

General Practice Service & Workforce Planning Branch



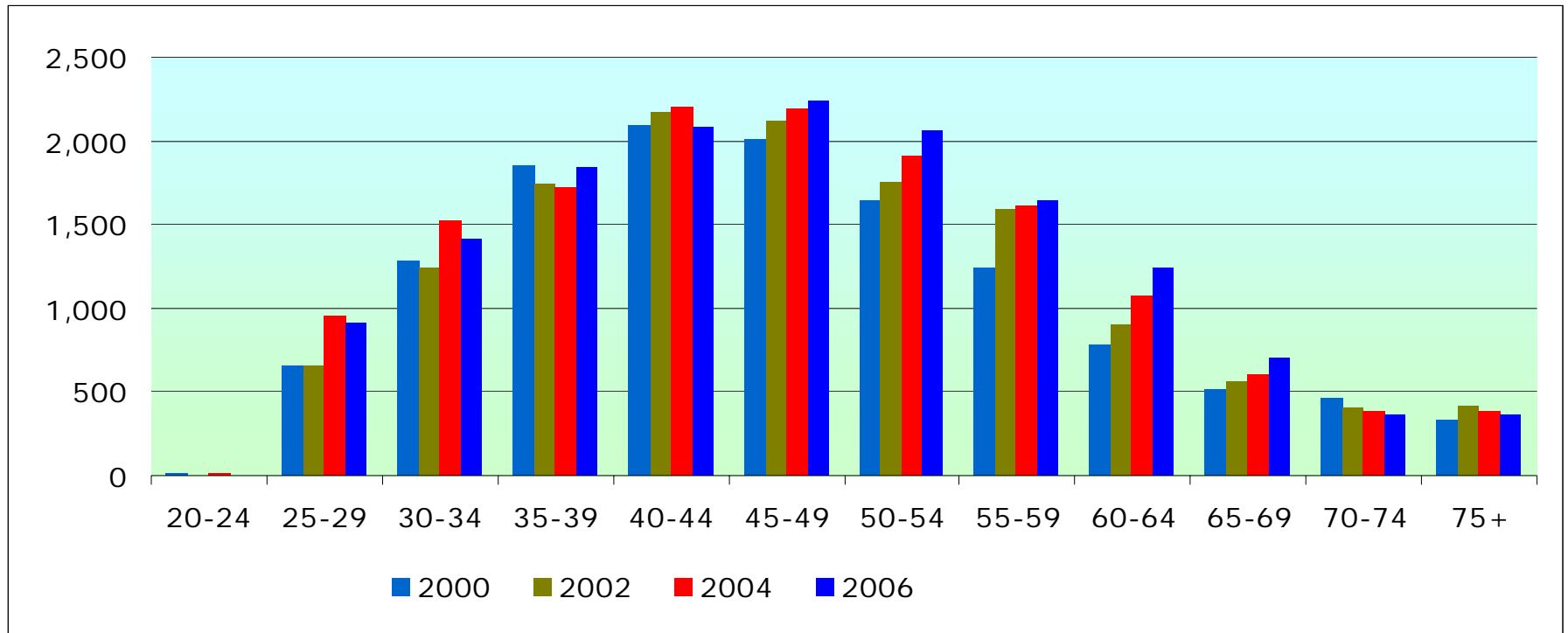
Medical Workforce Section
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19 August 2008

