MEDICAL WORKFORCE EXPANSION — UNCERTAIN TIMES

Recently we have witnessed a substantial increase in Australian medical schools, and the number of Australian medical graduates is set to double by 2012. In this, we are not alone.

Over the past decade, medical education capacity in the United Kingdom has increased by 50% and is projected to increase even further. In the United States, there are calls for an immediate expansion of medical graduates by 30%. * The pressures for increasing doctor numbers are the same: to meet the health needs of an ageing population, to manage the increased burden of chronic disorders, and to end the unethical practice of importing doctors from developing nations.

It is expected that this growth in doctor numbers will benefit society through better outcomes in quality of care and more efficient and accessible health systems — but this is not a certainty. Experts have suggested that an increase in doctor numbers will not necessarily be cost-effective or produce better patient outcomes, especially if current forces continue to influence the choice of specialisation and the geographical distribution of practices.*†

Furthermore, there will be a change in the health care skill mix, with an increase in non-doctor clinicians. Uncertainty remains as to whether these practitioners will be complementary to, or competitors of, medical practitioners.

Political forces largely guide changes in the medical workforce when responding to community disquiet, either to generate more health care-related activity or to control public expenditure. These changes are too often attended by uncertainty and risk, occurring largely, as they do, in a vacuum of evidence and vagueness of costing.

If there is one thing that characterises modern medicine, it is the uncertainty of daily practice. However, the uncertainties associated with medical workforce expansion are likely to cause further anxiety.