Submission No 23

SKILL SHORTAGES IN NSW

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LEGISLATIVE ASSEMBLY
COMMITTEE ON ECONOMIC DEVELOPMENT

INQUIRY INTO SKILL SHORTAGES IN NSW

The Committee has determined to inquire into, and report on, the value and contribution of skilled migration into NSW, with particular reference to regional communities, the public sector and professional shortfalls. In particular, the Committee will focus on:

- ***Identifying gaps and areas of need in particular industries, professions and communities; and***
- ***Identifying strategies for government to assist in addressing skill shortages.***

SUBMISSION BY THE AUSTRALIAN MEDICAL ASSOCIATION (NSW)

Thank you for the invitation to make a submission to this inquiry.

The Australian Medical Association (NSW) is the professional association that represents all parts of the medical profession in NSW, including medical students, junior doctors, GPs, private specialists, hospital specialists and clinical academics.

AMA (NSW) is an independent association funded by membership subscriptions. We are not affiliated to any political organisation and we do not receive any government funding.

Medical workforce shortages

NSW, in common with much of the rest of Australia, has been experiencing significant medical workforce shortages since at least the beginning of the 21st century. In NSW these shortages are most obvious in regional and rural areas, but outer metropolitan areas of Sydney have also been badly affected. Even some central parts of Sydney have been affected in certain specialties.

The National Health Workforce Strategic Framework developed in 2004 (endorsed by Australian Health Ministers in 2004 and COAG in 2008) stated that:

"Australia should focus on achieving, at a minimum, national self-sufficiency in health workforce supply, whilst acknowledging it is part of a global market."

[*See "Self Sufficiency and International Medical Graduates – Australia", National Health Workforce Taskforce, September 2008, page 3]*

The medium term strategy to address these workforce shortages has been to significantly increase the number of medical school places.

The short term strategy has been to import doctors from overseas (known as international medical graduates or IMGs), especially in outer metropolitan, rural and regional areas and in medical specialties with particular shortages.

Increase in medical school places in NSW

There are now six medical schools in NSW, up from three at the turn of the century. In 2006 there were 455 graduates; this year (2013) it is estimated that 1077 students will graduate from NSW medical schools. This number will increase again in 2014 to about 1170 and is then expected to plateau.

There has been a corresponding increase in the number of intern places in NSW to accommodate the increased number of graduates, from 495 in 2007 to 927 this year.

[See "National Medical Intern Summit Background Paper", February 2013, NSW Health, pp 12 and 15]

Medical workforce training

It is important to understand that medical graduates must train for many more years before they qualify as the GPs and specialists that the community needs to fill the gaps in the medical workforce.

All medical graduates must first of all complete a year working as an intern before being fully registered as a doctor.

On completion of the intern year, doctors then work and train in a public hospital for another year or two before being accepted into GP or specialist training programs. GP training takes place outside of public hospitals whereas the majority of specialist training takes place in public hospitals. These training programs vary in length but are no less than three years and may take up to ten years when sub-specialty training and overseas experience are taken into account.

Consequently the pathway from medical graduate to qualified GP or specialist will take a minimum of five years and can take up to fifteen years.

Note that general practice is now regarded as a specialty and requires the completion of a postgraduate training program in the same way as other specialties. It has been decades since doctors were able to commence work as GPs immediately following their internships.

In public hospitals "doctors-in-training" (also known as junior doctors, JMOs or RMOs) are a crucial part of the medical workforce. By the time a medical graduate has reached the end of his/her second year out of medical school they are usually experienced and capable doctors (known as "residents"). Doctors on specialist training programs are known as "registrars"

(typically three to ten years out of medical school) and while still technically "doctors-in-training", are very experienced and are themselves involved in training and supervising interns and residents.

Health Workforce Australia projections

Since recognising the need to address medical workforce shortages in Australia, a succession of planning bodies have been established to identify the necessary workforce information and strategies. Health Workforce Australia (HWA), a Commonwealth Government funded body, released a report in March 2012 which presents findings from a workforce planning analysis of the trends in the supply and demand of doctors, nurses and midwives.

