Programmes and Policies to Re-distribute Physicians to High Need Areas

Professor James Buchan

jbuchan@qmuc.ac.uk

Programmes and Policies

- Common issues and trends
- “High need”/ “Under served”?
- Redistribution: Policy interventions

Common issues

- Efficiency V Access
- +tech.= +capital= +specialisation= +concentration
- “Measuring”/ designating shortage areas
- + International competition, +internal competition
- Short term v long term impact

High need/ Underserved?

- Geography
- Population
- Speciality

Distribution

- “presence does not mean access”
- “a topic of much discussion, some research and little change for the past few decades”
- Redistribution or new distribution?
- Redistribution or substitution?

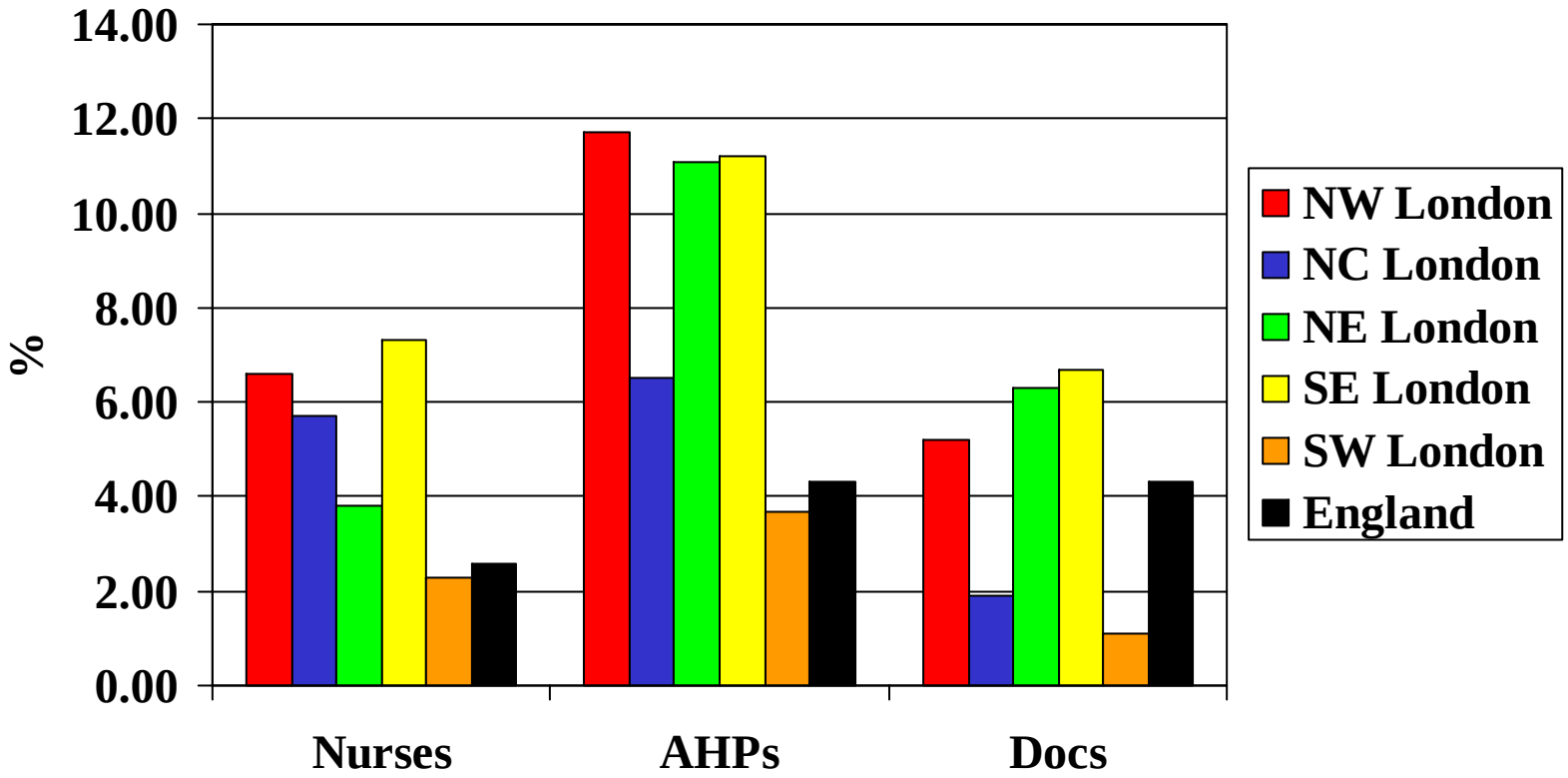
Underserved: geography

	Rural	Inner Urban	Outer Suburb
Aus	**x**		**x**
Can	**x**	**x**	
UK	**x**	**x**	
USA	**x**	**x**	

Policy interventions

	Regulatory	**Education and training**	**Financial**
Aus	IMG- high need areas in return for Medicare number	Students from rural areas Improved rural training Bonding New med schools	GPs- retention pay Rural loading Inner- to outer- urban grant Practice nurse payment
Can	(Restriction on billing numbers in “well served” areas- challenged)	Bonding – Federal (Army) and some provinces (Students from rural areas)	Rural retention bonus /relocation subsidy Rural guaranteed income Differential fee schedules
UK	(IMGs)	(“non traditional” access routes to education -inner city)	(New contract-GPs = + for inner city??) (New contract-consultants = regional pay supplement?)
USA	IMGs- visa waiver	National Health Service Corps Health Careers Program Title V Preferential admission for rural students	Medicare rural bonus

3 month vacancy rate, %, NHS London and England average, March 2004



Conclusions

- Aus= regulatory and financial interventions have reduced shortages in targeted areas; too early to assess education/training interventions

- Can=national HHR strategy required; aim for self sufficiency; rural trainees/ visiting specialists/ NPs, tele-triage

Conclusions

- UK- higher vacancies= insufficient incentives; new contracts may “exaggerate geographical imbalance”; concentration in urban areas “may be just what is required to meet unmet need..in those areas”. +Equality of provision, -equality of access
- US= need for better insurance coverage; systematic definition of shortage; better tracking of physicians