

MEDIA RELEASE

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Happier doctors, healthier patients: reforming medical training key to better outcomes

As AMA Queensland's annual survey of junior doctors begins, the organisation says changing the medical training pipeline is vital to boosting both the number and wellbeing of clinicians.

President Dr Nick Yim said AMA Queensland's Workforce Action Plan sets out bold but necessary reform to ensure we attract, recruit and retain the doctors Queensland needs.

"Each year we encourage junior doctors in our public hospitals to fill in the [Resident Hospital Health Check](#), with the 2025 survey launched this week," he said.

"But we already know some of the training and culture issues that will be raised, because they've been points of contention for years."

Dr Yim said the current system is no longer fit for purpose.

"We know the biggest challenge facing Queensland's health system is getting enough staff, and the government needs to improve recruitment and retention," he said.

"But we need to acknowledge the current training pipeline is not producing the numbers and types of specialists we need, with maldistribution and undersupply inevitably leading to burnout.

"Training is unnecessarily complicated and uncertain and puts avoidable stress on doctors just when we need them focused and committed."

The AMA Queensland Workforce Action Plan has three key recommendations to ensure both the state and federal governments are working hand in hand with the profession for the betterment of all.

National independent health workforce planning agency

Dr Yim said establishing a national independent health workforce planning agency would ensure a top down approach to needs-based workforce planning.

"Our expert medical colleges would remain responsible for training standards, education and accreditation" he said.

"But a national agency could co-ordinate training capacity assessment, and tie training numbers to in-need specialities based on disease prevalence.

"We also need to increase the total number of training places while redistributing the current ones to address under and over supply."

Dr Yim said a national agency could also allocate Specialist Training Program funding to incentivise increased training in high-need specialties, including consideration of a statewide trainee delegation system and an optional rural bonding program.

"This would enable sensible fast-tracking for interns and doctors in training who are identified for in-need specialities."

Primary medicine degree reform

Dr Yim said the curriculum needed to be improved to ensure interns were work-ready, and that students were employable in health settings with defined clinical roles and responsibilities.

“Students need support in other ways, such as accommodation for those training in regional areas, or for regionally-based trainees doing placements in metro areas,” he said.

“This needs to be coupled with more Commonwealth Supported Places (CSPs) and scholarships – including state government funded – for Queensland students from regional, rural, remote, First Nations and diverse backgrounds and with an interest in identified in-need specialties,” he said.

“Fast tracking training for in-need specialties, as well as the expansion of successful networked training and supervision models, would also allow more clinicians into the system.”

Supervision improvements

Dr Yim said Australian Medical Council guidelines should be overhauled to require protected supervisor time for training and educating doctors in training.

“This must be built into accreditation standards for all national training programs and be backed by suitable investment,” he said.

“We also need the improved use of private and community health settings for medical training, particularly where public funds are used for patient care, such as the Surgery Connect program in Queensland.

“Funding and support for the adoption of innovative technology for training, including virtual reality and remote supervision should also be prioritised in reforms.”

Background

AMA Queensland’s Workforce Working Group convened from January to June 2025 to develop policy proposals that would help train, attract and retain health workers.

Members of the roundtable included specialists in general practice, emergency medicine, psychiatry, urology, orthopaedic surgery, obstetrics and gynaecology, general surgery and representation for doctors in training.

Members of the group had extensive experience in medical training at the university and college level, industrial relations, private practice ownership (general practice and private hospitals) and medical leadership, including clinical directors.

The Queensland government has pledged to deliver 46,000 additional health workers by 2032. Health Minister Tim Nicholls has indicated the government’s needs-based plan to attract and retain doctors and other medical professionals will be released before the end of 2025.

The full Workforce Action Plan is available [here](#).