

From the Editor's Desk

MEDICAL SCHOOLS POLICY ON THE RUN

The number of medical school places for Australian students is capped. This policy has been sustained by manageable workforce issues, the fear that increasing the number of graduates would blow out the healthcare budget, as well as a carrot for universities — overseas full-fee-paying students. In 2003, the latter accounted for 1 in 6 of our medical students — as many as 1 in 3 in some schools — and these students paid annual fees averaging \$30 000.

Amid the current medical workforce crisis, our politicians are now playing catch-up. New medical schools are dropping like manna from heaven — six, no less! Significantly, John Howard recently commented that Australia was becoming more like America — more entrepreneurial — a trend he encouraged. But where does that leave our medical schools?

United States college graduates traverse the US for medical school interviews, and the increasing number of medical schools in Australia will encourage similar behaviour. Previously, overseas full-fee-paying students had to leave Australia after graduation. Now they can stay, courtesy of workforce shortages. There is also talk of fee-paying Australian students, and we have “private” medical schools.

These developments, in turn, foreshadow US-style loans, forcing graduates to pursue fiscally rewarding specialties in order to reduce their debt. Perhaps the prospect of six-figure debts will be a deterrent to studying medicine.

The US has a two-tiered system, wherein prestigious medical schools attract the best students and staff. Critical to the success of these schools is endowed, expansive and expensive infrastructure. Our limited resources and healthcare infrastructure forebode a similar two-tiered system here.

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It seems the Americanisation of Australia still has some way to go.

Martin B Van Der Weyden

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(*Med J Aust* 2003; 179: 539-542)

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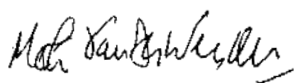
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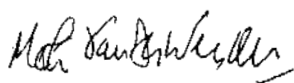
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