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ASIA EDITION

"One area that requires attention is how to train for digital health and artificial intelligence"

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The University of Melbourne recently convened an India-Australia symposium in New Delhi titled â??Understanding the Evolving Landscape of Medical Education in India: Vision 2035.â? The symposium brought together leaders from medical education, healthcare, and policy to explore how reforms can support a resilient, equitable, and future-ready healthcare system. Held at the Melbourne Global Centre Delhi, the forum facilitated dialogue between senior representatives from India and Australia, focusing on global benchmarks, workforce readiness, quality standards, and regulatory alignment in medical education. BioSpectrum took this opportunity to have a detailed conversation with Professor Sarath Ranganathan - Head, Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences - University of Melbourne.

How has the medical education system evolved within Australia? And what are the current challenges?

In Australia, there are 23 medical schools, mostly within metropolitan areas close to capital cities. The distribution of the medical workforce is also skewed, with most of our workforce in the cities, and significant shortages in rural and remote areas. It's this inequity between rural and metropolitan areas that presents ongoing workforce challenges across various healthcare disciplines, not just in medicine. It's important that we seek to help address the rural and metropolitan divide as we educate the next generation of doctors and future healthcare leaders, by encouraging rural placements and also reaching prospective medical students in new ways. The other significant advancement that our education system has had to try and keep pace with is the tech-powered, information saturated world we find ourselves in.

Our Medical School graduates will be expected to use new tools, data streams and models of care that didn't exist when they entered the University, and which will continue to evolve in the coming years. It's our view that if tomorrow's doctors need to be fluent in evolving technology then we must immerse them in places where innovation happens and prepare them to lead or contribute to the technological health transformation that is imminent. All of that being said, medical students still need to be grounded in the human connections and skills such as communication, and empathy that define great care – that never

changes.

Could you please highlight new initiatives at Melbourne Medical School that are strengthening the healthcare workforce in Australia, and how?

One important pathway is the Doctor of Medicine Indigenous Entry Pathway, which strengthens the Australian healthcare workforce by supporting Aboriginal and Torres Strait Islander students to enter medicine and bring culturally-informed perspectives to patient care. By removing the entry test (GAMSAT) as a barrier to participation, the pathway recognises capability and potential beyond a single exam and addresses longstanding structural inequities in access to medical education. This helps build a more diverse, culturally safe workforce that better serves all Australian communities.

Our rural pathway programme, established in partnership with La Trobe University, offers regional study and training options as part of the end-to-end regional medical programme where all training is conducted in rural areas. The pathway aims to improve the recruitment and retention of medical, nursing and allied health professionals in regional, rural and remote Australia, by offering study and training options in rural locations.

What current gaps in India's medical education system require urgent attention?

One area that may require attention is how to utilise new technologies for learning and how to train for digital health and artificial intelligence. Much the same as in Australia, I can see that in India the challenge of health and medical workforce distribution and issues of scale and coverage of rural and remote populations is also a fundamental issue.

How can India and Australia learn from one another through partnership (both public and private), with a strong emphasis on listening to Indian colleagues and exploring opportunities to co-design workforce-ready medical education models?

Pace of change requires partnership and collaboration while working together as part of our collective social licences. I think we need to share ideas on how to integrate research training, innovation, leadership and industry partnerships.

How can global standards in medical education be thoughtfully adapted to reflect India’s unique health needs?

Doctors need to be lifelong learners and become adaptive to the world around them, they need to be agile and prepared for ongoing enquiry and quality improvement through research and clinical practice. They need to be able to continuously support their patients through innovative ideas and technologies.

Are there any major expectations from the Indian government?

Diversification of medical trainees leads to doctors adapting to more diverse populations, geographies and environments. We look forward to partnering with institutions and the government of India to support future modernisation of medical education in India where we can.

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