

# A check-up on rural GP services in Bass Coast



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Since 1998, the Rural Workforce Agency Victoria (RWAV) has been working on solutions to address a critical shortage of rural General Practitioners (GPs), and improving access to GPs for rural Victorians by focusing on GP recruitment, retention and professional development.

## A check on rural Victorian health

The general health of rural Victorians is already significantly worse than that of their urban counterparts. A major reason for this is limited access to health care. While the situation with rural GPs has improved since RWAV began work in 1998, there remains a serious long-term issue in rural health, particularly relating to population growth and ageing, and reduction of available services such as procedural GP services.

Victoria's rural population is estimated to increase by 9 percent by 2012<sup>1</sup>. While this is lower than the 11 percent projections for Melbourne, growth is expected to be significantly higher in regional centres, coastal retirement areas and on the urban fringe.

Currently, Victoria's rural population has a higher proportion of people aged 65 years or older. By 2021, it's estimated that 24 percent of Victoria's regional population will be in this age group (65 years or older), compared with 17 percent in Melbourne<sup>1</sup>.

As this change evolves, the GP workforce is undergoing major structural change, with more women GPs, an ageing of the GP population, and a trend to reduced work hours by younger doctors, both men and women.

To account for these factors alone, RWAV's Workforce Plan predicts rural Victoria needs up to 311 additional rural doctors over the next decade<sup>2</sup>, in the context of a national shortage of GPs.

1. Excludes Melbourne and Geelong. Source: Victorian Department of Sustainability and Environment. Victoria in Future 2004 Projections.

2. RWAV, Planning for 2012: Victorian Rural General Practice Workforce, 2002-2012. 2004

# Health status of the Bass Coast

Bass Coast is the only wholly rural local government area (LGA) in the Flinders Electorate and as such is reported separately.

## Population growth

As at June 2003, the LGA of Bass Coast within the Flinders electorate<sup>3</sup> has a local population of 27,735<sup>4</sup>. By 2012, it is estimated that Bass Coast will experience growth in population of 23 percent, which is substantial compared to the average growth of both the rural (8.8%) and Melbourne (11.4%) projections<sup>5</sup>.

## Ageing population

The ageing population will increase the demand for GP services as older people visit the GP more often. At June 2003, 22 percent of the Bass Coast LGA was aged 65 years or older exceeding the rural average of 15 percent<sup>4</sup>. By 2011, older people are predicted to be 24 percent of the electorate's population well above the rural and regional average (17.9%) of senior population (65 years or older)<sup>5</sup>. GP consultation rates accordingly are projected to rise, increasing the demand for GP services.

## Changing workforce patterns

In Bass Coast LGA of the Flinders electorate, there are 26 GPs<sup>6</sup> or 17.6 effective full time equivalent (EFT)<sup>7</sup> GPs, six of whom (23.1%) are women and four are aged 55 years or older<sup>6</sup>. Rural GPs work on average 49 hours per week. However, there is a trend towards reduced average work hours particularly for younger GPs.

## Current workforce supply

The Bass Coast EFT GP to population ratio is 1:1,576 (Nov 2004), compared to the Victorian rural electorate average of 1:1,408. This ratio indicates that Bass Coast is overall undersupplied compared to other electorates.

As at April 2005, there are no vacancies on Bass Coast<sup>8</sup>.

## Workforce projections

RWAV workforce planning<sup>9</sup> shows that the number of GPs will need to increase to 24 EFT (full time work equivalent) by 2012 to account for growth and ageing of the population and therefore increased demand for GP services in Bass Coast.

If GPs' weekly hours continue to drop from the average 49 hours to 46 hours, a further four GPs will be required by 2012.

At an estimated 6 percent annual attrition rate, two GPs will need to be recruited each year to replace doctors leaving practices in Bass Coast.

3. This brochure refers to the Flinders Federal Electorate. The population information is based on the whole of Bass Coast LGA.

4. Australian Bureau of Statistics. Population Estimates by Age and Sex, Victoria, June 2003.

5. Victorian Department of Sustainability and Environment. Victoria in Future: 2004 Projections. See <http://www.dse.vic.gov.au>. Growth rates are projected between 2002 and 2012.

6. RWAV database, Nov 2004.

7. EFT is based on 10 clinical sessions per week.

8. RWAV vacancy database, April 2005

9. RWAV, Planning for 2012: Victorian Rural General Practice Workforce, 2002-2012. 2004.

## GP services in Flinders electorate - Bass Coast

Bass Coast LGA has eight medical practices<sup>10</sup>, and many of the GPs provide support at all levels of medical care, including in the two hospitals at Wonthaggi and Cowes<sup>11</sup>.

