Letter to the editor – graduate crisis

The Editor
Spectrum

I have recently been involved in dialogue, in a variety of forums in the current debate on what has been colloquially referred to as the GFC, The Graduate Flood Crisis.

It is noticeable that some protagonists for increased student/graduate supply have been quoting a variety of government reports on the ageing of the population and the demands that will place on health providers.

Some reports address the prospective need for doctors and nurses. Some address future allied health demands. Very few address radiographer supply and demand issues. In a recent Draft Discussion Paper released by the Medical Radiation Practice Board of Australia a statement is made "the current and projected needs of the workforce over the next 20 years shows an across the board scenario where demand outstrips supply." Reference was made to "Victorian Medical Radiations Workforce Supply and Demand Projections (2010–2030)" released by the Dept of Health Victoria (2009).

Examination of this paper is somewhat disturbing that in extrapolating the data, the authors appear not to have a thorough understanding of the economics of the diagnostic radiography industry. The Association of Medical Radiation Directors in Qld (AMRDQ) had the opportunity to examine the relationship between hospital bed numbers and employment of radiographers and sonographers across the state some 18 months ago. In the previous 10 years there has been a massive hospital rebuilding programme in Qld that has extended from the Gold Coast in the south to Cairns in the north. Billions of dollars have been spent. In most of these developments there has been an increase in bed numbers and an increase in radiographer employment opportunities.

What the analysis of the bed/radiographer relationship demonstrated is that there are huge infrastructure costs (capital spending, construction costs, equipment purchases, maintenance etc.) that have to be sustained by an employer, public or private, to enable an expansion of services that would employ additional diagnostic radiographers. In some instances e.g. the purchase of an MRI, millions of dollars per radiographer employee are required to be expended. What the analysis also demonstrated was that there is a ratio with a range of radiographers employed per hospital bed. That range is 10 to 14 radiographers per 100 beds. Occasionally there are outliers to this ratio for very specific reasons. Obviously more radiographers are employed at those sites that provide seven days a week 24 hours a day on site coverage and provide the more complex examinations e.g. MRI, interventional imaging, angioplasties, neurocoiling etc.

What was also apparent was that if a hospital increased its bed numbers by say 200 then one could with reasonable accuracy predict that an additional 20 to 28 radiographers could be employed, providing the employer could sustain the additional recurring costs of $2 million to $3 million per annum in wages and on costs. But before such a scenario unfolded someone, usually the taxpayer has to find hundreds of millions of dollars in capital expenditure.

In the same Discussion Paper and articulated by a speaker at the Supervised Practice Forum there is a claim that the AIR's national standards contained within its NPDP are a restriction on employment in a particular state. In making such claims attributing clinical practice standards of graduates to employment opportunities and at the same time making predictions of increased demand for radiographers, have these advocates factored in the enormous infrastructure costs? It would be valuable for the profession that we distinguish between the profession's national standards and the economic realities associated with graduate employment.

I welcome further input to the debate.

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