

A check-up on rural GP services in the Ballarat 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 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 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.

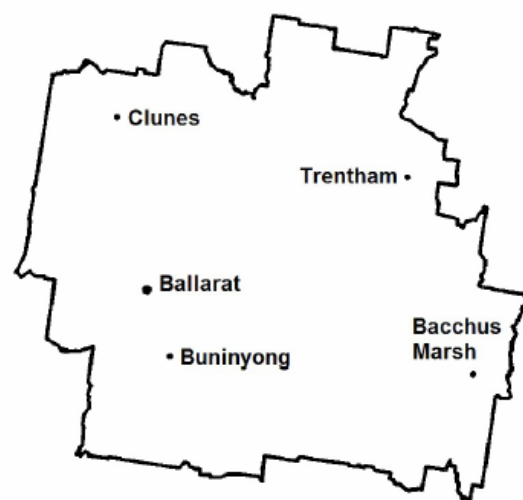
1. Excludes Melbourne and Geelong. Source: Victorian Department of Sustainability and Environment. Victoria in Future 2004 Projections.

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

Health status of the Ballarat electorate

Population growth

As at June 2003, Ballarat electorate's³ local population was 126,304⁴. Overall Ballarat is projected to grow by 12 percent to the decade 2012, which is higher than both Melbourne (11.4%) and regional Victoria (8.8%)⁵. Substantial growth is projected for Ballarat and locations on the urban fringe of Melbourne. By 2012, the City of Ballarat is projected to grow by 12 percent, Moorabool (S) - Bacchus Marsh by 22 percent and Moorabool (S) - Ballan by 12 percent⁵.



Ageing population

Overall, the Ballarat electorate has below average proportions of older people compared to the rural average. At June 2003, 14 percent of Ballarat electorate's population was aged 65 years or older, compared to 15 percent for average rural electorates⁴. There is considerable variation however within the electorate. For example, the Hepburn shire has above average proportions of older people, while Moorabool shire has high proportion of younger populations resulting from the growth of the urban fringe and the influx of young families⁴. By 2011, older people are predicted to be 16 percent of the electorate's population⁵. GP consultation rates accordingly are projected to rise, increasing the demand for GP services in the electorate.

Current workforce supply

In the Ballarat electorate, there are 115 GPs⁶ or 87.45 effective full-time equivalent (EFT)⁷ GPs, 37 (32.2%) of whom are women and 20 are aged 55 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.

The Ballarat electorate EFT GP to population ratio is 1: 1,444 (Nov 2004), compared to the Victorian rural electorate average of 1:1,408. Whilst Ballarat electorate overall is maintaining supply, there are pockets of significant undersupply in Ballarat City.

As at April 2005, there is one vacancy in the Ballarat electorate⁸.

Workforce projections

RWAV workforce planning⁹ shows that the number of GPs will need to increase to 125 in 2012 to account for growth and ageing of the population and therefore increased demand for GP services in the Ballarat electorate.

3. This brochure refers to the Ballarat Federal Electorate. Population data is provided on the Ballarat, Moorabool and Hepburn Local Government Areas.

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 Ballarat electorate

Ballarat electorate has 36 medical practices¹⁰, and many of the GPs provide support at all levels of medical care, including in some of the four hospitals¹¹ including a Bush Nursing facility at Ballan, and in primary care.

Six of these practices are solo GP practices, none of which is the only practice in town¹⁰.

The towns of Buninyong, Clunes, Darley and Trentham, without a resident practice, receive visiting services¹⁰.

RWAV estimates there are 13 GP proceduralists who are providing one or more of the following services: obstetrics, anaesthetics and surgical services to the electorate¹⁰.

Indigenous services

Based on local estimates, Ballarat electorate's indigenous population is over 900 - centred around the Ballarat City and Bacchus Marsh.

GPs provide services to the Ballarat and District Aboriginal Cooperative.

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.

As well as overall growth in the electorate, population increase is occurring in towns along the Western Highway corridor such as Ballan (Moorabool Shire) Daylesford and Creswick (Hepburn Shire).

The Ballarat electorate has a high cohort of older GPs with close to nineteen percent of its GP workforce aged 55 years or older. Succession planning is needed to maintain GP workforce, to ensure both continuity of care and that consultation rates are in line with the predicated population growth across all LGAs.

Prescription for a healthier Ballarat Electorate

Attraction

- Expand the capacity of the University of Melbourne's Rural Clinical School at Ballarat.
- 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 the Ballarat electorate.
- Continue to resource and support Vic Felix, the regional training provider to bring more registrars into Ballarat electorate and encourage them to stay.
- Support the Rural Registrar Stream for vocational GP training.
- Advertise specific Ballarat 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 13 GPs in the electorate over the last five years.
- Continuing to work closely with the Ballarat and District and Central Highlands 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.
- 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 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 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 Ballarat electorate. Ballarat 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 OTDs) continue to increase.
- Working to strengthen linkages, such as between the 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 particular to address the unique workforce difficulties of RRMA 3 locations such as the City of Ballarat.

In conclusion

RWAV's activities over the past seven years have addressed the workforce crisis of our GP services in the Ballarat electorate, however, our projections indicate a strong need for recruitment of recent graduates to the Ballarat 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.



Rural Workforce Agency, Victoria
458 Swanston Street, Carlton VIC 3053
T: (03) 9349 7800 F: (03) 9349 4211
E: rwav@rwav.com.au W: www.rwav.com.au