There is one solo GP practice in Wonthaggi. Fortunately, it is located in a town with multiple practices. There are another two solo GP practice at Lang Lang, but these are outside Bass Coast boundaries (Cardinia Shire)<sup>10</sup>.

Access to medical services continues to improve as a result of planning and partnership work. There are two new Family Medicine practices at Cowes and Wonthaggi. The practice on Cowes is providing emergency services for the Warley Private Hospital.

RWAV estimates there are nine GP proceduralists<sup>10</sup> who are providing one or more of the following services: obstetrics, anaesthetics and surgical services to this part of the Flinders electorate.

## Indigenous services

There are no Aboriginal Community Controlled Health Services in Bass Coast.

## Socioeconomic factors

Bass Coast LGA contains many locations that are popular holiday destination with large fluctuations in population occurring during holiday periods and special activities such as the motorcycle Grand Prix on Phillip Island. Planning and delivery of health services need to take this into consideration.

Planning also needs to account for both population growth which is increasing above the state rural average and a high proportion of retirees and senior population (65 years or older) which is also expected to increase further.

# Prescription for a healthier Bass Coast

## Attraction

- Expand the capacity of the Rural Clinical Schools.
- Support GP teaching practices and health services to take in more students and registrars as well as encouraging them to take up general practice in Bass Coast.
- Continue to resource and support GetGP regional training provider to bring more registrars into Bass Coast and encourage them to stay.
- Support the Rural Registrar Stream for vocational GP training.
- Advertise specific Bass Coast vacancies regionally, nationally and internationally.
- Strengthen interdisciplinary education and rural health team approaches to better manage local health needs, including chronic health issues.

10. RWAV database, Nov 2004. Practice counts exclude services provided in aged care facilities, prisons, armed forces locations and industrial settings

11. Source: Department of Human Services. Hospital Listing and Contact Information. Source: <http://aimsinfo.health.vic.gov.au/Hospital%20Listings/download.asp>. Accessed 26/05/05

## Recruitment

RWAV plans to build on the work to-date including:

- Continuing to place and support GPs where needed. Sixteen GPs have been placed in Bass Coast towns over the last five years as well one specialist outreach service at Wonthaggi.
- Strengthening recruitment of Australian trained doctors in training and overseas trained doctors.
- Advocating for targeted recruitment to areas with special needs.
- Supporting and encouraging GP proceduralists to continue to practice and to maintain their skills.
- Continuing to work closely with the South Gippsland Divisions of General Practice to recruit and support doctors and also provide resources to build the capacity of the divisions.
- Working with Victorian Aboriginal Community Controlled Health Organisations (VACCHOs) and Aboriginal Community Controlled Health Services (ACCHSs) to recruit GP services for them.

## Ongoing support

RWAV plans to build on the work to-date including:

- Providing locum relief and support programs for GPs, GP spouses and families.
- Working closely with the divisions to support their locum and family support efforts.

## Professional development

RWAV plans to build on its work to-date including:

- Working closely with rural clinical schools and regional training providers. RWAV provides substantial teacher training through a number of professional development programs. These GP teachers and supervisors require more capacity if the numbers of trainees (undergraduates, vocational and OTDs) continue to increase.
- Working to strengthen linkages, such as between health services, divisions of general practice, regional training provider and rural clinical schools in order to provide high quality, comprehensive, local medical education for all levels of trainees.
- Administering the Medical Specialist Outreach Assistance program, which delivers upskilling to rural GPs.
- Providing a range of professional development programs including: Rural Emergency Skills Training, Women's Health Course, Flexible Learning in Acute and Medical Emergencies as well as providing Teacher Training Programs such as Emergency Medicine and Case Based Learning.

## Advocacy and planning

RWAV plans to build on its work to-date including:

- Collecting and managing GP supply and demand data to support communities in their planning.
- Supporting review of indices of access to rural health care.
- Advocating for communities in need of more doctors.

## In conclusion

RWAV's activities over the past seven years have addressed the workforce crisis of our GP services in Bass Coast, however, our projections indicate a strong need for recruitment of recent graduates to the Bass Coast workforce, especially those with procedural skills.

GP workforce projections indicate that Victoria will continue to rely on Overseas Trained Doctors (OTDs) to meet projected demand. On going commitment of resources is required to recruit support and train OTDs including targeted and intensive family support, education and examination preparation.



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