

ORPHAN INTERNS AND BLUNDERING BUREAUCRATS

By all accounts, our health system is in chaos. We need more money, more hospital beds, more doctors and more nurses. General practitioners and some specialists are either in short supply or inappropriately distributed. Strategies to remedy this parlous state have been proposed, but the will to institute these policies remains frustrated by political hesitancy or bureaucratic ineptitude.

A case in point is the uncertainty surrounding the training of junior doctors. In the past decade, we have seen an unprecedented increase in new medical schools and the number of domestic medical students. The latter is projected to increase to 2920 in 2012, from 1544 in 2007. Add to this the estimated numbers of international medical graduates (517) and Australian Medical Council graduates (146), and by 2012 the number of doctors seeking internships (some 3500) will easily exceed the number of positions available — currently about 2200.

This blatant mismatch is symptomatic of a lack of integrated forward planning, as interns are a state concern and tertiary education a federal responsibility. Could it be that the bureaucrats are clinging onto fragments of the blame game? However, there are other players: our universities! Increasing medical student numbers has meant the kudos of a new medical school for some, while others have enjoyed increased revenue flowing into the faculty coffers.

But what has been done about the looming internship gap? Very little, it would seem, beyond committees and reports. We are now confronting a tsunami of medical graduates, but with no tangible national action to boost the capacity of our hospital system to absorb them.

There are rumours that the first to bear the brunt of the lack of intern positions are international medical graduates, followed by domestic fee-paying students. We may well see a repeat of what happened with the Modernising Medical Careers training program for junior doctors in the United Kingdom, when medical students and doctors marched in the streets in protest.

Someone is responsible for the mess we find ourselves in, and heads should roll within the ranks of our prevaricating and blundering bureaucrats.



Martin B Van Der Weyden

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CORRECTION

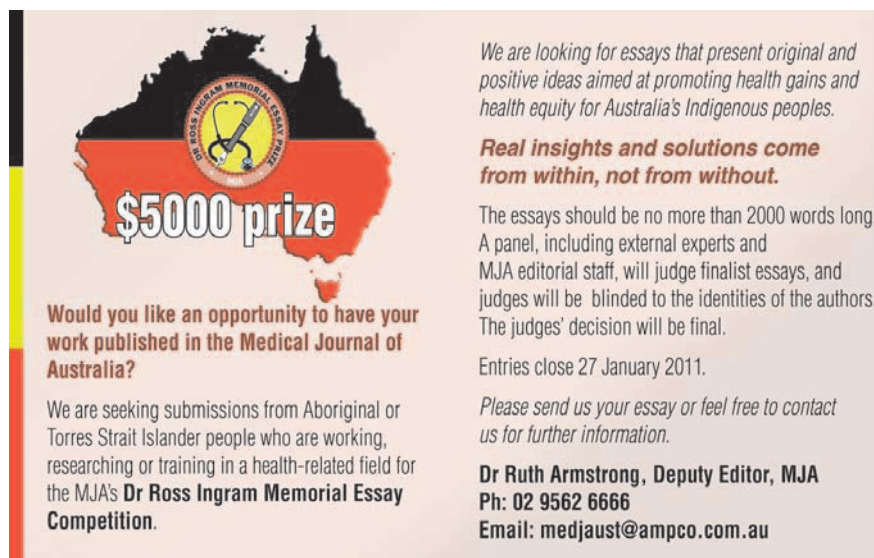
376 A multimodal intervention to improve fragility fracture management in patients presenting to emergency departments

(*Med J Aust* 2010; 193: 149-153)

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Cover image: Photomicrograph of variant Creutzfeldt–Jakob disease. Cortex with florid plaques. Haematoxylin–eosin staining.



We are looking for essays that present original and positive ideas aimed at promoting health gains and health equity for Australia's Indigenous peoples.

Real insights and solutions come from within, not from without.

The essays should be no more than 2000 words long. A panel, including external experts and MJA editorial staff, will judge finalist essays, and judges will be blinded to the identities of the authors. The judges' decision will be final.

Entries close 27 January 2011.

Please send us your essay or feel free to contact us for further information.

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