

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2017 - 2018, 26 October 2017

Ref No: SQ17-001513

OUTCOME: 2 - Health Access and Support Services

Topic: Medical Rural Bonded Scholarships

Type of Question: Written Question on Notice

Senator: Murray Watt

Questions:

- a) How many medical graduates that were granted a MRBS have not completed their return of service obligations?
- b) How many medical graduates that graduated under a MRBS have breached their return of service obligations?
- c) Over the past 3 years how many medical graduates who breached their return of service obligations have applied for and been granted an exemption from their obligation?

Answer:

- a) As at 9 November 2017:
 - 1515 medical students have been granted a Medical Rural Bonded Scholarships (MRBS) placement.
 - 1158 MRBS participants have not reached the point of having to do their return of service.
 - 232 MRBS participants are currently undertaking their return of service.
 - 23 MRBS participants have completed their return of service.
 - 102 MRBS participants will not complete their return of service as:
 - 50 withdrew before the completion of their medical degree;
 - 3 deceased; and
 - 46 breached.
- b) Departmental records indicate that as of 9 November 2017, 46 MRBS participants have breached their return of service obligations. Not all these participants have had breach conditions imposed. In cases where no breach conditions were imposed the parties negotiated amendments to return of service obligations to assist with management of exceptional circumstances. This is considered on a case by case basis.
- c) 14 MRBS participants have breached their return of service obligations in the last three years. 13 of these participants were still required to complete their return of service obligation and one was granted an exemption from their obligation due to exceptional circumstances.

Senate Estimates Questions on Notice
Clearance Sheet

DETAILS	
Hearing:	Supplementary Budget Estimates
Committee:	Senate Community Affairs Committee
Questioner	Murray Watt
PDR Number:	SQ17-001513
Question Title:	Medical Rural Bonded Scholarships
Due Date for Parliamentary:	20 November 2017
Due Date to Committee:	6 December 2017
Division/Agency	Health Workforce Division
Contact SES Officer:	Name: Dave Hallinan Work No: 6289 9175 Mobile No: s22(1)(a)(ii)
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Minister's Office Clearance:	Noted
	Signature Date / /

Comments:

Medical Rural Bonded Scholarship (MRBS) Scheme

1) Brief summary/overview

The aim of the MRBS Scheme is to increase the number of qualified doctors working in regional, rural and remote areas. The MRBS scheme provided up to 100 Commonwealth-supported medical school places with an attached scholarship each year to commencing Australian medical students. Recipients signed a contract requiring them to work as a doctor in a rural or remote area for six years once they have attained fellowship (less any credit obtained through scaling incentives).

The eligibility of locations is determined by the geographical classification systems used at that time. These include Rural Remote and Metropolitan Areas (RRMA), Australian Standard Geographic Classification – Remoteness Areas (ASGC-RA 2006) and the Australian Standard Geographic System – Remoteness Areas (ASGS-RA 2011).

The MRBS Scheme was closed to new entrants after the 2015 academic year. The 100 places reserved for the MRBS Scheme each year were added to the yearly cohort of the Bonded Medical Places Scheme from 2016 (without the accompanying scholarship).

The MRBS Scheme and the Bonded Medical Places (BMP) Scheme together make up what is now known as the Bonded Programs. The Bonded Program will be reformed as part of the Rural Health Strategy. The aim of the reforms is to provide greater support for bonded doctors and to better target return of service to rural and remote areas and areas of workforce shortage.

2) Key funding dates

First implemented	Funding cycle start date	Funding cycle end date
2001	Scheme has ceased	Scheme has ceased

3) Funding/administration model

Program ceased for new applicants in 2016. Existing recipients will have their contracts honoured. Funding is through the Health Workforce Program.

4) Financials

Financial Year (\$m)	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Budget (a)	11.2	8.6	5.8	3.4	1.3	0.4
Actual (b)	11.0	8.4	*4.8	-	-	-
Variance +/- (a-b)	0.2	0.2	1.0	3.4	1.3	0.4

*As of 30 April 2018

Program contact: Abha Bedi, Rural Support Section, 6289 9655
Last reviewed: 7 May 2018

5) Critical milestones/activities (next 12 months)

The Scheme was closed to new entrants after the 2015 academic year.