Characteristics of the medical workforce

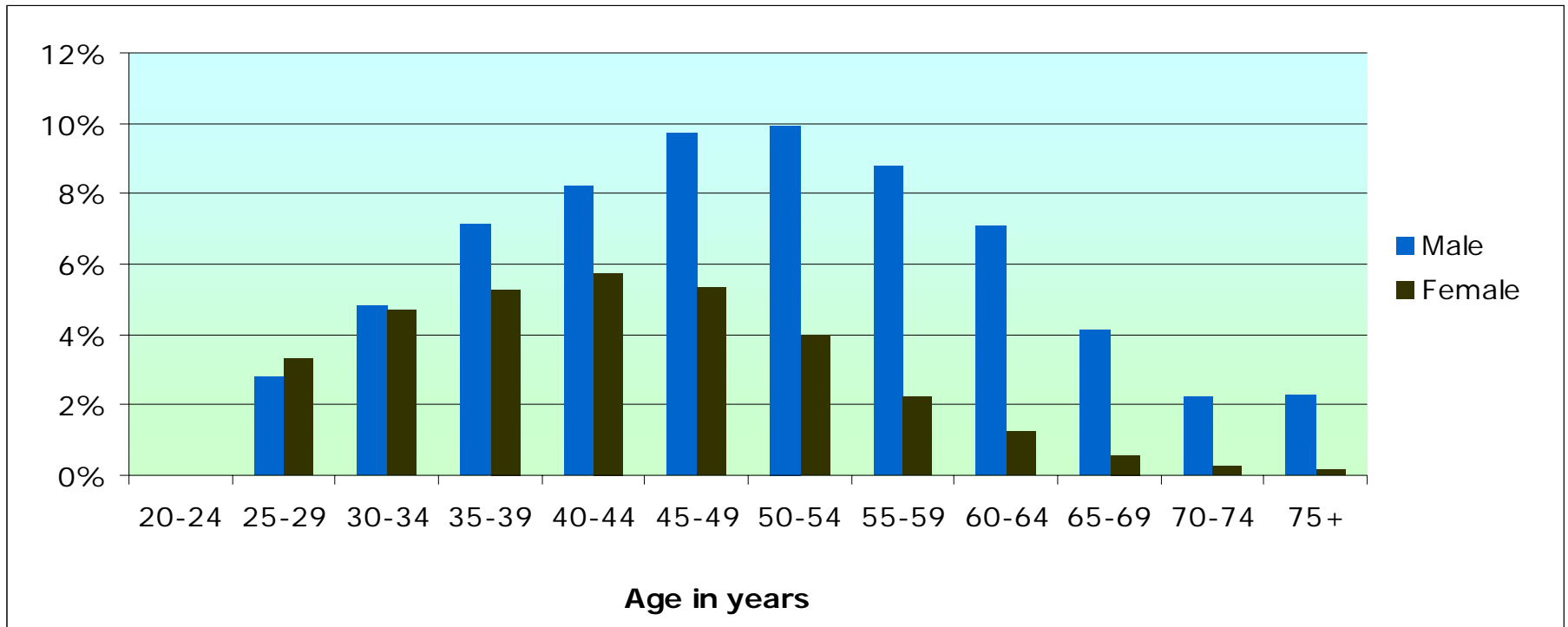
- Work in a range of settings
 - Public and private
 - Multiple locations
 - Multiple income streams
- Operate independently within medical specialities
- Have multiple roles
- Some areas in significant undersupply
 - Geography and specialty

