

The Australian Medical workforce.

In the late 1980s, there was a prevailing view that Australia had too many doctors, and that the existence of this 'oversupply' would lead to a cost blowout. The rationale behind this was that the increased medical workforce with more available time would treat patients and their conditions that had been hitherto untreated. Medical undergraduate places were therefore restricted. In 1994 1230 Australian citizens or permanent residents completed a medical degree. 10 years later in 2004 this figure had actually dropped by 29 to 1201 despite a steady increase in the population, associated with ageing of the population. Both these factors have put an increased strain on the medical workforce. This short-sighted policy was vigorously attacked by the AMA. Their concerns were dismissed.

In 1996, the current government acted to restrict the supply of G.P.s, by the restriction of provider numbers, and around the same time, the medical indemnity crisis began to bite. These actions were also attacked by the AMA and other medico-political bodies. Their concerns were also dismissed.

As a consequence of these factors, we now find ourselves as a community to be very short of trained doctors, both in general and specialist practice. Politicians and health economists, who have ignored medical concerns for years about this, are now scrambling to try and find a solution.

On a national basis there has been a rapid, and one might say a precipitous rush to increase medical undergraduate places with 4 new medical schools in NSW (Western Sydney, ACT, Notre Dame and Wollongong) , 3 new medical schools in Qld (Bond, Griffith , James Cook), and 1 in WA (Notre Dame).

Whereas on a national basis the projected number of medical graduates will have increased by 63% from 1266 in 2003 to 2062 in 2011 the increase in Victoria during this time will only be 3% from 351 to 361.

Will this be enough? It has been stated by Bruce Swanston of South Australia's health department (The Age, Sat August 16, 2005) that we are graduating a shortfall of between 1300 and 1800 doctors per year. Certainly in Victoria the problem is escalating. Not only will we have a shortage of GP's and specialists but our HMO positions will be filled by interstate graduates who were unable to obtain positions in their state of graduation.

There have been a number of solutions that have been put forwards to overcome the immediate problem. Leading the charge is the idea that we can import our way out of the shortfall, by using overseas trained doctors to work where Australian trained doctors cannot or will not. Other solutions include shortening the medical course, and expanding the role of non-medical health workers to take over some of the functions of doctors.

The most obscene solution to this problem is the recruitment of Third World doctors to make up the shortfall. The notion that we, as a wealthy First world country, should be relying on the taxpayers of some of the poorest countries to fund the training of medical personnel, only to entice them to work in Australia, is appalling. We are not the only Western country to indulge in this reprehensible practice, but we seem to be one of the few who trumpet the program's 'success'. We are now starting to see the results of this program as the problems of Queensland health become more widely recognised. There is little doubt that this will not be the only case of its type. Fortunately, the Patel case should lead to a much stricter assessment of OTD's, which will benefit the vast majority of well trained OTDs, and weed out the poor ones. Unfortunately, this has the corollary that the areas of need will not have as many

doctors available to them. At least we know they will be safe, which is certainly not the current situation. We do not see the results in the Third world, and the problems that the lack of trained medical personnel causes there.

The situation in Victoria is just as bad. Having sat on a training program selection and oversight committee, as well as teaching medical students, I know that the quality of students and applicants coming through has decreased overall. The idea that the Colleges are restricting the number of places for training seems to have taken root in the Victorian Health bureaucracy. The opposite is true. There must be a match between the number of people entering advanced medical or surgical programs, and the number of training positions available, and these positions must be funded properly. Neither is true at this stage.

I would propose that

1. Active recruitment of doctors from the Third world cease immediately.
2. The commencement of a rural based Medical school in Victoria as soon as possible. Whilst this has been discussed by the Federal Minister of Health and several proposals have been made, ongoing delays in the announcement mean a further delay in resolving this problem.
3. A specific match between the number of graduates entering basic training programs and the number of posts that exist, and are properly funded.
4. A discussion with the current rural health providers is initiated to see what measures would help in encouraging more doctors to relocate to the bush.
5. That all future programs to restrict medical personnel are reviewed by the AMA and the learned colleges, so as to limit the so far disastrous input from health economists. Health is not a business, and the management-speak protocols that have been implemented throughout the public and private systems have proved worse than useless, and in many cases have been detrimental to patient care.

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