

## **IMWC Melbourne 2005 – Preamble: Who are the doctors of tomorrow and what will they do?**

Health systems are dynamic and constantly evolving. Advances and innovations change identification and treatment of disease and injury, and in turn this can be expected to affect the way health care is delivered and by whom. Similarly changes in health policy and the clinical delivery landscape have implications for the health workforce. We also know the profile of our health workforces have been changing – generational change, increased female participation, productivity adjustments, expansion of the non-physician workforce, global movement in health workers etc. What this all means for the role of physicians and other providers can prompt a discussion about who are the doctors of tomorrow and what will they be doing?

While some of the implications of the increased female participation in, and generational change of, the medical workforce, such as a general reduction in hours worked, have been well documented, there are other consequences which have received less analysis. For example, will the increased numbers of women in the medical workforce affect the number of trainees likely to be interested in becoming surgeons?

On another level, between physicians and non-physicians there may be issues about contention and competition, synergies and redundant practise, ambitions and prospects. These may be heightened over the next decade with expected increases in demand, tightening national labour markets, changing practitioner productivity and the possibility of continuing workforce shortages.

While the future is difficult to define in terms of a precise period, for this session it should be considered to encompass the next decade.

For this session each country should:

1. Provide an overview of how their medical workforce profile could be expected to change (numbers, age, sex, hours worked, key specialty preferences, practitioner background such as rural or ethnicity), as well as information about factors influencing career choice and vocational decision-making. Information spanning both the last and next ten years is ideal, but if this is not available countries should provide whatever information is possible.
2. Identify the implications of specialty preferences on both training arrangements and care delivery (eg what does a large number of female trainees choosing family medicine/general practice mean for the prospective surgical workforce?)
3. Given the above information, and within the context of changing care in their health systems (eg. shifts from acute to community care, increased medical complexity) examine the implications for the role of physicians; including consideration of the relationship between physicians and non-physicians.
4. Outline what strategies are being pursued (or contemplated) to actively reshape the health workforce and the role and work of the doctors of tomorrow.