Ageing of the medical workforce



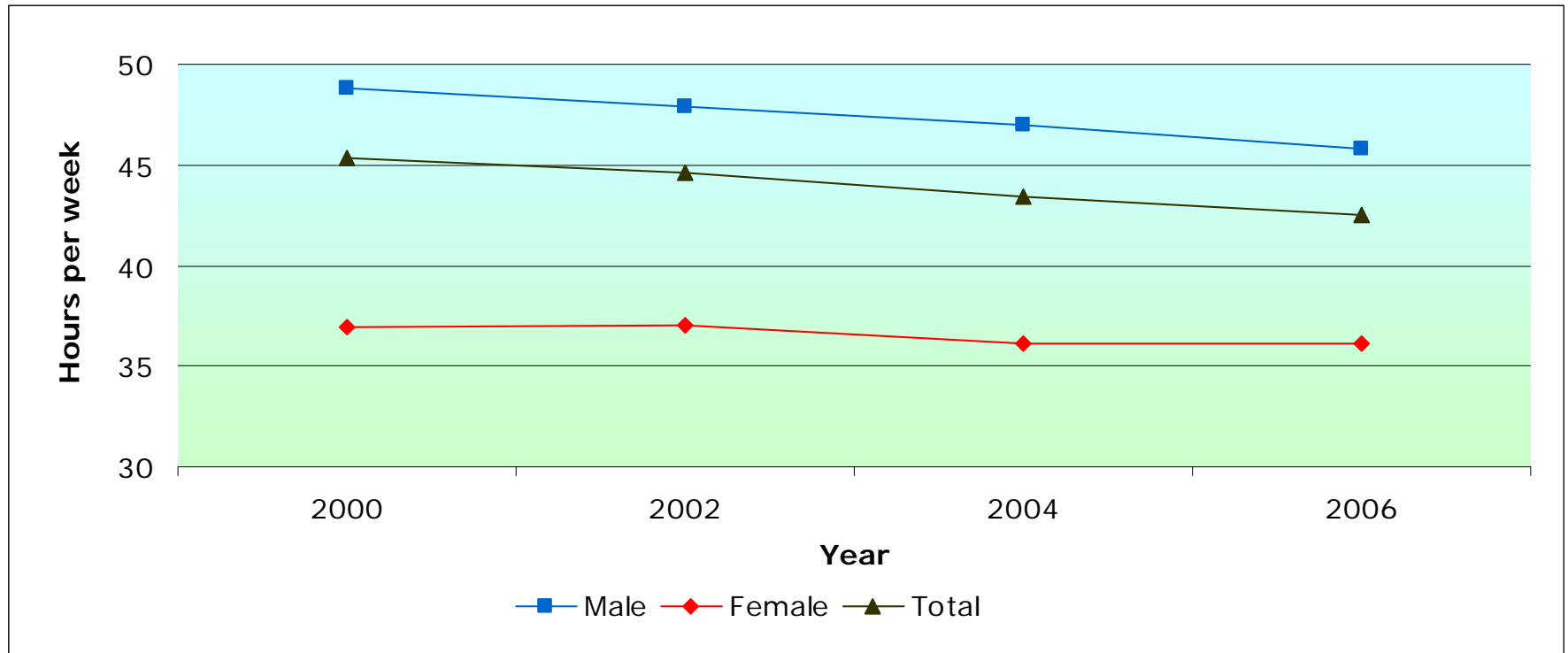
The medical workforce is getting older

Age profile by gender, 2006



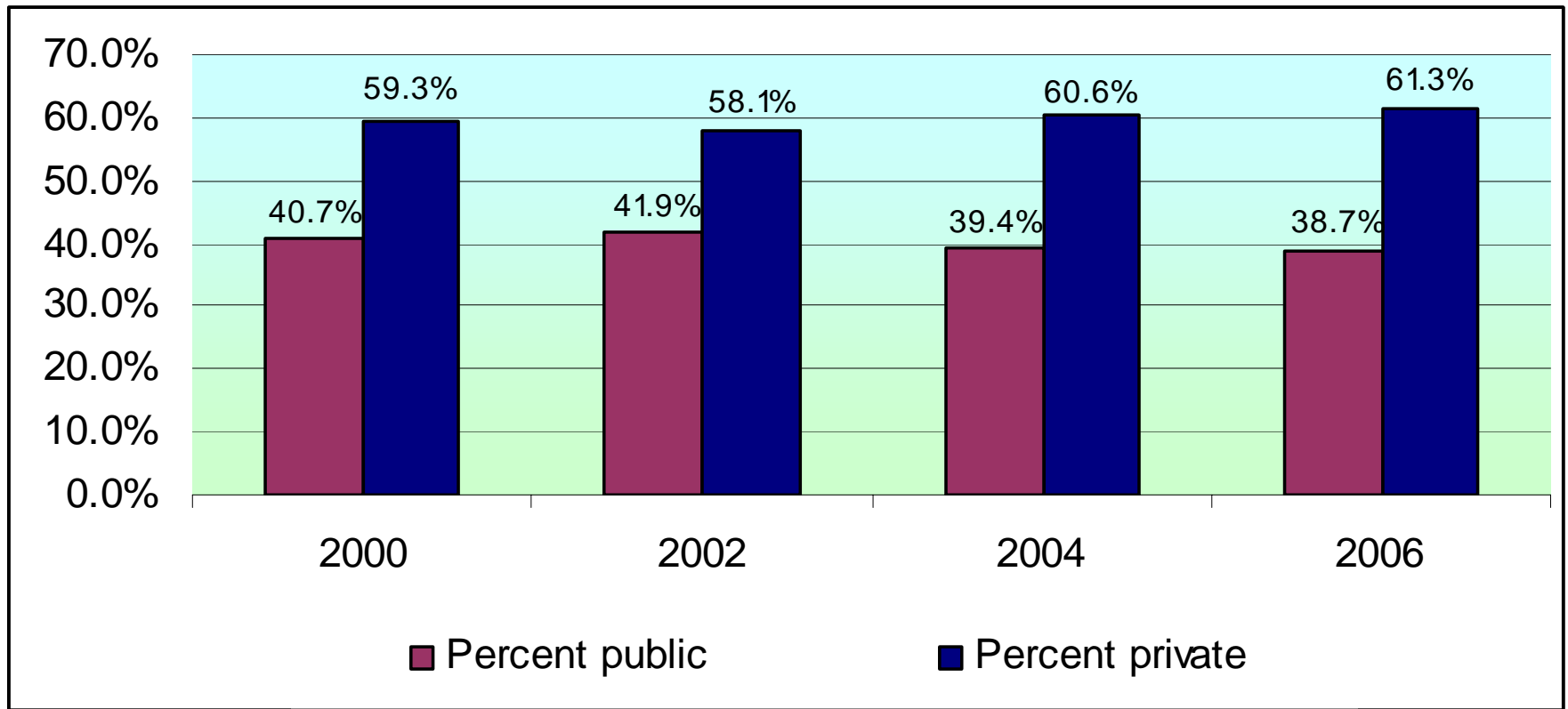
The average age of male doctors is 49.4 years
The average age of female doctors is 42.2 years

