

Policy Document

Domestic Full-Fee Places in Public Universities Policy

Background

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia.

Domestic undergraduate full-fee places

The *Higher Education Support Act 2003* (Cth) divides higher education providers into three categories [1]. Table A providers are eligible for all funding under the Act, and include publicly-funded universities in Australia. Privately-funded universities, two of which offer medical programs, are defined as Table B providers. This document will discuss the offering of domestic full-fee places by Table A providers (Public Universities).

In 2008, the Australian Commonwealth Government placed a legislative ban on the offering of full-fee places to Australian students enrolling in undergraduate degrees at Table A providers, to be enforced from 2009 [2, 3]. To assist universities in transitioning from the previous funding model, additional Commonwealth Supported Places were introduced, and transitional assistance funding was offered [3]. Medical students who commenced a degree on a full-fee place prior to 1 January 2009 were required to continue in their full-fee-paying stream until completion.

Domestic postgraduate full-fee places

This ban did not, however, extend to postgraduate full-fee places. In 2011, the University of Melbourne, a recipient of the aforementioned transitional funding and additional Commonwealth Supported places [3], introduced its Doctor of Medicine (MD) program, and with it, re-introduced full-fee places into its primary medical degree [4]. Fees for students enrolling into full-fee places in the University of Melbourne MD program in 2014 were estimated at \$57,408 per year, with an estimated total course fee of \$247,436 over the four year course [5]. In contrast, the estimated student contribution amount for those entering Commonwealth Supported Places was \$10,085 per year [6].

Nationally, an increasing number of universities are transitioning to masters-level medical programs. This bears worrying potential for the re-expansion of domestic full-fee places in the future. In 2012, AMSA was informed that the Commonwealth Department of Industry, Innovation, Science, Research and Tertiary Education had indicated that the transfer of Commonwealth Supported Places from an undergraduate-level medical degree to a postgraduate masters-level degree would be approved only if no domestic full-fee paying students were subsequently enrolled in the 'MD' program. However, this directive has not been formally announced nor enshrined in legislation, and there remains a possibility that further postgraduate full-fee places will be offered in the future.

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Internships and prevocational training

Universities are able to independently determine the number of postgraduate full-fee medical places that are offered in any given year. This presents a potential avenue for further growth in medical student numbers, which would be an irresponsible course of action, given the ongoing shortfall in training positions for graduating medical students. Furthermore, fee class has been used, by some states, in internship allocation priority lists as a differentiating factor, with domestic full-fee students ranked lower in priority than Commonwealth supported students [7]. In February 2010, at the Australian Health Ministers' Conference, States and Territories announced that they would guarantee internship positions for domestic Commonwealth supported students [8]. Jurisdictions have generally also undertaken to provide places for students enrolled in full-fee-paying programs, but have not guaranteed that this commitment will be extended into the future. Hence, with the current shortage of training positions, a growth in full-fee places may result in students paying in excess of \$200,000 for their medical degree, and still not receiving an internship upon graduation.

Inequity of access to medical education

In 2008, the Bradley Review revealed that participation in higher education was limited among students from lower socio-economic backgrounds [9]. Domestic full-free degrees worsen this disparity. Support for students enrolled in domestic full-fee places, in the form of FEE-HELP, is inadequate, given the maximum FEE-HELP loan available to medical students in 2013 was \$116,507, which is considerably less than the cost of full-fee medical degrees [9]. In the past, domestic undergraduate full-fee-paying students were also asked to pay a 25% loan fee on their FEE-HELP loan; however, this does not apply to postgraduate students [10].

For those students who do enrol in a full-fee place, the financial burden of the degree could influence future career pathways, with students potentially seeking areas of practice that will help repay their debt, rather than in areas of greater need.

Position Statement

AMSA believes that:

1. Australian public universities should be legislatively prohibited from offering full-fee places to domestic students in both undergraduate and postgraduate medical programs;
2. Access to the Australian higher education system, including medical degrees at public universities, should be equitable;
3. Domestic full-fee places are inaccessible to many prospective students from lower socioeconomic backgrounds, and therefore lead to inequity of access to medical programs; and
4. All students of Australian medical schools, including domestic full-fee paying students, should be guaranteed a quality internship position in Australia upon completion of their degree.

Policy

AMSA calls upon:

1. Universities to:
 - a. Commit to not enrolling any domestic full-fee paying students in postgraduate medical programs, consistent with the advice of the Commonwealth Government in 2012; and
 - b. Should domestic full-fee places continue to exist:
 - i. limit the number of domestic postgraduate full-fee places offered, given the current prevocational and vocational training capacity;

- ii. offer additional support for domestic full-fee-paying students, given the financial burden imposed on these students may impact upon their wellbeing; and
 - iii. maximise the financial assistance provided to domestic full-fee-paying students.
- 2. Australian Commonwealth Government to:
 - a. Legislatively prohibit Australian Public Universities from offering domestic full-fee places in medical programs, including both undergraduate and postgraduate courses; and
 - b. Should domestic full-fee places continue to exist, minimise the detrimental impact of such places by:
 - i. centrally regulating the number of domestic full-fee places offered at Australian public universities, taking into account shortfalls in the training pipeline for medical graduates;
 - ii. increasing the maximum loan available to medical students via FEE-HELP, to reflect the total cost of a full-fee medical degree; and
 - iii. committing to not institute any additional fees, including a loan fee, on full-fee medical places;
- 3. State Governments to:
 - a. guarantee internship positions for domestic full-fee-paying students; and
 - b. consider domestic full-fee paying students equivalent to Commonwealth Supported Students for the purposes of internship allocation.

References

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Policy Details

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