SESSION 5: MEDICAL WORKFORCE SUPPLY IN UNDERSERVED COMMUNITIES

Authors were asked to use the following guidelines in preparing their papers.

One of the aims of medical workforce planning is to ensure the right number and type of doctors are in the right place to meet the needs of different communities through the timely availability of appropriate medical services.

However, in most countries maldistribution of the workforce is a constant issue. This is most starkly revealed through comparisons of urban and rural areas, with rural areas suffering from the shortages. In some countries there are concerns that within urban communities there are also areas where people do not have adequate access to physician services.

Additionally the health status of minority communities may be noticeably poorer, and again these communities can suffer from a lack of access to health services, including access to a doctor. This is particularly cited as being the case with indigenious populations and ethnic and/or racial minorities. What is less clear is which comes first - does the relative scarcity of medical resources contribute to the poorer health, or is the poorer health a result of broader social and economic problems that underlie doctors' general unwillingness to settle and open practices in underserved communities.

Solutions in this area are not easy, and the challenge for medical workforce planners occurs on two levels:

- identification and quantification of any workforce maldistribution and underservicing, including assessment of the adjustment(s) required to improve the supply of doctors and/or the delivery of services; and
- development of policies and processes that will alleviate the maldistribution and underservicing, either
    - by improving the supply of doctors or other primary care providers to the areas of identified need; or
    - by improving the access of underserved communities to doctors (or substitutes) and medical services.

Authors are asked to address the following issues in the preparation of their paper:

- identification of underserved communities;
- quantification of the problem;
- differences in health status between underserved and well resourced communities;
- the critical population mass and service infrastructure required to support different types of clinical practice in urban and rural areas;
- how can underserved communities be served adequately;
- initiatives to date that have been used to address maldistribution and underservicing (including assessment of the initiatives' value or success);

- what else should be done to improve recruitment of doctors to, and retention of doctors in, underserved communities, and what, if any, are the barriers to uptake of further policy approaches;
- do incentives to practise in underserved communities work, do disincentives work, or is substitution a better alternative than both (consider substitution with non medical practitioners and substitution using information technology solutions);
- what scope is there for more innovative models, such as developing rural area medical schools, contracting with medical schools or service providers for the provision of services to underserved populations; and
- what efforts or programs have been introduced in undergraduate medical education and continuous medical education in cultural sensitivity/diversity awareness, and what has been the uptake.

Inclusion of definitions for common terms used in the paper is also requested.