[See "Health Workforce Australia 2012: Health Workforce 2025 – Doctors, Nurses and Midwives – Volume 1", March 2012]

HWA estimated the gap between supply and demand for doctors as at 2025 based on a number of scenarios, beginning with a "do nothing" (comparison) scenario and working through a range of innovation, reform, workforce supply and demand scenarios.

The "do nothing" comparison scenario results in an under-supply in the medical workforce in 2025 of almost 3000 doctors across Australia. However, this is based on the assumption that the current supply is satisfactory, which is clearly not the case. Factoring in an estimated under-supply of 5% results in a gap in 2025 of 26,000 doctors.

Self-sufficiency scenarios result in gaps of 9300 (reducing the reliance on IMGs by 50%) or 15,240 (totally self-sufficient).

Productivity gain or low demand scenarios result in an over-supply of doctors ranging from 2811 to 18,690.

Note that the HWA report does not attempt to combine the impact of various scenarios, i.e. each scenario is considered in isolation from the others. In reality, of course, there is likely to be a combination of factors impacting on supply and demand.

Use of 457 visas in NSW

As noted above, the short-term strategy to address medical workforce shortages has been to import doctors from overseas, known as international medical graduates or IMGs. Note that there are important ethical issues which are beyond the scope of this submission about importing doctors from developing countries where the need for medical services is much greater than in Australia.

The Department of Immigration and Citizenship publishes regular reports on information relating to the use of 457 visas. By utilising the information available for both GP and doctor-in-training (DIT) positions in the most recent report and in previous reports it is possible to obtain a picture of how the use of 457 visas to fill medical positions has changed over time. The increase in the number of medical graduates does not appear to have impacted on the

number of 457 visas for GPs at this stage. The most recent figures may suggest a small decrease in the number of DIT 457 visas although it is too early to discern a clear trend. Of course, it would be logical to see a reduction in the number of DIT visas prior to a reduction in the number of GP visas.

Primary visa holders as at end of 2007/08 to 2012/13
(NB: 2012/13 figures are part-year only, up to 30 April 2013)

	2007/08	**2008/09**	**2009/10**	**2010/11**	**2011/12**	***2012/13 up to 30/4***
National						
GP	1990	1780	1150	1120	1410	*1320*
DIT	1320	1110	1190	1230	1260	*860*
NSW						
GP	750	520	370	320	340	*330*
DIT	300	290	280	220	280	*170*

[See "Subclass 457 State/Territory summary report 2012-13 to 30 April 2013", Department of Immigration and Citizenship, May 2013 (and previous reports).]

It must be noted that these figures provide information about the number of vacancies that have been successfully filled using 457 visas. They do not give any indication of the number of positions for GPs and DITs that are still vacant.

The NSW Health website lists GP and specialist positions that have been classified as "area of need" vacancies (no information about the number of DIT vacancies is available). As at the time of writing (17 June 2013), there were 99 advertisements for GPs and 55 advertisements for specialists (some of these advertisements may be for multiple positions). As might be expected, the majority of these advertisements are from regional and rural NSW but Newcastle, Wollongong and even some parts of Sydney also feature.

Even these figures may not give a true picture of the level of hospital workforce shortages because hospital staffing establishments are typically based on historical funding levels rather than patient need. Regional hospital departments may be significantly understaffed compared to their metropolitan counterparts simply because it has never been possible to recruit more doctors. Consequently, funding has never been allocated for additional positions and therefore there are technically no vacancies, even though the staffing levels might be half that of a metropolitan department with a similar level of patient throughput.

Even leaving this aside, the advertised areas of need suggest that there may continue to be a strong demand for 457 visa doctors for some years as Australian medical graduates begin to occupy what are perceived as the more desirable (or less undesirable) positions and 457 visa doctors are used to fill positions that until now have remained vacant.

We also wish to note the feedback from our members that the recruitment of a doctor to an area of need seems to be unnecessarily difficult in NSW. General practices in rural NSW who have sought to recruit an IMG because of a lack of local applicants have advised us that the process is fraught with delays and problems.

