

THE SHORTAGE OF DOCTORS IN RURAL AND REGIONAL AREAS IS A SERIOUS PROBLEM FOR COMMUNITIES FOR WHICH THERE IS NO FAST OR EASY CURE, **PAUL HEMSLEY** REPORTS.

# CHRONIC LOSS

**T**ry making an appointment with a doctor in country Australia and there's a good chance you'll be in for either a long wait or a long drive. Often it's both.

As Australia grasps the social and economic realities of an ageing population, a pressing issue for those outside larger cities is access to adequate healthcare.

Medical services in the bush have always been a political hot potato, but those working on the frontline of healthcare now warn there are worsening systemic problems that need a lot more than election soundbites.

A sleeper issue now surfacing is that Australian medical students who go on to become doctors increasingly opt to practice only in metropolitan areas, thus creating a shortage of medical graduates working in regional and rural areas.

This regional shortage means people are forced to move closer to where they can get sufficient medical attention. And as the population moves, so too do banks and businesses creating a further driver for metropolitan migration.

The flipside of this imbalance is metropolitan hospitals now have their pick of interns while rural areas cannot attract doctors for love nor money and the consequences compound until politics intervenes.

## DEFICIT DIAGNOSTICS

The regional doctor shortage that now has Federal Health Minister Tanya Plibersek trading blame and accusations with her state counterparts didn't happen overnight.

Those who have worked in the system for decades trace the "doctor deficit" back to decisions in the 1990s that capped the number of medical

students graduating from 800 to about 450.

The decision stemmed from a professional and administrative orthodoxy that Australia was facing a medical workforce surplus – so numbers of practicing doctors had to be limited.

The Australian Medical Workforce Advisory Committee recognised early that doctor numbers in rural areas were shrinking because of the lack of graduates.

In the early 2000s, an Access Economics report for the Australian Medical Association (AMA) found shortages for general practice and specialists.

In response the federal government turned on the tap for more medical students to be trained in Australia in 2004, with around 1,200 medical students being taken-in per year.

It's projected that 3,300 medical students will graduate each year by 2016. That may not touch the sides.

Part of a report from Health Workforce Australia released in November 2012 titled *Health Workforce 2025* projects a poor outlook for the future of medical occupation in regional Australia. It says the supply of doctors is now stable but there will be a shortage of 2,700 in the profession by 2025.

The same report found that there will also be a highly significant shortage of 109,000 nurses by the same year, a devastating drop in the assistance and resources that doctors require.

Such shortages create a dependency on migrating international health professionals to fill vacancies. But in rural areas like Swan Hill in Victoria it's Australian trained doctors that are wanted most. The Swan Hill Medical Group has claimed that Australian graduates aren't coming and the international students don't stay.

The report found that the number of medical specialists is actually increasing but the workforce is unevenly distributed. Doctors are graduating but they aren't locating in the areas where they're needed most.

Another problem outlined in the report shows a GP shortage because of a growing trend towards specialisation and sub-specialisation.

The AMA's Rural Medical Committee chair, Dr David Rivett, who works as a GP in Bateman's Bay in New South Wales, says this is a major problem that makes it hard to work in the regions. He cautions overseas doctors coming into Australia need orientation and support networks where they're stationed.

## MEDICAL STRETCH

The shortage of doctors is of particular significance to Western Australia which has the lowest number of medical trainees per capita in the entire nation.

The falling number of clinicians being trained and graduating has a profound impact on hospitals, which are now being stretched by a growing population but fewer doctors to deal with their demands.

Curtin University Pro-Vice Chancellor of Health Services, Professor Jill Downie, says the number of training places being offered is concerning given the major expansions in the state's public and private hospitals. They amount to a 30 per cent increase in hospital beds.

According to Professor Downie, WA is already experiencing the fastest growing population in Australia at 2.7 per cent growth annually.

"People in city and country areas already complain about the lack of access to doctors and this situation is only going to get worse," Professor Downie says. By 2022, it is predicted

## STEMMING THE SHORTAGE

Health Workforce Australia advises that action ought to be taken with coordination between governments, professional bodies, colleges, regulatory bodies, higher education and training providers.

These include:

- create a new National Medical Advisory Training Network to coordinate medical training
- making training pathways efficient
- develop national training plans or strategies
- analyse state and territory health workforce industrial arrangements
- analyse relevant health industry legislation to identify barriers
- investigating ways of increasing self-sufficiency in the medical workforce
- responding to the projected nursing crisis, specifically retention and productivity
- streamlining clinical training funding.

that an extra 2,897 doctors will be needed, she says.

Presently, WA offers 14.4 doctor training places per 100,000 head of population, well below the Australian Capital Territory, which offers 25.7 places 100,000 head of population.

Curtin University is similarly concerned that WA is the only state in Australia without a direct-entry undergraduate medical program as well as being the only state or territory apart from the ACT and Tasmania to have just one public medical program.

Professor Downie says students will seek alternative study options because of the low number of training opportunities combined with not having an undergraduate medical degree available in WA.

"This is likely to mean school leavers wishing to commence medical studies straight from school will move to another state to study and may be lost to WA's future workforce."

## TAKING FLIGHT

Some aspects of Australia's doctor shortage have even experts in the field baffled. According to Dr Rivett, domestic and international doctors are being trained in Australia but many are flying out work on other countries. Meanwhile overseas doctors fly into Australia fill the shortage.

It's a curious state of affairs for a nation that so reveres the Royal Flying Doctor Service as a national icon.

Dr Rivett says figures show 70 per cent of those Australian trained doctors will stay in the country.

"They're trained in the Australian system, [so] to just let them go and bring in 100 international medical graduates in addition to the normal thousand plus that we have a year is not good sense," he says.

"Long term, they should find Australian graduates to serve Australia's needs," Dr Rivett says.

Dr Rivett says because locally trained doctors aren't likely to get internships

in Australia, they have to work in the United States or abroad to become fully qualified doctors.

The problem for the overseas doctors working in Australia is they are unlikely to have access to professional support and will need time to understand the Australian system.

Training in their homelands is likely to be different and there can be a steep learning curve in the Australian environment. The result is that overseas doctors work in Australia on different visas over about four years but a majority of them choose not to stay for the long term.

## DOCTOR NEEDS A WIFE

Behind the numbers there's also a human dimension to the regional doctor issue. Few doubt that relationship factors, such as a spouse or partner's employment prospects exert an influence decisions to go bush.

According to Dr Rivett, a medical student's partner can sometimes determine whether they take a position in the bush or a more metropolitan and cosmopolitan environment.

"[It's] not politically correct but if their partner isn't happy in a rural environment, it's certainly going to break down," Dr Rivett says.

Doctors also regard their professional service satisfaction and work-life balance as highly important in addition to their spousal satisfaction, Dr Rivett says.

"The baby boomer generation where work was everything ... that's over," Dr Rivett says, noting that doctors now coming through are Generation X and Y whose approach to life is "much more balanced".

Work pressures also come at a price. Dr Rivett says he attended a conference where 60 doctors were present and asked how many were up to their second partner or wife.

"About 60 per cent of them put their hand up for a second wife... the work-life balance has obviously been wrong in the past," Dr Rivett says. **GN**

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