

2007 GP Workforce Snapshot - Victoria

East Gippsland Division of General Practice

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Introduction

The Rural Workforce Agency Victoria (RWAV) collects information on the rural GP workforce to assist with the recruitment and retention of GPs in rural practices.

Information is collected on an ongoing basis from several sources¹ including RWAV's annual survey of GPs and practices. Our GP and practice survey is distributed in September to all GPs and practices in Victoria within the boundaries of the rural Divisions of General Practice.

This report contains information on the demographics and workforce participation of the rural GP workforce and the composition of medical practices in towns within the East Gippsland Division of General Practice (EGDGP).

RWAV would like to thank the rural Divisions of General Practice for their continued support and assistance with the GP and practice survey.

Highlights²

- 83 GPs (87 full-time equivalent GPs) work principally within EGDGP – which is 8% of the Victorian rural GP workforce
- The Division has approx 6% of the rural Victorian population and has an estimated 1 GP per 897 residents
- GPs within the Division are ageing – the average age of GPs is 51.4 years (rural Victorian average is 49.5 years)
- The average length of time GPs within the Division have worked in their current practice is 10.4 years
- One-third of GPs within the Division hope to reduce their hours or retire within the next 5 years
- There are 18 GP practices within the Division of which 22% are solo practices

1) Data sources include the Medical Practitioners Board of Victoria online list of medical practitioners, Divisions of General Practice, contact with practitioners and other medical practice staff, RWAV's annual telephone survey of practices and RWAV's annual mail survey of GPs and practices.

2) The information in this report was current as at 30 November 2007.

Rural GP workforce profile

There are 1,220 GPs practising in rural³ Victoria. Of these, 140 (11%) are registrars.

This section presents information on the demographics of the permanent GP workforce within EGDGP. As the placement terms of GP registrars are short term – typically ranging from six to twelve months, they are not part of the permanent workforce and thus have not been included in this section.

Eight percent (8%) of the rural Victorian GP workforce work principally in a location within EGDGP and the Division covers approximately 6% of the total rural Victorian population. There is an estimated 1 GP to every 897 residents.

The number of rural GPs (headcount and full-time equivalent - FTE) within the Division is presented in Table 1.

FTE values were created based on the Australian Bureau of Statistics (ABS) definition of full-time work - which is 35 or more hours per week. For GPs this would equate to 9 or more sessions per week of 3.9 hours in duration⁴. Please note that the FTE calculation is based on clinical hours worked in GP practices only, not total hours worked in all settings.

A profile of the GP workforce within the Division, by Rural, Remote and Metropolitan Area (RRMA), gender, age and country of qualification, is presented in Table 2.

Table 1: Headcount and FTE of rural GPs within EGDGP

	Headcount	FTE
East Gippsland DGP	83	87

Note: Includes the shared postcode of 3847

Table 2: Profile of rural GPs within EGDGP (N=83)

RRMA		
3		
4	50	60%
5	27	33%
7	6	7%
Gender		
Males	55	66%
Females	28	34%
Age (years), mean*		
Males	51.8	
Females	50.6	
Overall	51.4	
*Missing age data for 1 GP (female)		
Country of qualification		
Australian graduates	60	72%
International graduates	23	28%

3) Defined as Rural, Remote and Metropolitan Area (RRMA) three to seven classified locations.

4) Consistent with this, the average session length reported by GPs in RWAVs 2007 GP survey is 3.9 hours.

The gender composition and average age of the GP workforce within the Division differs to that of rural Victoria overall.

The proportion of female GPs within EGDGP is slightly higher (34% compared to 30% across rural Victoria), and the average age of GPs within the Division is almost 2 years older than rural Victoria overall (49.5 years). The difference in average age is more marked for females than males. The average age of female GPs is 4 years older, while the average age of male GPs is approximately 1 year older.

The distribution of male and female GPs within the Division across age groups is displayed in Figure 1.

Within the Division, the highest number of GPs is in the 45 to 54 year age group. This is consistent with rural Victoria overall, however, proportionally the Division has more GPs in this age group (48% compared to 44% across rural Victoria).