AMA (NSW) position and recommendations

With regard to the Committee's terms of reference, there are clearly gaps and areas of need in the medical workforce, both in the hospital workforce and in the primary care (GP) workforce. The gaps exist across NSW but are clearly worse in regional and rural areas.

AMA (NSW) supports the strategy that has been adopted to address these shortages – the increase in medical school training places – but notes that there is a lot more work to be done at the postgraduate level if this strategy is to be successful.

Producing an adequate number of medical graduates will prove to be a pointless exercise if the necessary postgraduate training is not provided. This postgraduate training falls into three areas, each of which is crucial if the medical graduates are to qualify as the GPs and specialists needed to fill the gaps in the medical workforce. Note that all these training positions are also service positions and that these "doctors-in-training" are the frontline of the hospital medical workforce.

1. Intern positions

The NSW Government is to be commended for the dramatic increase in the number of internships in NSW hospitals in recent years. However, as noted above, there will be a further increase in the need for intern places over the next two years. Based on the HWA projections, it is crucial that all graduates are offered an intern place if the community need for medical services is to be met. Intern places have historically been a State responsibility but last year the Commonwealth Government accepted that the need to ensure that national medical workforce shortages are addressed required a national contribution.

2. Pre-vocational training (resident) positions

In NSW interns are employed on a two-year contract and must apply for new positions at the end of the two years. It goes without saying that there must be an adequate number of positions available for doctors to continue their training. AMA (NSW) has received some feedback from members that the increase in intern positions has been at the expense of these pre-vocational positions. This obviously just moves the problem further up the training pipeline and defeats the purpose of creating more undergraduate and intern positions.

3. Vocational training (registrar) positions

Exactly the same point applies to registrar positions, except that there is a need for both GP registrar and specialist registrar positions. GP registrar training takes place outside hospitals and is historically a Commonwealth Government responsibility. The majority of hospital registrar training takes place in public hospitals and is historically a State responsibility.

We assume that the resident and registrar positions currently occupied by IMGs on 457 visas will gradually be filled by Australian-trained doctors. However, it is not enough to simply fill vacant positions. A comprehensive workforce plan needs to be developed to place doctors-in-training in areas where they are most needed, both geographically and in terms of specialty.

Furthermore, work needs to be undertaken to determine medical staffing levels for outer metropolitan and regional hospitals based on patient need rather than historical levels. We also need to ensure that our hospitals are safely staffed. There is a developing view amongst

our membership that the level of overnight junior doctor staffing in some hospitals is unsafe. Again, the increase in the number of medical graduates is an opportunity to address these concerns.

The workforce plan needs to ensure that there are sufficient training opportunities throughout the training pathway for all medical graduates to become GPs or specialists. In our view, it would be foolish to have a situation where NSW doctors-in-training are unable to find a job (and therefore unable to complete their training) at the same time as NSW hospitals continue to employ IMGs on 457 visas. AMA (NSW) has been concerned about anecdotal reports of intern positions being created at the expense of more senior positions and of junior doctors being unable to find jobs. At this stage, we have not been able to quantify these reports but a recent survey of junior doctor members indicated that 29% of respondents were aware of junior doctors who were unable to find a position for 2013.

The planning and provision of an adequate number of training positions at intern, resident and registrar levels also requires careful planning for the necessary number of trainers, i.e. senior doctors. It is part of the difficulty of solving medical workforce shortages that increasing the number of trainees comes at a time (by definition) when there are not enough trainers. This places a considerable burden on existing senior staff, a burden which will continue until the new graduates become senior enough to take on some of the teaching responsibilities. It goes without saying that it is also crucial that junior doctors are actually provided with time to learn from the senior staff. It is a common concern amongst junior doctors that teaching time is squeezed out by service demands. For these reasons it is important that teaching time is factored into the rosters of both senior doctors and junior doctors.

The increase in medical graduates is a once-in-a-generation opportunity to address medical workforce shortages and maldistribution issues. If this opportunity is not to be wasted, NSW needs to commit to providing adequate numbers of training positions, as well as adequate teaching time, at the intern, resident and registrar level and must develop a medical workforce plan that ensures that doctors are placed in the geographical areas and specialties where they are most needed.

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