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## Volume 13 - Issue 1, 2013 - Cover Story: The Job Market for Radiologists

### Radiology Down Under



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Australia and New Zealand are facing similar demographic challenges to many other countries, with an ageing population placing more strain on health resources. The health workforce in Australia is growing fast. Hospitals are struggling to find internships for what has been coined a 'tsunami' of medical graduates. Training programmes in all specialties are producing more doctors than ever before as national and state governments commit funds to medical training initiatives. Immigration also remains strong in radiology, though inflows have fallen since 2009.

The Royal Australian and New Zealand College of Radiologists (RANZCR) estimates that in 2012 in Australia, 1761 radiologists service a population of 22.68 million. New Zealand has 319 active radiologists serving a population of approximately 4.4 million.

The number of Australian radiologists in training has increased from 200 in the year 2000 to almost 400 in 2012, whilst New Zealand has increased from 58 to 95 in the same period. Many of these graduates will be needed to meet growing demand. Others will replace older radiologists as baby boomers approach retirement age. For example, in New South Wales, the most populous Australian state, one quarter of practising radiologists are over the age of 60. There is a developing trend towards later retirement beyond the traditional age of 65. It is unclear whether this is a temporary (perhaps partly due to the global financial crisis) or permanent trend as many doctors remain healthy and active into their late 60s and 70s.

#### Recruitment

Higher local supply, continued international migration, and later retirements mean that the radiology job market in Australia has become highly competitive in many urban centres, with few vacancies and generally high workloads, which are perhaps also partially the result of budget restrictions. Public sector budgets are tight, and the ability of many private practices to hire new staff is affected by static Medicare reimbursement levels for examinations, which may drive margins down.

New Zealand in general appears to be in shortage, with many radiologists reporting staffing below required levels. As in Australia, there may be areas which are more adequately served, and there are opportunities to work in some rural centres.

Recruitment of radiologists in Australia and New Zealand is done largely through word of mouth, by advertising in local and national media, through medical recruitment agencies and through the RANZCR website. Many international radiologists use employment agencies to help search for jobs, especially positions in areas of workforce shortage where traditional recruitment tools have been unsuccessful. Rural areas are largely reliant on international recruits.

Practices in Australia which cannot recruit locally can apply for Area of Need status, a state government designation which enables them to recruit internationally. This in turn is reliant on the federal government denoting an area as a District of Workforce Shortage, which calculates doctor to population ratios relative to other areas. There have been calls for both processes to be reviewed, harmonised and made more transparent. Rural practices also rely on networked teleradiology and visiting specialists to cover workforce shortages.

#### Retention

Retention of trained specialists in New Zealand is often difficult. There is a significant income disparity with Australia, prompting many graduates to seek employment there soon after graduation. RANZCR data shows that up to one quarter of NZ trained radiologists migrate to Australia for at least a few years after qualifying as a specialist. New Zealanders also have a general tendency to seek experience overseas during their early career. As a result, New Zealand relies on internationally trained radiologists for over 40 percent of its workforce.

Retention does not appear to be a major problem in Australia, though this undoubtedly varies. Most international medical graduates who accept Area of Need positions in Australia demonstrate their intention to stay in the longer term by seeking recognition as a specialist with the Australian Medical Council.

## Rural Workforce Initiatives

Many areas in both countries, mostly regional and rural, but often in less fashionable metropolitan suburbs, are still dependent upon internationally trained specialists to fill vacancies. Initiatives to bolster the rural workforce are aimed at attracting international specialists to fill positions and also at generating local supply through bonded schemes and establishing rural clinical schools to encourage rural origin doctors to train and enter the workforce in their home region.

In Australia there are a number of state and federal level bonded student initiatives, despite a lack of evidence for their effectiveness. For example, the federal government operates the Bonded Medical Places Scheme and Medical Rural Bonded Scholarships. The schemes provide funding for medical school in return for service commitments in rural areas once a student qualifies as a specialist. The duration of the commitment varies and can be scaled back by training in rural areas prior to graduation.

It is hoped that, with the establishment of rural clinical schools, these schemes will be seen less as a 'bonding' exercise and more of an enabler for rural origin medical students to return to their hometowns when they qualify as specialists. Efforts to establish specialist training positions in rural areas are gaining momentum.

In New Zealand the government operates the Voluntary Bonding Scheme, which is an incentive-based payment initiative, rather than a return of service commitment. Graduates who are part of the scheme are eligible for incentive payments, intended to help repay their student loans, for up to five years. Incentives are also offered to those without a student loan.

## A Future of Workforce Reform

Growing health service demand and tighter budgets have prompted governments to think seriously about strategic workforce planning. Health Workforce Australia and Health Workforce New Zealand have been established to look at how many doctors may be needed in the next 15-20 years, and to help governments at national and state levels identify professions most in need and apportion limited resources as appropriately as possible. Of critical importance is the need to look at innovative ways to get the most out of the health workforce, improve patient outcomes, and save money. Smart use of technology is central to both agencies' plans.

The Australian government has expressed a desire to be self-sufficient in workforce professionals by 2025, which may have an impact on immigration policy. However, there are practical limitations to this policy (particularly training capacity), which means that the health sector will continue to rely on overseas professionals for some years.

## FURTHER READING

Australian Medical Council. International medical graduate (IMG) guides.  
<http://www.amc.org.au/index.php/pub/downloads>

HealthCareers New Zealand  
<http://www.healthcareers.org.nz/>

Health Workforce Australia  
<http://www.hwa.gov.au>

Health Workforce New Zealand  
[www.healthworkforce.govt.nz](http://www.healthworkforce.govt.nz)

RANZCR international medical graduates information  
<http://www.ranzcr.edu.au/img-a-aon/overview>

RANZCR workforce reports  
<http://www.ranzcr.edu.au/advocacy/workforce>

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