

SOLUTIONS NEEDED FOR DOCTOR SHORTAGES IN RURAL AREAS

By Dr David Campbell, Director, Skilled Medical

Many towns and small communities across Australia are experiencing medical staff shortages. Local doctors are often overworked and health services and medical clinics experience difficulties attracting new staff as many doctors are reluctant to relocate to rural areas. Migrant doctors coming into Australia also prefer to stay in the capital cities, because they find the move easier.

“The gaps in medical staffing are increasingly being filled by locum or short term doctor replacements,” said Dr David Campbell, the Director of Skilled Medical Pty Ltd, a firm that supplies locum and permanent doctors across Australia. “But the number of doctors prepared to do locum work is limited and locum firms sometime struggle to fill all the positions required,” said Dr Campbell. Medical locums are temporary medical staff who fill gaps while existing doctors take leave or when vacant positions can’t be filled.

Several factors are impacting upon the supply of doctors in rural areas:

- The medical workforce is ageing and many doctors in rural areas are approaching retirement age or wish to cut back on their work commitments
- There are fewer doctors wishing to relocate permanently to the country where they may see career, family and lifestyle opportunities as more limited
- At least half of all medical graduates is now female and due to family and personal factors female doctors are less likely to seek work in the country or work the hours that their male counterparts previously tolerated
- The skill levels required for doctors working in rural areas are generally higher than for their metropolitan counterparts
- For over a decade in the 1990s and early 2000s there were insufficient new doctors graduating in Australia
- A previous source of doctors – International Medical Graduates – is drying up as registration becomes more difficult and overseas demand for doctors increases.

Various government and professional organisations in Australia are working hard to address these factors, for instance, by increasing the number of medical graduates and supporting the vocational training of rural General Practitioners. These strategies will, however, take time and the number of rural medical jobs remaining vacant is likely to increase before the vacancy rates reduce. Other incentives are being developed to encourage more doctors to practise in rural Australia.

“It is expected to be many years until the shortage of doctors in rural areas can be properly overcome,” Dr Campbell said.

In the meantime, rural health services are working hard to make rural practice more attractive. Doctors will remain in great demand in rural towns and communities across Australia and those that do make the decision to go bush either for short or longer periods are usually very pleased with their choice. There is often more personal contact with patients, cheaper living costs and a higher sense of being a valued member of a community.

“Addressing rural doctor shortages will take time, coordination and the efforts of multiple stakeholders so that rural communities get the level of medical services they need,” Dr Campbell said.

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