



# National Medical Workforce Strategy 2021–2031

Investing in our medical workforce to meet Australia's health needs

The [National Medical Workforce Strategy 2021-2031](#) (the Strategy) was developed with the support and oversight of the Medical Workforce Reform Advisory Committee (MWRAC)<sup>1</sup> and was endorsed by Health Chief Executives and Health Ministers at the end of 2021. It has been developed to guide long-term collaborative medical workforce planning across Australia, and identifies achievable, practical actions to build a sustainable, highly trained medical workforce that sustainably meets the changing health needs of Australian communities.

The Strategy will be a key driver of reform. It comprises five complementary priority areas to drive achievement of the Strategy's vision. They are:

- 1: Collaborate on planning and design
- 2: Rebalance supply and distribution
- 3: Reform the training pathways
- 4: Build the generalist capability of the medical workforce
- 5: Build a flexible and responsive medical workforce

Three cross-cutting themes are relevant to all the priority areas:

- *Growing the Aboriginal and Torres Strait Islander medical workforce and improving cultural safety*
- *Adapting to and better supporting new models of care, and*
- *Improving doctor wellbeing.*

The Strategy is available on the [Commonwealth Department of Health's website](#) and includes many actions that are relevant to assessment in medical education. Key information and actions are outlined below.

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<sup>1</sup> Membership includes representatives from: Australian Capital Territory Health, Australian College of Rural and Remote Medicine, Australian Indigenous Doctors' Association, Australian Medical Association, Australian Medical Association Council of Doctors in Training, Australian Medical Council, Australian Medical Students Association, Australian Private Hospitals Association, Australian Salaried Medical Officers' Federation, Catholic Health Australia, Confederation of Postgraduate Medical Education Councils, Council of Presidents of Medical Colleges, Department of Health, Department of Health Northern Territory, Department of Health Queensland, Department of Health Tasmania, Department of Health Victoria, Medical Board of Australia, Medical Deans Australia and New Zealand, National Rural Health Alliance, NSW Ministry of Health, Royal Australasian College of Medical Administrators, Royal Australasian College of Physicians, Royal Australian College of General Practitioners, Rural Doctors Association of Australia, South Australia Health, Western Australia Health.



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**Scope of practice:** The Strategy identifies the importance for doctors to gain generalist skills ahead of specialisation and then be trained in - and to maintain skills in – the full scope of their specialist discipline. Initial emphasis on generalism needs to occur during medical degrees, internship and the two-year transition to practice, and will provide a more flexible workforce.

Specialists who are confident and competent across their full scope of practice are critical to the regional or rural workforce. Development and maintenance of these skills also needs to continue through specialist training and continuing professional development.

The Strategy also recommends that selection into vocational training focuses on choosing candidates with the best attributes for the specialty, including consideration or assessment of existing generalist skills. Additionally, assessments in medical education need to be relevant to trainees' future scope of practice and likely service delivery requirements. This may include assessments evaluating competence to work in regional and rural practice, and in roles requiring the full scope of the discipline.

*For further information, see:*

- *Priority Three (p.52, p.54), especially Actions 11.6 and 14.1*
- *Priority Four (p.59, pp.64-65), especially Actions 16.2, 17.1, 18.2, 19.2 and 21.1*

**Cultural safety:** The Strategy aims to grow the Aboriginal and Torres Strait Islander medical workforce, and to improve the capacity of the medical workforce to create and maintain culturally safe environments for Aboriginal and Torres Strait Islander doctors, patients and other health professionals. It calls for an improved focus on cultural safety in education, training, supervision, assessment, and professional development courses. It also recommends strengthening criteria relating to cultural safety in selection processes.

*For further information, see:*

- *Cross-cutting theme 1 (p.22)*
- *Priority Two (p.36), especially Action 6.1*
- *Priority Three (p.55), especially Actions 15.1 and 15.2*
- *Priority Four (p.59), especially Action 19.3*



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**Reducing rural disadvantage in training and assessment:** A key aim of the Strategy is to increase medical workforce and capability in regional and rural areas through revision of trainee selection policies, remodelling and strengthening regional and rural training opportunities. Changes to supervision and assessment models, which, for example, draw on digital capabilities and incorporate more work-based assessment, will also be critical for establishing equitable training and assessment systems, regardless of trainee location.

*For further information, see:*

- *Priority Three (pp.51-54), especially Actions 11.1, 11.4, 14.1 and 14.2*
- *Priority Four (p.59, p.64), especially Actions 16.1, 16.3, 17.1 and 18.2*
- *Priority Five (p.69), especially Action 22.2*

**Models of care:** The models of care vary according to location and context and are likely to change over doctors' careers, with more integration of digital technology. Doctors must effectively collaborate with colleagues in different specialties, work in multidisciplinary teams to deliver health care and work in various health care settings and locations.

Medical education and assessment needs to consider the context of different care settings, and take into account different models of care and the new technologies that support them.

*For further information, see:*

- *Cross-cutting theme 2 (p.24)*
- *Priority Three (p.54), especially Action 14.1*
- *Priority Four (p. 59), especially Action 16*
- *Priority Five (p.69), especially Action 22.3*

## For More Information

For further information, visit the information available on the [Commonwealth Department of Health's website](#) or contact [healthworkforcestrategy@health.gov.au](mailto:healthworkforcestrategy@health.gov.au).