What the educators are saying

Baby boomers are a hard act to follow

The baby boomer generation (born between 1945 and about 1960) still provides the largest proportion of the medical and nursing workforce, and they work longer hours than younger health professionals. However, a survey of doctors and nurses shows that baby boomers are feeling worn out, are looking forward to retirement soon, and are likely to retire at a rate faster than health professionals can be trained. Younger professionals show little sign of wanting to work as hard, or for as long, as the baby boomers. Perhaps society needs to keep baby boomers working for longer, even if only part time, to prevent a collapse of the healthcare system.

Medical Journal of Australia 2005;183:80-3

Expanding medical education will not be easy

In an effort to address workforce shortages, the expansion of undergraduate medical education is pushing full time professional medical education to district and smaller hospitals, which traditionally have been run as service, rather than academic, facilities. According to a questionnaire survey of doctors, the good news is that medical staff in district hospitals want to be involved in teaching and believe that having medical students contributes to better quality health care. But they also believe that they have insufficient time to cope with both clinical and teaching roles. The current expansion may not be sustainable without increased resources to convert service hospitals to teaching hospitals.

Medical Education 2005;39:688-94

International medical curriculum could make global migration easier

Medical graduates have always moved across national boundaries for political and economic reasons, but this mobility is now seen as a major source of medical practitioners, particularly in the developed world. This may be to the detriment of the developing world and may be another driver of global workforce inequities. In addition, younger medical graduates seem much more likely to consider working for prolonged periods or doing postgraduate training in another medical jurisdiction. At the

Rural experience predicts rural career choice

Even if the capacity of the medical education system is increased, will the graduates work in professional areas and locations where the need is greatest? Two recent papers contribute to current knowledge here. The first, concerning medical students in a rural medical school in Japan, suggests that rural background and rural clinical experience as a student are still reasonably strong predictors of future practice location, but only in the general specialties (Australian Journal of Rural Health 2005;13:219-25). The second, concerning family practice residents in the United States, shows that the location of secondary school attended by graduates is a reasonable predictor of future rural family practice choice (Journal of Rural Health 2005;21:228-32). Although rurality is defined differently in different countries, evidence is mounting that rural or regional medical schools may have greater success in producing a workforce that better matches workforce needs. Such schools may need to admit a high proportion of local or regional background students and develop postgraduate specialty training in regional centres where their students are likely to work.

same time, the world is experiencing increasing regulation, with formal identification and language and clinical competence tests introduced to ensure that immigrating doctors are fit to practise in new healthcare systems. One response of medical educators is the development of international medical curriculums. The World Federation of Medical Education has guidelines (www.wfme.ku.dk), and several web based international medical schools are being established. All medical students may soon have the opportunity to achieve the same

core competencies that are judged as relevant to most medical jurisdictions.

Journal of Continuing Education in the Health Professions 2005;25:4-7

Meeting educational needs in new medical jurisdictions

Australia relies on international medical graduates, particularly in rural areas, and there are some concerns about the competence of some and about procedures for assessment, placement, and support of the group as a whole. A small research project indicates that most of these medical graduates are aware of gaps in their ability. The few available web based support programs focus on technical and procedural skills; the gaps most often reported are in the professional use of English and in understanding the new healthcare system. These are competencies that web based international curriculums cannot address well, so local language and health system information will remain essential to any transition programmes for international medical graduates.

Australian Family Physician 2005;34:295

What role for GPs with special interests?

The growing movement for some general practitioners to narrow their practice into areas of special interest and expertise is perhaps best defined in the United Kingdom. Potential advantages of the GPwSI (GPs with special interests) trend include workforce flexibility and responding to areas of need that specialists cannot deal with because of current workloads. On the other hand, this trend may simply shift the shortage from secondary to primary care. Narrowing scope of practice to an area of interest is an intellectual buzz, but there is little evidence of better healthcare outcomes. Job substitution is an important part of future workplace flexibility, but on its own is not likely to solve workforce problems. Policy makers may need to improve the career prospects of generalists who remain generalists.

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