6) Sensitivities / Hot Issues

Issue	Status/Comment
Concession for upskilling	Participants are now allowed to work in a metropolitan area during their return of service for upskilling purposes as long as they are otherwise fulfilling their return of service obligations (RoSO) (implemented 23 September 2016).
Increasing number of doctors seeking a waiver from their return of service obligation	As more doctors reach their return of service milestone, there has been a corresponding increase in the number of requests to be released from their contract. The current contractual arrangements are complex and do not allow the flexibility needed to support participant or deliver streamlined and a cost effective administration.
Non-compliance with the return of service obligation	Sanctions for breaching return of service obligations include a substantial financial liability and a 'Medicare ban'.

7) Program objective(s)

To increase the vocationally recognised Australian-trained medical workforce in rural and remote Australia.

8) Program outcome(s)

To fill 100 scholarship places that have a contractual return of service obligation to work in rural, regional or remote areas once they are fully-qualified.

9) Key Performance Indicators

Academic Year	2014	2015	2016	2017
No of scholarship places offered	100	100	-	-
No of scholarship places accepted	97	98	-	-

10) Data and reporting

The number of participants achieving the milestones is regularly monitored. There are currently 1,364 active participants (includes participants in the pre-return of service phase plus those currently undertaking return of service) on the MRBS Scheme.

Milestones	*No of participants
Pre-return of service	1,075
<ul style="list-style-type: none"> <i>Scholars at university</i> <i>Training – PGY and fellowship</i> <i>Pre-Work (completed fellowship)</i> 	265 785 25
Undertaking return of service	289
Completed return of service	
Withdrawn, breached, deceased	08
Total participants	1,514

*Accurate as of 4 May 2018

This data is also provided in the *Bonded Programs Combined Data Table* at **Attachment A**.

11) Relevance to Closing the Gap and Aboriginal and Torres Strait Islander affairs

Nil

12) Review/evaluation

The full benefit of the Bonded Program, including the MRBS Scheme is yet to be realised as the vast majority of participants are yet to complete their training and undertake their return of service obligations. Based on current trends it is expected that there will be sufficient participants commencing their return of service period in two to three years to undertake a meaningful evaluation of the effectiveness of the Bonded Programs.

13) Options for reform

The Bonded Programs will be reformed as part of the Rural Health Strategy. The aim of reforms is to provide greater flexibility and more support for bonded doctors and to better target return of service in underserved areas in most need. Proposed reforms also aim to standardise (where possible) the length of return of service obligations (RoSO) across the BMP and MRBS Schemes which make up the Bonded Programs.

The reforms will also streamline administrative arrangements and hence reduce the administrative burden on the Department to deliver more vocationally recognised Australian trained doctors in rural and remote areas. The reforms will ensure the Government maximises its return on investment of an estimated \$172.6 million from 2000-01 to 2020-21 in the MRBS Scheme.

14) Related programs/activities

The Bonded Program's BMP Scheme offers a medical place at university in exchange for a return of service obligation in an underserved area for a length of time equivalent to the length of the medical degree for participants who joined the scheme prior to 2016, and a return of service obligation of 12 months for new participants from 2016 onwards (new BMP Scheme).

BONDED PROGRAMS DATA**(Bonded Medical Places (BMP) and Medical Rural Bonded Scholarship (MRBS) Schemes)****Table 1 –Bonded Program participants (combined BMP and MRBS) undertaking Return of Service (RoS)**

	12/04/2016	25/08/2016	28/02/2017	31/05/2017	26/09/2017	25/01/2018	4/05/2018
BMP	64	93	113	135	151	185	204
MRBS	163	176	205	214	232	268	289
Total	227	269	318	349	383	453	493

