

# A check-up on rural GP services in the Gippsland electorate



Issued: June 2005

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 rural and regional population will be in this age group (65 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.

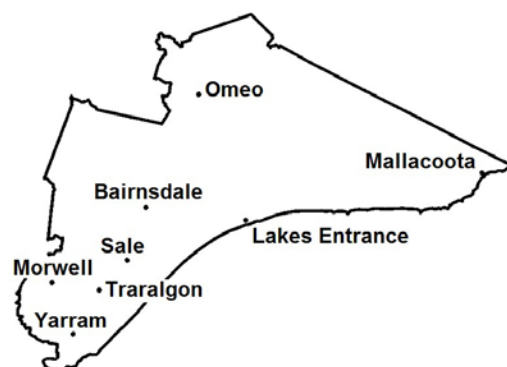
1. Excludes Melbourne and Geelong. Source: Victorian Department of Sustainability and Environment. Victoria in Future 2004 Projections.

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

# Health status of the Gippsland

## Population growth

At June 2003, Gippsland electorate's<sup>3</sup> local population was 132,933<sup>4</sup>. Overall the population of Gippsland electorate is projected to grow by 3 percent in the to 2012, well below the regional Victorian average (8.8%)<sup>5</sup>. However, there is considerable variation within the region. For example, Bairnsdale is projected to grow by 12 percent while the remoter parts of East Gippsland projected to decline by 15 percent. The City of Latrobe with nearly 40 percent of the electorate's population has a projected increase of 2 percent, with both Sale and Maffra projected to have no or marginal growth.<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, 15 percent of the Gippsland electorate was aged 65 years or older, comparable to the Victorian rural average (15.1%)<sup>4</sup>. Bairnsdale has the highest proportion of older people, with 22 percent<sup>4</sup>. By 2011, older people are predicted to be 20 percent of the electorate's population<sup>5</sup>. GP consultation rates accordingly are projected to rise, increasing the demand for GP services.

## Changing workforce patterns

In the Gippsland electorate, there are 148 GPs<sup>6</sup> or 112.8 effective full-time (EFT)<sup>7</sup> GPs, 46 of whom (31.1%) are women and 25 are 55 years or older including five who are aged 65 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 Gippsland electorate EFT GP to population ratio is 1:1,178 (Nov 2004), compared to the Victorian rural electorate average of 1:1,408. Whilst Gippsland electorate overall is maintaining GP supply, there are pockets of significant undersupply. The Gippsland EFT to population ratio does not account for the complexity of services required for indigenous populations and low socioeconomic groups throughout the region.

As at April 2005, there are 10 vacancies in Gippsland<sup>8</sup>.

## Workforce projections

RWAV workforce planning<sup>9</sup> shows that the number of GPs will need to increase to 158 in 2012 to account for growth and ageing of the population and therefore increased demand for GP services in Gippsland.

If GPs' weekly hours continue to drop from the current 49 hours to 46 hours, a further 13 GPs will be required by 2012. At an estimated 6 percent annual attrition rate, nine GPs will need to be recruited each year to replace doctors leaving Gippsland practices.

3 This brochure refers to the Gippsland Federal Electorate. The population projections are provided for the Shires of East Gippsland, Wellington and the part of Latrobe Shire. The GP data is provided for the electorate.

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 Gippsland electorate

Gippsland electorate has 50 medical practices<sup>10</sup>, and many of the GPs provide support at all levels of medical care, including in some of the 8 hospitals, including one Bush Nursing hospital<sup>11</sup>.

Seventeen of these practices are solo GP practices. Of these, the 4 in Metung, Omeo, Boolarra and Rosedale, are the only practice in town. In addition, there are 8 towns without a resident practice that receive visiting services. These include Bruthen, Cann River, Ensay, Loch Sport, Nowa Nowa, Stratford, Swifts Creek and Yinnar<sup>10</sup>.

Loss of GP services, such as to Cann River, where the part-time services is at risk, would impact significantly on this community's health care, indicating the vulnerability of GP services in the Gippsland electorate.

RWAV estimates there are 31 GP proceduralists<sup>10</sup> who are providing one or more of the following services: obstetrics, anaesthetics, and surgical services to the electorate.

## Indigenous services

Based on local estimates the indigenous population is 5,200. GPs provide services to five Aboriginal Community Controlled Health Services (ACCHSs) at Bairnsdale, Sale, Lake Tyers, Orbost and Morwell. Morwell and Sale ACCHSs have combined resources to employ a full time GP, while other centres are serviced by sessional GPs from surrounding practices. There has been an increase in indigenous services in East Gippsland. For example, new ACCH facilities have been built, or are in stages of completion at Lake Tyers and Orbost. RWAV has assisted in recruiting GP services to Sale and Morwell communities. More is still to be achieved to increase indigenous access to medical services. Orbost and Lake Tyers will require GP services.

## Socioeconomic factors

There is a need to strengthen interdisciplinary education and health care systems, in greater recognition of localised health needs and the management of chronic health issues.

The Latrobe Valley for example, has high rates of industrial disease such as asbestosis, marginalised communities, including aboriginal communities, and poor single parent families.

Gippsland coast, providing popular holiday destinations, experiences seasonal influx of visitors, which poses significant challenges for the provision of medical services.

Apparent anomalies exist within the Latrobe region, where Traralgon and Sale have District of Workforce Shortage status while Morwell does not, in spite the documented poor health status of many of its residents.

# Prescription for a healthier Gippsland electorate

## Attraction

- Expand the capacity of the Monash University's Rural Clinical Schools at Traralgon and Bairnsdale.
- Support GP teaching practices and health services to take in more students and registrars and encourage them to take up general practice in Gippsland electorate.
- Continue to resource and support GetGP regional training provider to bring more registrars into the electorate and encourage them to stay.
- Support the Rural Registrar Stream for vocational GP training at GetGP.
- Advertise specific Gippsland electorate 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 recruitment and support of new GPs that has resulted in the placement of 57 GPs and 33 specialist outreach services in the Gippsland electorate over the last five years.
- Continuing to work closely with the East Gippsland, Central West Gippsland and South Gippsland divisions of general practice to recruit and support doctors and also provide resources to build the capacity of the divisions.
- Strengthening recruitment of Australian trained doctors in training.
- Advocating for targeted recruitment to areas with special needs such the Latrobe Valley.
- Supporting and encouraging GP proceduralists to continue to practice and to maintain their skills.
- Working with Victorian Aboriginal Community Controlled Organisations (VACCHOs) and Aboriginal Community Controlled Health Services (ACCHSs) to recruit GP services for them. Recent recruitment has resulted in GP services to Morwell and Sale, and planning continues for GP services in Orbst.

## 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 of general practice 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 school and regional training provider in Gippsland. Gippsland has excellent GP teachers who require ongoing support, both to retain their skills and make their time available for teaching. 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 the Latrobe Regional Health Services, divisions of general practices, 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 the Gippsland electorate. However, our projections indicate a strong need for recruitment of recent graduates to the Gippsland 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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