

# Australian government announces plan to train more doctors

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In a further instalment of his government's health blueprint, Prime Minister Kevin Rudd last week announced a plan to spend \$632 million over 10 years to create extra training places for doctors. The proposal, aimed at dispelling public concern over chronic doctor shortages and shoring up the Labor government's declining support, falls far short of what is required and is part of overall plans to slash long-term health spending.

According to the prime minister, the scheme would train an additional 5,000 general practitioners (GPs) and 680 medical specialists over the next decade, and provide 5,400 pre-vocational general practice training places. But he immediately hastened to assure the financial establishment that the funding would be offset by budget cuts in other areas, "consistent with the government's strict fiscal strategy".

Internationally, as epitomised by US President Barack Obama's health "reform" legislation, governments are seeking to drive down public health costs in order to meet the demands of their business elites for lower taxes and reduced social spending in order to increase their global competitiveness.

The Labor government released its initial "health reform plan" on March 3 claiming that it would improve the deteriorating public hospital system. The plan provides no extra money for public health and will wind back costs by imposing a market-oriented, case-mix funding system. Health professionals are warning that hundreds of public hospitals, particularly smaller and rural ones, will be forced to close as a result.

With his second announcement, Rudd claimed the government was responding to complaints from "working families right across the country—doesn't matter what hospital you go to or which GP practice you go to, country, city ... the constant story is this; there are not enough doctors,

there are not enough specialists, there are not enough nurses."

By the government's own official reports, however, the additional spending on training places—which amounts to just \$63 million a year—is nowhere near enough to overcome the shortages, particularly in working class and rural and regional areas. Rudd himself acknowledged that a primary healthcare taskforce had found that a staggering 60 percent of the population currently live in areas with a shortage of doctors.

Rudd's training proposal translates into an average annual increase of 500 GPs and 68 specialists. The pre-vocational places are simply part of the training process—medical post-graduates, either interns or hospital medical officers, must continue on to two years of GP or specialist training before being fully qualified.

Rudd claimed that the 5,500 extra GPs by 2020 would exceed the additional 3,000 that the health department estimated were needed just to "maintain current levels of GP and primary care". The words "current levels" were carefully chosen. A report issued by the Australian Medical Workforce Advisory Committee (AMWAC) in 2005 estimated that 1,312 new GPs were needed each year from 2007 to 2013, if the acute shortages in rural, regional and low socio-economic status areas were to be addressed.

Moreover Rudd's estimate does not allow for the greater needs of an ageing population and the "rapid" rise predicted by the government's own National Health Workforce Taskforce in the number of doctors reaching retirement age over the next 10-15 years. In other words, the Labor government's training plan, even if fully implemented, will provide far less than half of the new GPs that are needed.

As for specialists, Rudd conceded that the 680 increase by 2020 would not meet the shortfall of 1,280 estimated by the

AMWAC and the Medical Colleges. Nothing was said about the shortages of nurses, who are the largest component of the health workforce.

Rudd and Health Minister Nicola Roxon spoke of boosting the numbers of doctors' training places in regional and rural areas. Questioned by journalists, however, they refused to provide any details of how extra doctors would be encouraged to live and work in these areas.

In 2008, a national rural health workforce roundtable estimated a shortage of 1,200 doctors for the one in three Australian residents who live outside the metropolitan centres. There is a huge gap between city and country—according to a federal health department audit, the numbers of doctors per head in outer regional areas is half that in the major cities—154 per 100,000 people, compared to 332.

Overall, the number of new training places is less than a third of the nearly 1,900 extra places that the National Health Workforce Taskforce last year estimated were needed annually between 2009 and 2013 to meet the anticipated demand for medical services. The taskforce blamed years of under-investment in medical training, a lack of clinical training places, low levels of payment for training, a lack of supervisors and shortages of clinical environments.

University medical school deans have warned that by 2012 the extra training places will also fall at least 500 a year short of matching the increasing numbers of medical graduates. By that year, the annual number of domestic graduates from university medical schools will grow to 2,945, more than double the 1,265 total of a decade earlier in 2002. In a submission last year, the Australian Medical Association's Council of Doctors in Training warned of a training "bottleneck" and "emergency" that needed to be tackled "as a matter of urgency".

When discussing GP numbers, Rudd pointed to the underlying cost-cutting objectives of his announcement. More GPs were needed to reduce Australia's "high hospitalisation rates," he stated, adding that they were double that of Canada and significantly higher than the US, the UK and New Zealand.

Rudd offered no explanation for the lower rates in these countries nor did he refer to the state of their health systems. Each of those four countries has lower life expectancy rates and higher infant mortality rates than Australia. In the US, where the health system is far more dominated by private

profit-making, the adult mortality rate is almost twice as high.

More GPs and better, more available preventative care would certainly help prevent serious illnesses. But Rudd's main concern in lowering hospitalisation rates is to curb spending by limiting the use of high-cost hospital beds, including through the greater use of cheaper forms of primary health care, with GPs visiting patients in their own homes or in aged care facilities.

The government's training plan will further benefit private hospitals and clinics. Without providing any details, Rudd and Roxon said private services would be contracted through "appropriate arrangements on the ground" to provide specialist training places. Up until now, the public sector has trained most doctors. Rudd indicated that the public hospitals would have to cover the anticipated shortfall in training places, but "the government will draw on the private sector to expand overall capacity for specialist training".

It goes without saying that private operators and specialists will take on trainees only if the "arrangements" are profitable. This added subsidy for the private sector will accelerate the shift of surgery from over-crowded public hospitals, with growing numbers of patients under pressure to buy insurance to pay for private care to avoid long waiting lists. Already, private operators account for 27 percent of hospitals, 40 percent of hospital patients and two-thirds of "elective" surgery. In some fields, notably pathology, radiology, dermatology and ophthalmology, almost all trainees now must obtain experience in the private sector, according to the National Health Workforce Taskforce.

On doctor training, as with its hospital "reform" package, while claiming to be responding to mounting public discontent, the Rudd government is setting out to meet the demands of big business for far-reaching austerity measures, while boosting the profits of private hospitals and insurance funds. In announcing the training scheme, he declared the government had already slashed \$55 billion from spending, including in health, and foreshadowed deeper cuts, warning of "tough decisions" in the May budget.



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