



MEDICAL WORKFORCE DATA SHORTAGE HAMPERING ACCESS TO CARE

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CHALLENGES with data collection and infrastructure are affecting medical workforce research and access to medical care, particularly in rural and regional Australia, according to the authors of a Perspective published by the Medical Journal of Australia.

Dr Grant Russell, Professor of Primary Care Research at Monash University's School of Primary and Allied Health Care, and colleagues wrote that "for many years the development of the medical workforce has been shaped by self-regulation and market forces".

"Short term and uncoordinated workforce planning has generated cycles of contraction and expansion of training places, sporadic regulation, and recent policy dilemmas," they wrote.

"Most recently, the dramatic increase in numbers of graduates from Australian medical schools has occurred in the absence of clear plans as to how to use these additional doctors to optimally meet community need.

"Flooding the market with more graduates has not addressed persistent rural shortages, with insufficient numbers either willing to or able to navigate a career pathway to work in areas of need.

"Oversupply continues to be an issue in some specialties (eg, emergency medicine or cardiothoracic surgery) while shortages persist in others such as general practice and psychiatry.

"Over-reliance on international medical graduates continues in many rural communities, while the fierce competition for accredited training places in some specialties leaves many junior doctors caught in the middle."

Russell and colleagues said more high-quality longitudinal and linkable across different doctor groups and doctor characteristics was vital, but not currently available for a variety of reasons.

"The availability of administrative medical workforce data to researchers is at an all-time low," they wrote.

"There was a reduction in funding of the Medical Schools Outcomes Database in 2015 and the withdrawal of funding (from 2016) for the Australian Institute of Health and Welfare to produce health workforce statistics.

"The Bettering the Evaluation and Care of Health (BEACH) study was also discontinued as the only data on the clinical activities of general practitioners.

“Adding to the challenge, the internationally unique Medicine in Australia: Balancing Employment and Life (MABEL) panel survey of 9-10 000 doctors per year ceased in 2019 after 11 annual waves of data collection.”

Russell and colleagues concluded that the development of the new National Medical Workforce Strategy and the National Health Information Strategy needed to be informed by “robust evidence”.

“Future medical workforce data strategies need to be institutionally neutral, guided by a research strategy including agreed priority research questions with resources to conduct the research, and underpinned by openness and data sharing.

“Healthy national medical workforce data are fundamental to achieving healthy doctors and communities.”

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