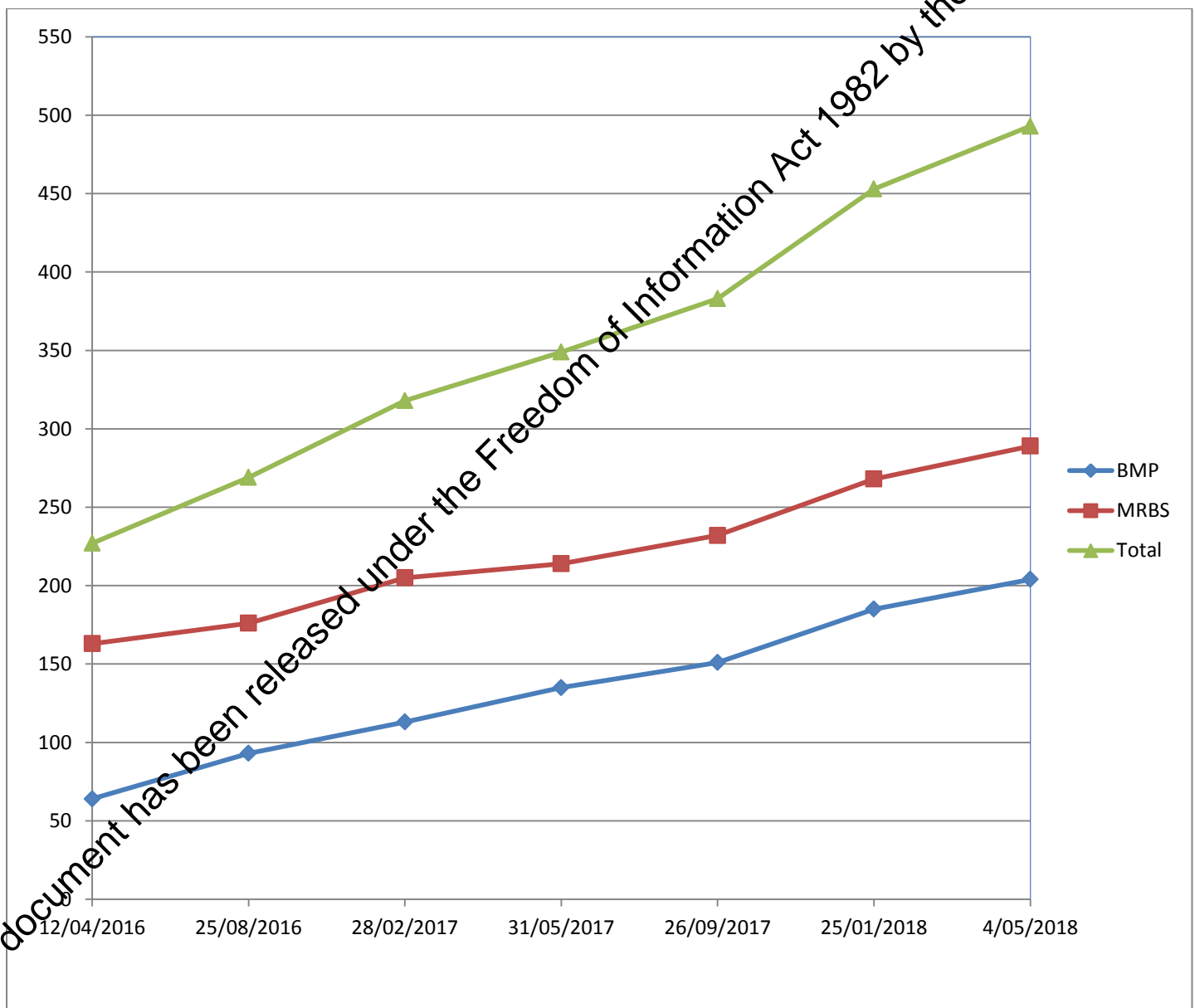
*Data source: FOFMS quarterly data***Figure 1 – Bonded Program participants (combined BMP and MRBS) undertaking RoS***Data source: FOFMS quarterly data*

Table 2 – Bonded Programs – Current Participant Status - as of 4 May 2018 (Combined BMP and MRBS Schemes)

Milestones	Original BMP participants *	New BMP participants **	Total BMP participants	Total MRBS participants	Total BMP + MRBS	% BMP + MRBS
Pre-return of service	6,159	1,635	7,794	1,075	8,869	88.95%
<i>Scholars at university</i>	2,461	1,635	4,096	265	4,361	43.74%
<i>Training (PGY and fellowship)</i>	3,621	-	3,621	785	4,406	44.19%
<i>Pre-Work (completed fellowship)</i>	77	-	77	25	102	1.02%
Undertaking return of service	204	-	204	289	493	4.94%
Completed return of service	19	-	19	42	61	0.61%
Former participants: no longer under the Schemes	433	7	440	108	548	5.49%
<i>Withdrawn: scholars in first year university</i>	220	7	227	54	281	2.82%
<i>Withdrawn: scholars after first year university</i>	124	-	124	37	161	1.61%
<i>Withdrawn: with financial settlement</i>	57	0	57	--	57	0.57%
<i>Abandoned***</i>	26	0	26	7	33	0.33%
<i>Deceased</i>	5	0	5	3	8	0.08%
<i>Terminated due to Exceptional Circumstances (with repayment)</i>	-	--	--	5	5	0.05%
<i>Terminated due to Exceptional Circumstances (without repayment)</i>	1	0	1	2	3	0.03%
Total participants	6,815	1,642	8,457	1,514	9,971	99.99%

The content of this table is also provided in the relevant Fact Sheet for the BMP Scheme and MRBS Scheme.

