



27 November 2002

Mr Adam Cunningham
Inquiry Secretary
Standing Committee on Ageing
Parliament House
CANBERRA ACT 2600

Dear Sirs

**Re: Trained Medical and Health Practitioner Needs for an Ageing Australia
Clarification of the Roles of Commonwealth and State Governments for Services
That Span the Acute Care, Subacute Care and Residential Care Interface**

The Australian Society for Geriatric Medicine is confident that the committee has received much evidence supporting the increasing age of the Australian population over the next 40 years. Although by far the majority of older people are healthy and independent, there is a small group of older people who manifest the diseases associated with ageing and have subsequently high rates of disability. The number of these people will dramatically increase over the next 40 years.

Despite the acknowledged need for increased numbers of specialists in geriatric medicine, eg AMWAC Report 1997.5 there has been little attempt at providing an integrated national approach to matching the training positions to positions within the health system. In this report it was estimated that Australia required 70 trainees in geriatric medicine per year and yet the actual number of trainees has never exceeded 50. This is not being assisted by the apparent capping of expenditure within the aged programs by various state governments. The Society believes there needs to be a national approach in identifying the needs for trained medical practitioners within the area of ageing. This needs to be coupled with the staged development of available positions in geriatric medicine in the individual jurisdictions. Alongside this there needs to be an upskilling of all medical practitioners in the area of the diseases of ageing and the management of people with pronounced disability. There is a specific need for this training, and specific accreditation, for General Practitioners who deal with large numbers of disabled older people, particularly for those living in residential care facilities.

Furthermore the Society wishes to point out that the requirement for trained health professionals is not confined solely to medical practitioners. There are similar urgent needs in nursing, allied health and ancillary staff. If Australia is going to deal with the health needs of an ageing population, we require national planning of training and identification of numbers needed in appropriate professional positions.

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Lastly, the Society notes there has been considerable cost shifting between State and Federal Governments over responsibilities for personal and health care needs for older Australians who have become disabled and often require complex packages of health and personal care services. There needs to be continued development at clarifying the roles of the respective Governments to ensure the seamless adoption for services for older Australians. The Society hopes that the Australian HealthCare Agreement, which is currently being renegotiated, will present Governments the opportunity to explicitly state their respective roles so as to diminish the wasteful tendency for cost shifting.

Yours faithfully

Dr James Tulloch
President
On behalf of the Australian Society for Geriatric Medicine