



The Royal Australasian  
College of Physicians

# Who are the doctors of tomorrow and what will they do?

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# Task of authors

- Changing medical workforce profile
- Implications of specialty preference; training arrangements, care delivery
- Future role and relationships of doctors
- Active strategies to reshape WF and work of doctors

## UK, Canada, US, Australia comparisons – Numbers and Age

- Increased total numbers in ~last 10yr,  
range 18% Aus to 42% UK
- Increasing medical school intake in ~last 8  
yr, range 30% Aus to 69% UK
- Ageing but variable



# Women in workforce

- UK: 10 yr - 31% to 42%, 60% students
- Canada: - 50%+ students
- US: 25yr - 12% to 26%, 48% students
- Aus: 8 yr - 28% to 32%, 57% students



# Ethnic diversity

- UK: increase in Asian/Asian British, from 1 in 7 to 1 in 4 over 10yr
- Canada: 25% IMG ? background
- US: 25% IMG, less than 10% representing own racial, ethnic minority groups
- Aus: 25% IMGs from wide range of countries. Biggest group in vocational training from Asian countries



# Hours worked

- UK: becoming more regulated, 20% down for junior staff
- Canada: women work 7hr less per week, 16 to 25% plan retirement soon
- US: younger doctors premium on personal time, work life balance
- Aus: over last 8yr, males work 3.6 hr less, female 2.4 hr less per week



# Choice of specialty 1

- UK: female general practice; male surgical
- Canada: female family medicine, O & G, pediatrics; male surgical; younger specialist
- US: life style more important, away from generalist to specialist and technical
- Aus: female general practice, paediatrics, O & G, psychiatry; male surgical



## Choice of specialty 2

- Intrinsic / extrinsic factors
- Canada: intellectual challenge, doctor patient relationship
- Aus: personal attributes and preferences, work culture and environment, domestic circumstances- gender differences
- Income, cost of medical education?
- Rural policies, ? IMG



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# Generational change

- Beware labelling x, y, millennial
- Increasing rate of generational change?
- WORK LIFE BALANCE
- Learning styles
- Familiarity with technology
- Different techniques of communication

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# Policy responses

- WF expansion: students, IMGs, retention
- Training: flexible, interdisciplinary
- Models of care: teams
- Role redesign
- Funding: reward performance, productivity, competence, not profession
- Regulation



# Policy responses – multidisciplinary WF

- UK: nurse practitioners in primary care, specialist GPs, assistant practitioners, role redesign
- Canada: primary health care generalist, specialists technical, teams, less patient centred
- US: expanding roles physician assistants, teams
- Aus: teams, work design, environment design, alternative providers



# Concern

- Very large investment in medical WF numbers 'cancelled out' by feminisation, decline in hours worked
- Diminishing growth in national labour pool
- Global 'ring a ring a rosie'

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# What is missing in the discussion? Role and responsibilities of doctors

- What's wrong with me ? – diagnosis
- What will happen to me? – prognosis
- Who will look after me and how? -  
management plan, priorities, coordination
- Who will be responsible for my care? -  
indemnity



# Management plan – what next?

- Models of care – primacy of primary care
- Team – who leads?
- Work redesign / task delegation / role evolution / complementary roles / shared responsibility
- Part of team or independent practitioner?



# What's missing? Other roles of doctors

- Educator
- Researcher
- Advocate
- Contribution to policy and program development



# What else to consider? 1

- Efficient use of existing medical WF
- Geographic distribution
- Distribution across and within specialties - according to need?
- Value of generalist v specialist, cognitive v proceduralist
- Perverse incentives potentiated in WF redesign?





## What else to consider? 2

- WF planning and innovation – national or regional?
- Australia national: NHWSF 2004, Productivity Commission 2005, COAG health ‘reform’ agenda 2005
- Australia regional: hospital WF planning, innovative models of care, QLD Action Plan, ?unintended consequences

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# Future health care 1

- Social determinants of health
- Community needs – equity of access
- Patient led care
- Models of care, teams, care pathway
- Health care training a priority
- Flexible but productive work patterns

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## Future health care 2

- E health, EDSS
- Technology – the sky is the limit!
- Quality and safety of care
- Role of doctor in setting standard of care
- Management shared across evolving workforce
- Citizen and consumer engagement in values underpinning health care



- What is the individual balance of work/life preferences and responsibilities inherent in the profession doctors have chosen and the community they serve?
- How will the balance between career choice of primary care and specialty preference be affected by; lifestyle preferences, financial levers, individual background( eg urban/rural, gender, IMG), government policy?
- What will the role of tomorrows doctors be in multi-disciplinary care and are we preparing them for this role?
- What continuing value do we put on the non clinical roles of doctors (eg education, research, health care advocacy, contribution to policy and program development) and is this likely to continue?