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Transcript: AMA President Dr Michael Gannon, 3AW, 31 January 2017

Subjects: Overseas trained doctors, Australian medical students

TOM ELLIOTT: Our next guest is an obstetrician in Perth, and he's also National President of the AMA, the Australian Medical Association. Dr Michael Gannon, thanks for joining us.

MICHAEL GANNON: Good afternoon Tom, how are you?

TOM ELLIOTT: Good. Now, do we not train enough doctors in Australia?

MICHAEL GANNON: We think we're self-sufficient now. Certainly, we didn't use to train enough. If I reflect on when I was back in medical school, there were about 1200 doctors coming out per year, and there was an underinvestment in local medical training which meant that we were, and remain to a large extent, reliant on doctors trained overseas to fill those gaps.

Now we've got something like 3700 doctors coming out each year, and now we've got the ridiculous situation where we've got people who are trained in Australian medical schools, understand our system, are proficient in English, understand our unique health system but there's not enough internships for them. [Indistinct] ...

TOM ELLIOTT: [Talks over] So ... so, what? So they do their six-year degree at university, they're academically qualified to be doctors, but they can't then get training spots in hospitals, is that right?

MICHAEL GANNON: Yeah, that's quite right. And now, most of the universities are honest enough to make it clear - and government makes it clear - that there's no guarantee of an internship for people who are full fee-paying overseas students. Having said that, the universities very clearly dangle the carrot that everything will probably be okay, not always being perfectly honest with their students.

TOM ELLIOTT: [Interrupts] Okay, no, but that's overseas students, but I mean, who are paying fees to come here and study here. But are you saying that Australian students who might be accumulating a HECS debt, are studying medicine, also can't get a training spot?

MICHAEL GANNON: Well, we had the situation now, for the first time ever, that graduates of South Australian medical schools were finding it hard to get internships anywhere in Australia. So, for the first time, we are graduating more medical students, Australian medical students of Australian medical schools, than can get hold of the intern year.

One of the points we keep making to government is they need to invest in the training programs but the internship's even more important than that, because if you don't satisfactorily complete your intern year, you're not fully registered as a doctor ...

TOM ELLIOTT: Of course.

MICHAEL GANNON: ... so that's even more important, to have a career path beyond that to become an independent doctor.

TOM ELLIOTT: Okay, but I mean, look we had a visit a while ago to the Royal Children's Hospital here in Melbourne and they did a wonderful job but we met three doctors, two of whom were English and one of whom is Irish. Now, I don't know the circumstances under which they came here, but is it possible that on one hand, the hospitals will not train the interns, but on the other hand, they're quite happy to import qualified doctors from overseas?

MICHAEL GANNON: Well, the system's quite complicated, and our hospitals do rely on doctors coming from overseas to fill those junior medical officer positions at either resident or registrar or SHO level.

TOM ELLIOTT: [Interrupts] But I don't understand, if we've got enough medical students coming out of university but we don't have the training spots, and therefore because we don't train them we need to import doctors from overseas, doesn't that just sort of seem a bit wrong?

MICHAEL GANNON: Well, it is wrong, but it is a complex situation. So, for example, what happens a lot sadly across Australia, no health department is perfect, but they haven't always shown those junior doctors the due respect they're worthy of, and give them leave to study for exams; that's an integral part of being a junior doctor. They don't give them holidays, they don't give them leave, some of them can't get leave to get married, and a lot of them will leave. Now, that's an issue for individual health departments to manage their staff a little bit better, but surprise, surprise, they get resignations and they need to look for doctors overseas.

TOM ELLIOTT: Okay, now what about a similar issue but a bit different, the issue of GPs in rural and regional areas. One of our producers is from the country and she said in her life they never had an Australian doctor, it was always someone from Russia or some other place. Why is it that Australian-trained doctors won't go and practise in rural and regional parts of the country?

MICHAEL GANNON: Well, I think that's something that's changing, Tom, and that's something that the AMA's keenly invested in. We're keen to look at those things that are proven to work. So, for example, there are numerous measures you can take to have a doctor be more likely to go and work in a rural area. If you choose someone who went to high school in a rural area, they're more likely to go there once they've done their training.

TOM ELLIOTT: But we can't make them, though, can we? That's the whole issue. If someone from the country says I don't want to live in the country, I want to go and live in the big, bright city, we can't force them to go back to their country town and practise there, can we?

MICHAEL GANNON: Well, no, that's exactly right, and nor can we, under the Constitution, force doctors to go to the country. And, in fact, although some country towns and some regional areas are absolutely desperate for doctors, we don't want doctors there who don't really want to be there. We don't want conscripts out in the country. What we want is the people ...

TOM ELLIOTT: [Interrupts] But at the same time, if we're having to import doctors from other countries, that to me just sounds wrong. I mean, I know that when the National Health Service was formed in Britain in the late 1940s, they did force doctors into parts of the UK that perhaps they might not wanted to have gone to, but they made them go. They said, we are going to train you, we're the ones providing the money that pays for your patients, you will go and practise in Leeds, not in the Home Counties around London and that's what doctors had to do.

MICHAEL GANNON: Well, I think what you've raised there is also the moral dimension of taking doctors from developing countries and the fact that that's wrong. If you take a doctor to work in a rural town in Australia that's got a population of 4,500, you might be taking a doctor away from a population in Africa or Asia that looks after, you know, 15,000. So, there's that moral dimension as well.

TOM ELLIOTT: Alright, so there's two separate issues here that we've raised. There's one that we're graduating lots of doctors from university but they can't get enough training at hospitals, but we still can't convince even enough of the trained doctors to go and practise in the areas we need them to practise in. What do we do?

MICHAEL GANNON: Well, I think, Tom, that is changing, because it's only in the last decade or so that we've seen this massive investment in medical student numbers. Now let's get those doctors out into practice. What we need to do is to get the public hospitals, largely run by State governments, we're seeing more and more training in private hospitals, the Colleges need to do their part to create the training positions so that people can get out there and practise independently. We need more investment in those training positions, in general practice, in other specialties, and we need to invest in medical students who are more likely to work in rural areas.

So, that means things like taking people who are from rural areas themselves, it means giving them positive experiences at resident and registrar level, it means thinking about employment opportunities and facilities for their families so that they want to stay there for a career, and not telling them that it's a failure or it's wrong if someone goes and gives seven years, 10 years, 15 years to a rural area and then moves back to a larger population centre. That's not a bad thing if someone gives that level of service.

TOM ELLIOTT: Dr Michael Gannon, thank you for your time. Dr Gannon is National President of the AMA.

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