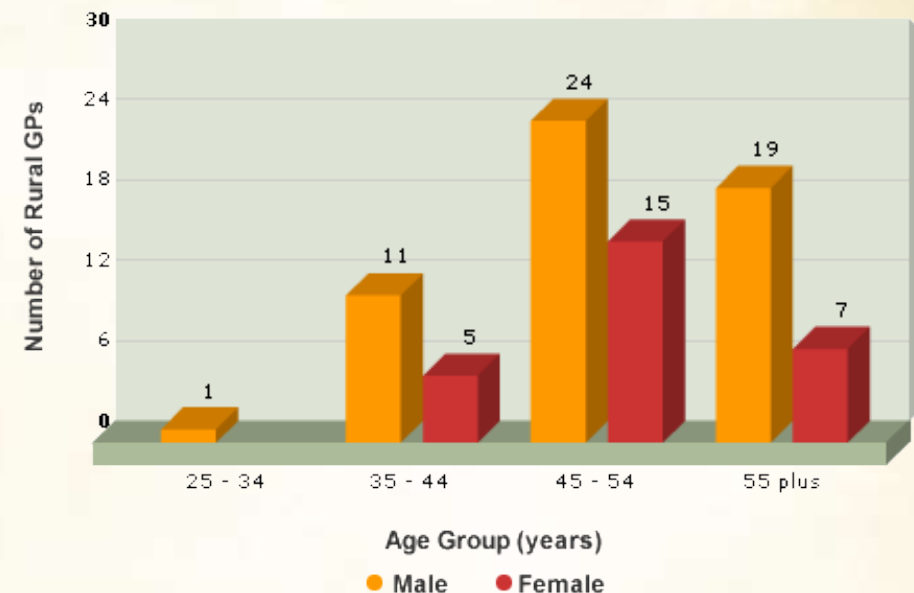
The Division also has a higher proportion of GPs over the age of 55 compared to rural Victoria overall (32% compared to 27% respectively).

International Medical Graduates

With regards to country of basic medical qualification, there are proportionally fewer international medical graduates (IMGs) within EGDGP compared to rural Victoria overall (where IMGs comprised 34% of the GP workforce).

The IMGs practicing within the Division gained their basic medical qualification from 12 different countries - with the largest proportion trained in the United Kingdom and Ireland (11% combined), followed by Poland (4%).

Figure 1: Composition of the rural GP workforce within EGDGP by gender and age groups (N=82)



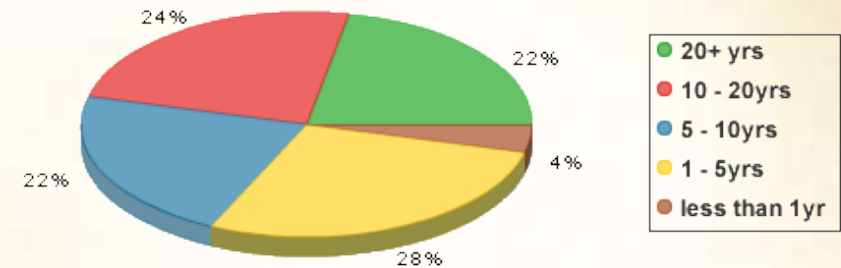
2007 GP survey results⁵

Length of employment

Most commonly, GPs within the Division have worked at their current practice for 1 to 5 years (Figure 2). However, almost half (46%) of GPs have worked at their current practice for more than 10 years – suggesting fairly stable patterns of GP availability within the Division.

The average length of time GPs within the Division have worked at their current practice is 11.1 years.

Figure 2: Length of employment – current practice (N=54)