*Original BMP (2004-2015) with 4-6 year return of service obligations (RoSO)

**New BMP (2016-2017) with 1 year RoSO (includes 2017 cohort)

***Abandoned - includes participants who withdrew from University and did not notify the Department of Health of the reason for their withdrawal

-- Not applicable to the Scheme

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 29 & 30 May 2017

Ref No: SQ17-001004

OUTCOME: 2 - Health Access and Support Services

Topic: Bonded Medical Programs

Type of Question: Written Question on Notice

Senator: Di Natale, Richard

Question:

We are now seeing students who went through university under the bonded medical programs complete their return of service – or commence their return of service. Can the Department please identify:

- a) How many students under the Medical Rural Bonded Scholarship program have completed their return of service? How many are currently undertaking their return of service? What remoteness areas are they/did they meet their commitment in? Of those who have completed their service, how many remain in rural and remote communities?
- b) How many students under the Bonded Medical Places program have completed their return of service? How many are currently undertaking their return of service? What remoteness areas are they/did they meet their commitment in? Of those who have completed their service, how many remain in rural and remote communities?
- c) How many bonded students have completed their education but have not yet commenced their return of service? How many have gone overseas? How many have paid off their Bond?
- d) Can the Department please provide a table showing how many bonded students have completed their university training for each year since the programs commenced.

Answer:

- a) **How many students under the Medical Rural Bonded Scholarship program have completed their return of service?** 17
How many are currently undertaking their return of service? 214

What remoteness areas are they/did they meet their commitment in?

Depending on their contract and speciality, the participants must complete their Return of Service Obligation (RoSO) in RRMA 3-7 or RA 2-5.

Of those who have completed their service, how many remain in rural and remote communities?

The Department does not monitor the status of individual Medical Rural Bonded Scholarship (MRBS) Scheme participants once they have exited the scheme.

- b) **How many students under the Bonded Medical Places program have completed their return of service?** 9

How many are currently undertaking their return of service? 135

What remoteness areas are they/did they meet their commitment in?

Depending on their contract and speciality, the participants complete their RoSO in a district of workforce shortage location for their specialty or Modified Monash Model categories 4-7.

Of those who have completed their service, how many remain in rural and remote communities?

The Department does not monitor the status of individual BMP Scheme participants once they have exited the scheme.

- c) **How many bonded students have completed their education but have not yet commenced their return of service?** 89 (BMP) + 56 (MRBS) = 145

How many have gone overseas?

The Department does not have any data available for the number of bonded students who have completed their education and gone overseas before commencing their RoSO.

How many have paid off their Bond?

There is no provision to 'buy out' of the return of service obligation under the BMP or MRBS. If the contract is breached, a financial penalty or medicare ban may apply depending on the terms of the contract and any extenuating circumstances.

The Department has reached a financial settlement with 48 participants in breach of their contractual obligations.

- d) **Can the Department please provide a table showing how many bonded students have completed their university training for each year since the programs commenced**

The Department doesn't currently hold data on progress through undergraduate, pre-vocational and vocational training stages of the bonded program. University commencement data is provided below.

BMP Scheme commencements by year

Year	2000	2001	2002	2003	2004	2005
Bonded Students	N/A	N/A	N/A	N/A	234	260
Year	2006	2007	2008	2009	2010	2011
Bonded Students	256	544	620	678	688	709
Year	2012	2013	2014	2015	2016	2017
Bonded Students	725	669	719	721	829	TBA

MRBS Scheme commencements by year

Year	2000	2001	2002	2003	2004	2005
Bonded Students	N/A	101	99	102	103	104
Year	2006	2007	2008	2009	2010	2011
Bonded Students	105	103	108	95	98	98
Year	2012	2013	2014	2015	2016	2017
Bonded Students	101	99	97	98	N/A	N/A