Average weekly hours worked, by gender



The average weekly hours worked have decreased by 2.2 hours from 2000 to 2006

Growth in private sector employment



Issues

- Increasing:
 - Service demand
 - Increasing supervision and clinical training demands
 - Subspecialisation
 - Cost (of the medical workforce)
- Morale
- Resistance to substitution/role redesign
- Reducing working hours
- Workforce distribution
- Incentives/disincentives

Service and Workforce Planning

Workforce Priorities

1. Increasing supply
2. Improving distribution
3. Promoting workforce flexibility
4. Aligning education and training to forecast service needs

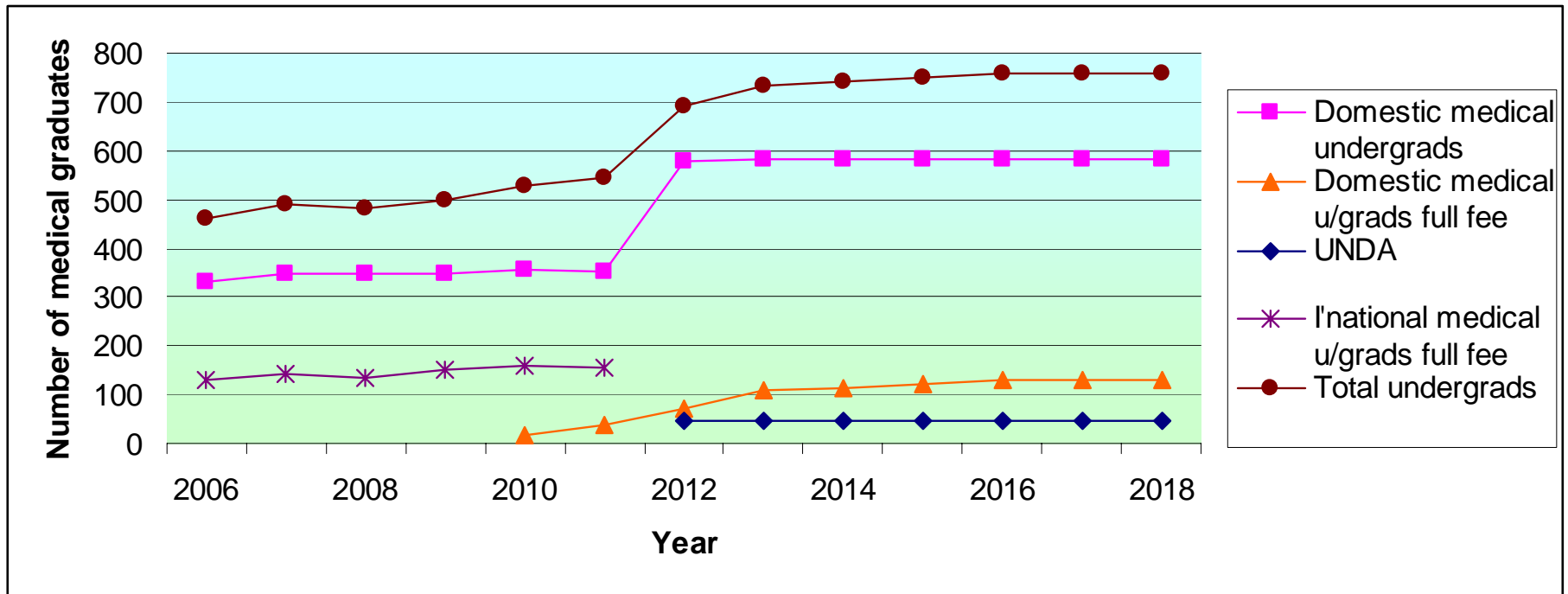


Increasing supply

- Undergraduate numbers
- International recruitment
- Increasing training opportunities



Medical undergraduate numbers



Increased medical places will boost doctor numbers in 2011-2012

Postgraduate Medical Reference Group

- Terms of reference
 - Intern/PGY2 growth planning – forecasts & models
 - Enhanced education, quality, safety & supervision
 - Training in expanded range of settings
 - Recruitment and retention of junior doctors
 - Impacts on vocational training positions
 - Options for intern training consortia

Improving educational infrastructure in general practice

- Why?
 - Shift of health care from public hospitals to general practice, private and community settings
 - Improving capacity of rural health workforce
 - More coordinated, client-centred health care
 - Medical education and training geared towards public hospital experience
 - Growth in medical school places and demand for more undergraduate and postgraduate placements

Improving educational infrastructure in general practice

- How?
 - Study of student placements in general practice
 - Area-based clinical placement model for community health services
 - Commonwealth Practice Incentives Program (PIP)
 - DHS working group re intern growth
 - Commonwealth Prevocational General Practice Placements Program (PGPPP)
 - COAG initiative for medical specialist training in expanded range of settings
 - Opportunities for stakeholder engagement

Strengthening specialist training

- New funds for vocational training positions \$47m over 4 years
- Expansion of Advanced Specialist Training Posts in Rural Areas (ASTPRA)
- More funds for GP procedural skills posts
- Expansion of PGPPP
- Specialist training in expanded settings (Commonwealth program)