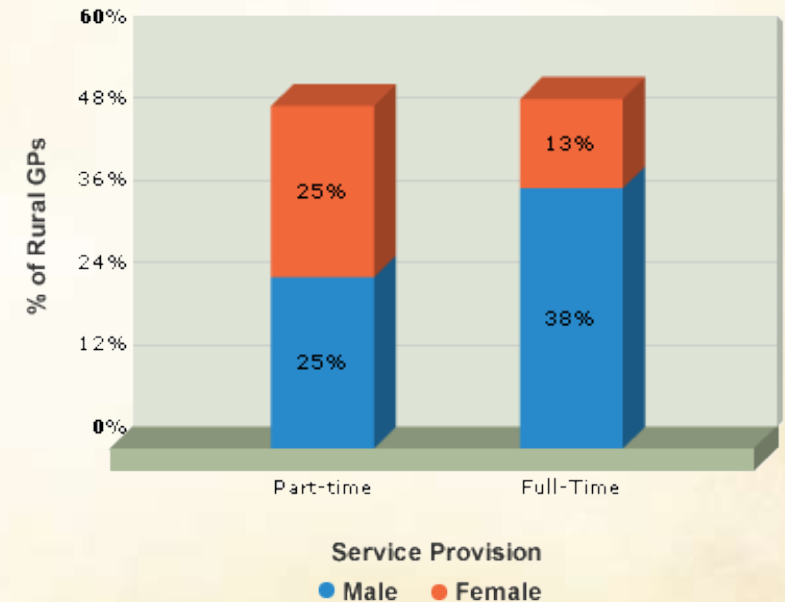


Full-time and part-time service provision

ABS definitions of full-time work (35 or more hours per week) and part-time work (less than 35 hours per week) were used to estimate service provision, based on weekly clinical GP hours (self-reported)⁶. The data is presented in Figure 3.

Within the Division, 51% of GP respondents work full-time, and the majority (74%) of full-time GPs are male. This compares to 65% full-time and 35% part-time for GPs across all Victoria.

Figure 3: Full time and part-time service provision by gender (N=53)



5) This section presents information on GPs within EGDGP who responded to the 2007 GP survey (N=54), excluding registrars

6) Based on clinical hours worked in practices and not total hours worked i.e. does not include time spent in other settings (e.g. hospitals) or performing other roles (e.g. teaching).

Hours worked

The average total hours worked per week by GPs within EGDGP is 43.5 hours (compared to 44.3 hours for GPs across rural Victoria). On average, male practitioners report working longer hours than female practitioners (47.3 hours compared to 37.0 respectively). Total hours includes: clinical GP work, routine hospital work, teaching and supervising, GP representative work, travelling between practices and any other medical roles and activities, but does not include on call work.

Hospital VMO rights

Seventy four percent (74%) of GP respondents within EGDGP have hospital Visiting Medical Officer (VMO) rights.

Procedural work

Thirty five percent (35%) of GP respondents within EGDGP regularly undertake procedural work. This includes: anaesthetics - regional and general, obstetrics - normal deliveries, lower segment caesarean section (LSCS) and non-LSCS, and operative surgery. The majority (74%) of GP proceduralists are male.

Emergency care and Aboriginal health

Seventy percent (70%) of GPs within the Division report that they regularly provide emergency care, and 35% report that they regularly practise Aboriginal health.

Future intentions

When asked how long they intend to remain in their current location, GPs within EGDGP most commonly report a period of 5 to 10 years (36%). This is followed by 10 or more years (26%), 3 to 5 years (19%), 1 to 3 years (15%) and less than 1 year (4%).

Over half (53%) of GP respondents hope to make changes to their workforce participation within the next 5 years. The remaining GP respondents are either not expecting to make any changes (32%) or are unsure (15%).

Of those who hope to make changes, 40% want to reduce their hours, and 20% hope to retire.

This information places a high need for aggressive recruitment strategies for this Division to ensure that those GPs either reducing their hours or retiring from practice are adequately replaced.

Practices

There are 18 GP practices within EGDGP. Twenty two percent (22%) of these are solo practices (refer to Table 3).

Of the 83 rural GPs within EGDGP:

- 10%⁷ work principally in solo practice
- 26% work principally in a group practice with four or fewer (principally based) GPs
- 64% work principally in a group practice with five or more (principally based) GPs.

Within the Division, GPs also provide services to: 1 branch practice, 4 Aboriginal Community Controlled Health Services and 4 Community Health Centres.

Practice ownership

Respondents to the practice survey⁸ most commonly reported practice ownership as individual (35%) or partnership (35%).

Other health professionals

Twenty nine percent (29%) of practices report that they have allied health professionals working at the practice, and 88% report that they have a nurse working at the practice.

Sites with a practice nurse were asked to indicate which services the nurse provides. Responses are summarised in Table 4.

Table 3: Practice types

Division of General Practice	Group	Solo	Total
East Gippsland DGP	14	4	18
% of total Victoria rural practices	7%	4%	6%

Table 4: Services provided by practice nurses (N=13)

Type of service	Practices with this service	%
Assistance with procedures	13	87%
Asthma education	4	27%
Diabetes education	8	53%
Extended consultations	5	33%
Immunisation	14	93%
Nutrition (dietary advice)	2	13%
Pathology	3	20%
Women's health	8	53%

7) The number of GPs who work in solo practices is higher than the actual number of solo practices due to job share arrangements in some practices.

8) A response to the practice survey was received from 17 rural GP practices within EGDGP.