Bonded student commencements by year

Year	2000	2001	2002	2003	2004	2005
Bonded Students	N/A	101	99	102	339	364
Year	2006	2007	2008	2009	2010	2011
Bonded Students	361	647	728	773	786	807
Year	2012	2013	2014	2015	2016	2017
Bonded Students	829	768	816	819	829	TBA

Senate Estimates Questions on Notice
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DETAILS	
Hearing:	Budget Estimates
Questioner	Di Natale, Richard
PDR Number:	SQ17-001004
Question Title:	Bonded Medical Programs
Due Date for Parliamentary:	26 / 06 / 2017
Due Date to Committee:	21 / 07 / 2017
Division/Agency	Health Workforce Division
Contact SES Officer:	Name: Dr Lisa Studdert Work No: 6289 8406 Mobile No: s22(1)(a)(ii)
Contact Action Officer:	Name: Lisa La Rance Work No: 6289 7833 Mobile No: s22(1)(a)(ii)
Minister's Office Clearance:	Noted Signature _____ Date ____/____/____

Comments:

HOUSE OF REPRESENTATIVES QUESTION

QUESTION NUMBER: 910
DATE ASKED: 05 February 2018
DATE DUE TABLING: 05 April 2018

by the Department of Health

Rebekha Sharkie asked the Minister representing the Minister for Rural Health, in writing, on 05 February 2018:

- (1) What measures is the Government taking to ensure that participants in the Medical Rural Bonded Scholarship (MRBS) scheme are completing their return of service obligations to work in a rural or remote area for up to six years.
- (2) How many doctors who were recipients of an MRBS are yet to complete their return of service obligations.
- (3) What other measures has the Government taken to ensure a proportionate distribution of doctors across regional and rural Australia.

Mr Hunt - The Minister for Rural Health has provided the following answer to the honorable member's question

(1)

The Australian Government is looking at ways to maximise its return on investment of an estimated \$172.6 million from 2000-01 to 2020-21 in the Medical Rural Bonded Scholarship (MRBS) Scheme and is considering how best to support MRBS participants to undertake their Return of Service Obligations (RoSO). This includes reforms to the Bonded Programs (which includes both the MRBS and Bonded Medical Places (BMP) Schemes) to provide greater flexibility in relation to the return of service obligations, more support for bonded doctors and to better target return of service to underserved areas in most need.

Rural Workforce Agencies (RWAs) currently provide assistance to bonded doctors as part of their funded activities to attract, recruit and support the rural and remote health workforce. Options to deliver earlier and more effective support for participants of Bonded Programs by expanding the role of RWAs are being considered. The Rural Health Multidisciplinary Training Program which includes Rural Clinical Schools and Regional Training Hubs provide access to rural clinical training and promote rural careers to health professionals including bonded medical students.

This document

(2)

1,106 Medical Rural Bonded Scholarship (MRBS) participants are yet to commence their Return of Service Obligations (RoSO) as they have not reached the Fellowship stage. A further 268 MRBS participants are currently undertaking their RoSO and 33 have completed their RoSO. 107 MRBS participants have left the program and will not complete their RoSO. The number of MRBS participants commencing their RoSO is expected to increase over time as more doctors complete their vocational training and attain Fellowship.

(3)

Other measures to address the distribution of doctors across regional and rural Australia include:

Rural Health Multidisciplinary Training (RHMT) Program

- Through its RHMT Program, the Australian Government is providing \$542.8 million over the period 1 January 2016 to 31 December 2018. This program is designed to encourage the recruitment and retention of rural and remote health professionals by universities delivering effective rural clinical training experiences to medical, dental, nursing and allied health students. The program supports a network of 18 Rural Clinical Schools (RCS), 15 University Departments of Rural Health (UDRH), 6 dental schools offering extended rural dental placements; and 26 Regional Training Hubs.

Rural Health Outreach Fund (RHO)

- The Australian Government is providing \$82.9 million from 1 July 2017 to 30 June 2020 for the RHO, which improves access to medical specialist, GP and allied and other health outreach services for people living in regional rural and remote Australia. Funding is provided to address a range of disincentives incurred by health professionals in providing outreach services such as travel, accommodation and lease of equipment. The RHO is administered by fundholders in each state and the Northern Territory and they are responsible for needs assessment and prioritisation of outreach services to where they are needed most.

