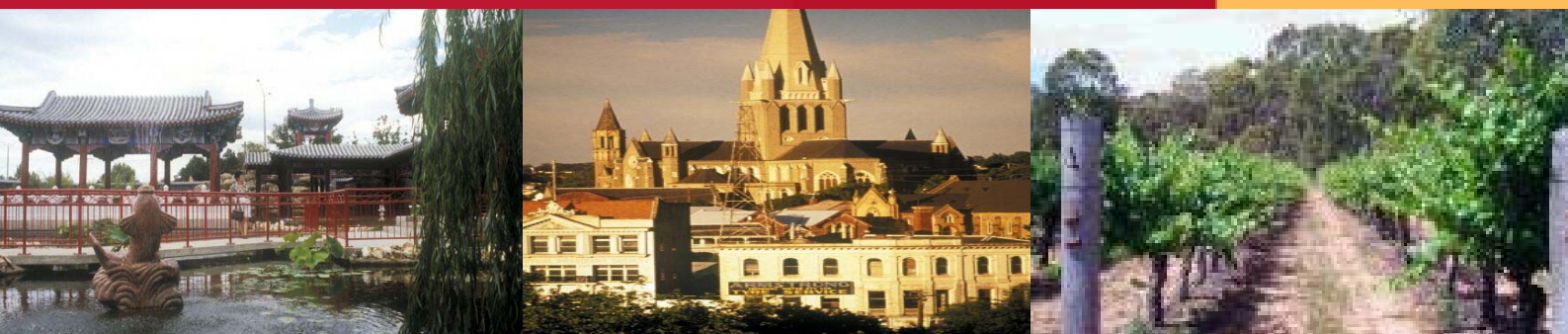


A check-up on rural GP services in the Bendigo electorate



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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 nine percent by 2012¹. 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 Melbourne¹.

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 decade², 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

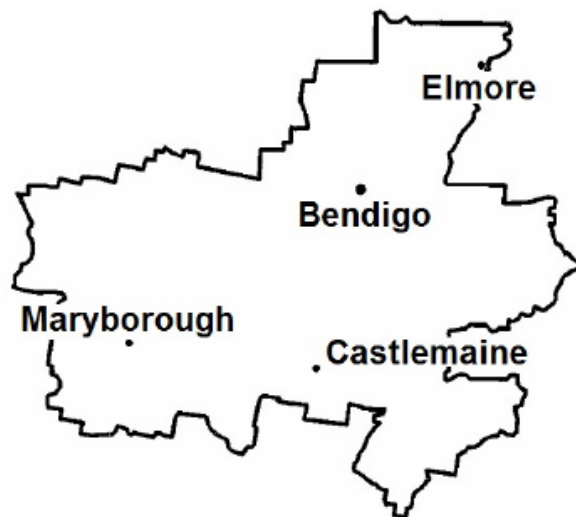
Health status of the Bendigo electorate

Population growth

At June 2003, Bendigo electorate's³ local population was 131,781⁴. By 2012, the population of Bendigo electorate is projected to grow by 12 percent. Bendigo City is predicted to have substantial growth of about 14 percent, with Statistical Local Areas (SLAs) of Macedon Ranges (S) - Kyneton projected to grow at 10 percent and Mount Alexander (S) - Castlemaine at 7 percent⁵.

Ageing population

The ageing population will increase the demand for GP services as older people visit the GP more often. At June 2003, 16 percent of the Bendigo electorate was aged 65 years or older exceeding the rural average of 15 percent⁴. By 2011, older people are predicted to be 18 percent of the electorate's population⁵. GP consultation rates accordingly are projected to rise, increasing the demand for GP services in the electorate.



Changing workforce patterns

In the Bendigo electorate, there were 119 GPs⁶ or 89 effective full time equivalent (EFT)⁷ GPs, and 38 (32%) are women. Twenty-seven of these doctors are aged 55 years and over, six of whom are aged 65 years or older⁶. 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 Bendigo electorate EFT GP to population ratio is 1:1,481 (Nov, 2004), compared to the Victorian rural electorate average of 1:1,408. This ratio indicates that the Bendigo electorate overall is undersupplied with GPs. The Department of Health and Ageing recognizes the City of Greater Bendigo as a District of Workforce Shortage.

The Bendigo electorate 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 nine GP vacancies in the Bendigo electorate, with seven of these located in the City of Greater Bendigo⁸.

Workforce projections

RWAV workforce planning⁹ shows that the number of GPs will need to increase to 141 by 2012 to account for growth and ageing of the population and therefore increased demand for GP services in the Bendigo electorate.

If GPs' weekly hours continue to drop from the current 49 hours to 46 hours, a further 16 GPs will be required by 2012.

At an estimated 6 percent annual attrition rate, eight GPs will need to be recruited each year to replace doctors

3. This brochure refers to the Bendigo Federal Electorate. Population data is provided on the LGA's of Central Goldfields, Greater Bendigo and the SLAs of Macedon Ranges- Kyneton, Mt Alexander-Castlemaine and Mt Alexander- Balance.

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 Bendigo electorate

Bendigo electorate has 42 medical practices¹⁰, and many of the GPs provide support at all levels of medical care, including in some of the seven¹¹ hospitals, and in primary care.

Fourteen of these practices are solo GP practices. Of these, the three in Maldon, Dunolly and Elmore are the only practice in town¹⁰.

With 33 percent of practices being solo¹⁰, the loss of even one GP service could impact significantly on this community's health care, indicating the vulnerability of GP services in Bendigo electorate.

RWAV estimates there are 16 GP proceduralists¹⁰ who are providing one or more of the following services: obstetrics, anaesthetics and surgical to the electorate.

Indigenous services

Based on local estimates Bendigo's electorate indigenous population of 1,500 represents just less than one percent of the total electorate population. In addition, Maryborough and Castlemaine also have significant indigenous populations.

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. For example, Eaglehawk and the City of Bendigo have marginalised communities. In addition, the electorate has four prisons with a large population to service.

Prescription for a healthier Bendigo electorate

Attraction

- Expand the capacity of the Monash University's Rural Clinical School and enable rural bonded scholars to take places in Bendigo city which is currently not defined as rural under this scheme.
- Support GP teaching practices and health services to take in more students and registrars and encourage them to take up general practice in the Bendigo electorate. This includes enabling registrars placed in Bendigo City to be considered as part of the rural training stream and eligible for rural incentives.
- Continue to resource and support Vic Felix, regional training provider to bring more registrars into Bendigo electorate and encourage them to stay.
- Support the Rural Registrar Stream for vocational GP training.
- Advertise specific Bendigo 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 27 GPs in the Bendigo electorate over the last five years in collaboration with divisions of general practice.
- Continuing to work closely with the Bendigo and District, Central Highlands, Goulburn Valley and West Vic Divisions of General Practice to recruit and support doctors and also provide resources to build the capacity of the divisions.
- Strengthening recruitment of doctors in training.
- Advocating for targeted recruitment to areas with special needs.
- Supporting and encouraging GP proceduralists to continue to practice and to maintain their skills.
- Working with Victorian Aboriginal Community Controlled Health Organisations (VACCHOs) and Aboriginal Community Controlled Health Services (ACCHSs) to recruit GP services.

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 Bendigo. Bendigo electorate 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 Overseas Trained Doctors) continue to increase.
- Working to strengthen linkages, such as those between the health services, divisions, 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 (MSOAP) 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 services in the Bendigo electorate, however, our projections indicate a strong need for recruitment of recent graduates to the Bendigo workforce.

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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