

Exodus of young doctors has NZ importing "second-class" MDs

New Zealand would love to have Canada's postgraduate training problems. Unlike this country, where virtually every training spot is grabbed by new Canadian graduates and there are few positions for foreign-trained graduates, one-third of New Zealand's training positions sit vacant.

Australia appears to be the main culprit: low pay, long hours and heavy student-loan burdens lured about 350 junior NZ doctors to that country in 1999 alone. The exodus has left about 650 of the country's 1800 positions for hospital interns and residents vacant.

The country's newest doctors are a "first wave" of debt-laden recent graduates who owe, on average, Can\$45 500 (NZ\$70 000) upon graduation. Student loans were introduced only 5 years ago, explains Dr. Pippa Mackay, president of the New Zealand Medical Association.

Fees at the country's 2 medical schools, which produce 350 graduates annually, now stand at Can\$6500 per year (NZ\$10 000). The fees have risen dramatically in recent years.

Compounding the debt burden is the relatively low rate of pay. New Zealand's graduating doctors earn Can\$13 per hour (NZ\$20) for working hospital shifts lasting up to 16 hours. Their Australian counterparts make about Can\$20.80 hourly (NZ\$32), and earn overtime rates after 38 hours. (Canadian residents earn \$35 000 to \$61 000 annually, depending on location and year of study.) This fall, NZ junior doctors went on strike, demanding a 9% pay increase and improved conditions. They settled for 3%.

Mackay says the shortage of junior doctors has caused some hospitals to use nurses to carry out interns' work, or

having "foreign junior doctors who can't get registration here doing things like putting drips in." Mackay says the politics of a "market approach" to the health care workforce over the last 9 years has led to the current situation. "New Zealand has become a net exporter of good doctors and an importer of second-class doctors," she says. Increasing numbers are coming from Eastern Europe and cannot be registered, says Mackay. Meanwhile, not enough suitably trained foreign physicians are arriving to alleviate the shortfall. — *Heather Kent, Vancouver*