Rural Clinical Schools (RCS)

- RCS's support the clinical training of medical students and provide an ideal environment to promote rural careers to Bonded Medical Places (BMP) and Medical Rural Bonded Scholarship (MRBS) students and to support them while on rural clinical placement. This includes ensuring that students are well supported by rural academic staff, health professionals and community representatives. They ensure that students receive positive, relevant rural practice training opportunities to an equivalent standard of that delivered in metropolitan settings.

Regional Training Hubs

Regional Training Hubs have been established at existing RCS and UDRH sites across Australia to support the coordination of rural training opportunities for doctors at all stages of their medical training (from undergraduate through to vocational training). These Regional Training Hubs provide an enhanced level of support to RCS students/trainees in their region. They consist of a team of people that are dedicated to integrating medical training opportunities for students within their catchment area, and can provide general and specific information for all students including BMP and MRBS students about the steps and pathways into rural careers and contacts for assistance.

National Rural Health Commissioner

- The Government has established a National Rural Health Commissioner (the Commissioner) to address the shortage of doctors in regional, rural and remote areas, with a particular focus on rural generalists that provide skills to meet community need. The Commissioner will develop national training pathways for rural generalists to help attract and retain more doctors in regional, rural and remote communities.

District of Workforce Shortage

- A Distribution Working Group (DWG) has been established by the Government to consider the implications of changing the existing policy for the District of Workforce Shortage system. The DWG will also provide advice on how to improve the levers designed to attract more Australian trained doctors to regional, rural and remote areas. Recommendations proposed by the DWG will inform future rural health workforce distribution policy.

Rural Workforce Agencies

- The Government provides support to the regional, rural and remote health workforce through recruitment, retention and sustainability which includes \$86 million over three years from 2017 for the network of Rural Workforce Agencies (RWAs). RWAs are located in each state and the Northern Territory, and they are funded to support a range of on-the-ground activities to meet community needs. This includes providing increased access to health professionals, as well as building the quality and the sustainability of all health professions in regional, rural and remote Australia.

Section 19AB of the Health Insurance Act 1973

- Section 19AB of the Health Insurance Act 1973 (HIA) is one of the key distribution mechanisms used by the Government. Section 19AB of the HIA requires overseas trained doctors and foreign graduates of an accredited medical school to work in a location that is classified as a district of workforce shortage in order to access the Medicare benefits arrangements. This restriction applies for a period of ten years from when the doctor gained medical registration in Australia.

Rural Junior Doctor Training Innovation Fund

- The Rural Junior Doctor Training Innovation Fund (RJDTIF) gives rurally based interns an opportunity to experience rural primary care. Exposing interns to rural primary care, typically General Practices or Aboriginal Medical Services will make it more likely they will practice in these locations after becoming more qualified. The RJDTIF is a part of the Government's Integrated Rural Training Pipeline (IRTP) for Medicine. Around 121 junior doctors will rotate into rural primary care each year under the first round. A second round is currently being finalised which will improve the national distribution of the program to support training in more rural areas across Australia.

Specialist Training Program

The Specialist Training Program (STP) seeks to extend vocational training for specialist registrars into settings outside traditional metropolitan teaching hospitals, including regional, rural and remote and private facilities. The program aims to improve the quality of the future specialist workforce by providing registrars with exposure to a broader range of healthcare settings. STP also aims to have a positive influence on future workforce distribution. The Government has recently implemented two key reforms to STP that will bring significant benefits to rural, regional and remote communities:

- From 2018, distribution targets have been implemented for the 13 participating colleges to enhance training in rural areas and the private sector. These targets must be achieved over the next three years of funding. The new rural training target that will increase rural posts by over 18 percent, up to 400 of 900 STP posts.
- Through the Integrated Rural Training Pipeline for Medicine (ITRP) measure, we are supporting a targeted expansion of the STP to provide up to 100 dedicated new training places in rural areas. Fifty new posts commenced in 2017, with the remaining 50 being implemented in 2018.

Australian General Practice Training (AGPT) Program

- The AGPT program is a Commonwealth funded postgraduate vocational training program for medical graduates wishing to pursue a career in general practice. The AGPT program provides training towards three endpoints:
 - Fellowship of the Royal Australian College of General Practitioners;
 - Fellowship of the Australian College of Rural and Remote Medicine; and
 - Fellowship in Advanced Rural General Practice.

Entry to the program is competitive, with 1,500 new training places available each year. In 2017 there were 5,423 doctors training on the program with 50% of these doctors training and providing services to patients in rural and remote locations across Australia.

This document has been released under the Freedom of Information Act

Department of Health