

A check-up on rural GP services in the Corangamite 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 over. 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,

Photos courtesy of www.greatoceanrd.org.au.



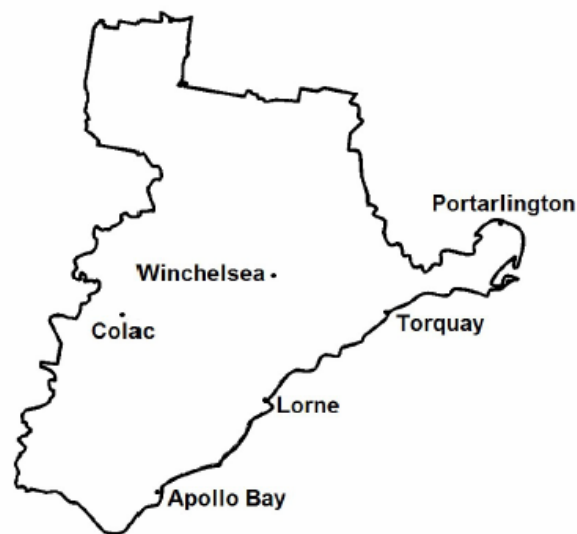
Health status of the Corangamite electorate

Population growth

The Corangamite electorate³ has a diverse population profiles, with a population of 96,919 as at June 2003⁴. By 2012, it is projected to grow by 13 percent⁵. The small Borough of Queenscliffe and Colac Otway Shire will experience low or no growth, while the Surf Coast and Bellarine Peninsula in particular is predicted to grow at a rate greater than 10 percent over the period⁵.

Ageing population

The aging population will increase the demand for GP services as older people visit GPs more often. At June 2003, 16 percent of the Corangamite electorate population were senior (aged 65 years or older) compared to the Victorian rural average of 15 percent⁴. The age profile varies significantly. For example, the small coastal town of Queenscliffe has 30 percent population aged 65 years or older, whereas all other LGAs, except Colac Otway, have 13 percent, or considerably smaller proportions of older people⁴. By 2011, the proportion of older people is predicted to be 17 percent of the electorate's population⁵.



Changing workforce patterns

In the Corangamite electorate, there are 85 GPs⁶ or 58.5 effective full-time (EFT)⁷ GPs, 25 (29.4%) are women and six are aged 55 years or over⁶. Rural GPs work on average 49 hours per week. However, there is a trend towards reduced average work hours particularly for younger GPs.

Though population growth has increased the demand for GPs, especially on the Surf Coast, GP supply has largely been sufficient to meet the workforce needs.

As at April 2005, there are four vacancies in the Corangamite electorate⁸.

Workforce projections

RWAV workforce planning⁹ shows that the number of GPs will need to increase to 91 by 2012 to account for growth and ageing of the population and therefore increased demand for GP services in Corangamite electorate.

If GPs' weekly hours continue to drop from the current 49 hours to 46 hours, a further 18 GPs will be required by 2012.

3 This brochure refers to the Corangamite Federal Electorate. Population data is provided on the LGA's of Colac-Otway, Golden Plains, Queenscliffe, Surf Coast and the SLAs of Greater Geelong-Part B.

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

GP services in Corangamite electorate

The Corangamite electorate has 26 medical practices¹⁰, and many of the GPs provide support at all levels of medical care, including in some of the seven hospitals¹¹ (three of which are located in City of Greater Geelong in Corio electorate), and in primary care.

Six of these practices are solo GP practices. Of these, those in Birregurra, Lorne and Queenscliff are the only practice in town. In addition, Barwon Heads and Beac, without a resident practice, receive visiting services¹⁰.

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

Indigenous services

There are no Aboriginal Community Controlled Health Services in this electorate. The City of Greater Geelong's Wathaurong Aboriginal Cooperative in the Corio Electorate, provides services to indigenous people in the eastern part of the Corangamite electorate.

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.

Corangamite coast, providing popular holiday destinations, experiences seasonal influx of visitors posing significant challenges for the provision of medical services. The holiday towns of Lorne and Apollo Bay with local hospitals, face significant challenges in responding to fluctuating service need.

Prescription for a healthier Corangamite electorate

Attraction

- Support GP teaching practices and health services to take in more students and registrars and encourage them to take up general practice in the electorate.
- Continue to resource and support the Greater Green Triangle and Vic Felix regional training providers to bring more registrars into the Corangamite electorate and encourage them to stay.
- Support the Rural Registrar Stream for vocational GP training.
- Advertise specific Corangamite 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 20 GPs and two specialist outreach services in almost every town in Corangamite electorate over the last five years.
- Strengthening recruitment of Australian trained doctors in training and overseas trained doctors.
- Advocating for targeted recruitment to areas with special needs such as the coastal towns.
- Supporting and encouraging GP proceduralists to continue to practice and to maintain their skills.
- Continuing to work closely with the Geelong and Otway divisions of general practice to recruit and support doctors and also provide resources to build the capacity of the divisions.

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 the regional training providers in the electorate. Corangamite 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 OTD) continue to increase.
- Working to strengthen linkages, such as between the health services, divisions, regional training providers 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 Corangamite electorate, however, our projections indicate a strong need for recruitment of recent graduates to the Corangamite 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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