International Recruitment

- International medical recruitment program
- Skilled migration unit
- 'Health careers for a healthy future' (2007).

Healthy careers for a healthy future

- Promotional and marketing materials
- Attendance at overseas expos
- London-based officer
- British Medical Journal advertising for medical vacancies
- Incentive package

IMG Incentive Packages

- Packages available in areas of acute shortage or for specialties in high demand.
 - Sign on fee
 - Income subsidy
 - Up to \$1000 towards payment of medical registration fee/medical indemnity costs
 - Up to \$5000 for continuous professional development activities
 - Private Health Insurance for 1st year

Supports

- VORRS -Victorian Overseas Trained Doctors Rural Recruitment Scheme (5 yr scheme)
- IMG support programs (educational tools such as GPrime, RACGP dvd's, GIPSIE)



IMG Assessment

- National process to assess IMGs
 - phased in from July 2007.
 - founded on two principles:
 1. All doctors registered in Australia should meet agreed minimum standards of practice
 2. There are a variety of pathways to registration, depending on the IMG's previous training and assessment, knowledge base, clinical skills and the suitability of their skills and experience for the position for which they are applying.

Improving distribution

- Training in an expanded range of settings
- Increasing investment in retention strategies
- Exploring better service models for small rural hospitals
- Rural clinical schools



General practice

Increasing supply; Improving distribution

- Exploring better service models
- Complement rather than duplicate effort and funding invested in GP training by the Commonwealth.
- Investing in local innovation projects



Supporting GPs

- Procedural training
- Funding for CPD
- Rural GP Indemnity Scheme
- Statewide Locum Pilot Program
- PGPPP

Other programs

- VMPPF
- RMFN
- ROVE
- Expanded settings

Challenges

- Cooperative federalism
- National changes
- Generation Y
- Community expectations
- Chronic & lifestyle disease
- Ageing



What can be done?



- Continue to progress national workforce reform agenda
- Improve planning, funding and governance of health education and training
- Improved work design and efficiency
- Enhance workforce flexibility and regulation

Contact Us

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<http://www.health.vic.gov.au/workforce/>

