any such review.

CONSULTATION WITH KEY GROUPS

- University of Otago
- Dunedin Medical Education Group

SUPPORTING LITERATURE/RESEARCH/STATISTICS

- Please refer to Table 1, courtesy of Associate Professor Jim Reid, University of Otago
- Medical Training Board Reports, Ministry of Health

NZMSA POSITION STATEMENTS

- Peripheral Placements Position Statement

REFERENCES

1. Medical Training Board. 2008. *The Future of the Medical Workforce: Discussion paper*. Ministry of Health.
2. Hon Dr Jonathan Coleman, address to the NZMSA Conference 2011 (<http://www.national.org.nz/Article.aspx?ArticleID=36064>)
3. Perry WR, Wilkinson TJ. Taking the pulse: Medical student workforce intentions and the impact of debt. *N Z Med J*. 2010 Jul 16;123(1318):15-23.

APPENDIX
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Table 1: Domestic intake Otago and Auckland 2003 - 2014

Year	Otago intake	Otago increase	Auckland intake	Auckland increase	NZ Total
2003	170		115		285
2004	190	20	135	20	325
2005	190	0	135	0	325
2006	190	0	135	0	325
2007	190	0	135	0	325
2008	210	20	155	20	365
2009	210	0	155	0	365
2010	234	24	191	36	425
2011	254	20	191	0	445
2012	266	12	211	20	477
2013	278	12	271	60	549
2014	290	12	275	4	565
200 Increased places		80		120	

Note 1

2012 to 2014 estimates based on achieving the agreed distribution of 80 to Otago and 120 to Auckland

Note 1 This increase was announced as the Pat Farry Rural cohort. Auckland could not take extra students in 2011 so Otago took all 20. Don Robertson and Iain Martin agreed to each admit an extra 10 students under the Rural sub-category, therefore Otago increased the Rural sub-category from 20 to 30 places and took a further 10 standard places.