

'What sort of New Medical School should the ACT Have?

by Don Aitkin

The announcement by the Federal Minister for Health, Michael Wooldridge, that a review committee will consider the progress of the Clinical School run by the University of Sydney at The Canberra Hospital, and the possible transition of this endeavour to a Canberra-based and Canberra-run medical school, is an important step in the development of medical services in Canberra. The announcement raised more questions than it answered, and I thought it might be useful, through a set of questions and answers, to set out the present situation, and what the likely outcome might be.

What has been the result of the Clinical School's establishment?

All the evidence is that the establishment of the Clinical School has been a great success for Canberra, in raising the levels of expertise available, the level of medical care and the confidence of patients and families.

If it has been a success, why should we change anything?

The University of Sydney came to Canberra essentially at the request of the ACT Government. In the long run it was always envisaged that Canberra would have its own medical school. In any event, it is likely within the next ten years that the University of Sydney will have enough on its plate in the Sydney metropolitan area, which is growing at a rapid rate. The University of Sydney is nearing the end of its ten-year term in running the School, and the review will consider how long a second term might be, and what the best kind of transition might be.

What are the local resources available, should the University of Sydney leave?

Neither of the two larger local universities, the ANU and UC, teaches medicine and neither could take up the challenge immediately. Each has useful resources, however. The ANU has a large research school, the John Curtin School of Medical Research, which conducts research which bears on medical issues, and has strength in biochemistry in its Faculty of Science, while UC teaches a number of medical subjects (physiology, anatomy, immunology, microbiology and clinical chemistry) to students in medical science and nursing courses. Both universities are strong in psychology, and UC also offers masters degrees in sports medicine and physiotherapy, teaches nutrition and forensic science, and holds approval under the relevant Act to hold human tissue and cadaver material for teaching and research in anatomy.

But it needs to be emphasised that the levels of staff currently available are not sufficient to provide a free-standing medical school. To build one, if the University of Sydney withdraws, will require a substantial level of funding from both the Federal and ACT Governments.

How should that best be done?

On the principle that resources should not be duplicated (especially today, when resources for almost anything are scarce indeed), the best outcome for the ACT will be one in which both universities enter a partnership and provide their resources. That could mean a free-standing medical school, which would be a joint venture between the two universities that have appropriate resources for teaching and research, and the ACT Government, which has the responsibility for the ACT hospitals and has played a leadership role within the ACT region. The 'Canberra Medical School' could provide graduates either with a testamur carrying the insignia of both universities, or a testamur carrying its own, since the ACT Government has the power to create a degree-granting higher education institution.

Where would the teaching take place?

As occurs now, the academic teaching would take place at The Canberra Hospital. Clinical teaching would take place there, at other Canberra hospitals and at a number of smaller hospitals within the region.

What sort of course would be offered?

The present course offered by the University of Sydney is a graduate-entry course. Medical education in Australia presently occurs both at the undergraduate level and at the graduate level. The latter is newer, and likely to be adopted by all universities in time. Indeed, it is possible that entry into most professions will in time move to the graduate level. Because the University of Sydney's course is at graduate level it is most likely that the Canberra Medical School course will be at that level also. What we know of the comparison between graduates of the two kinds of courses suggests that the graduate-entry students are better.

What relationship is there between the proposed medical school and the announcement of rural medical scholarships?

Entry into the medical profession is tightly controlled, and the provision of funded places by the Federal Government is one means by which that control is exercised. The additional places going to the Clinical School may be one of the bases on which a future Canberra Medical School could be funded, even though they are intended for doctors who will agree to practise in rural areas (they will be bonded to ensure that they do so).

The Canberra Clinical School has been awarded 25 of the 100 designated places, and the reasonable assumption is that this funding is permanent and related to Canberra, not to the University of Sydney. These 25 places are not enough to found a decent medical school (50 would be needed) but they are a beginning. Fortunately, the University of Canberra has established itself in the Australian Capital Region over the last few years, and has excellent relationships in the 17 local government areas in the region. These relationships will be a most useful basis on which to establish the ways in which the holders of the rural places

acquire an understanding of the needs of rural medicine. The ACT Government has itself done a great deal to improve linkages between Canberra and the towns and shires in the region.

Could the Canberra Medical School differ from other such schools?

While all medical schools, like all universities, have to meet and maintain common high standards, medical schools and universities will always specialise, emphasising some rather than other possibilities in the provision of courses and programs. Because the Canberra Medical School would be the newest such school in Australia, and because it would be housed in what is arguably Australia's most innovative city, the Canberra Medical School could take the lead in a number of areas. It could, for example, train doctors, nurses and para-medical professionals together for some parts of their courses, so that teamwork in medicine could be much better developed. Because it is so close to a variety of rural areas, unlike the big city medical schools, it could become the leader in the provision of rural medicine education. The possibilities are almost endless.

The key concern is that we establish the new School well, not that we do it quickly. Doing it well will take some time, and require some commitment of real funds by our Governments. But the review does give us the opportunity to work out a good future for medicine and for the ACT community.

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