

A check-up on rural GP services in the McEwen 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, 2002-2012. 2004

Health status of the McEwen electorate

Population growth

McEwen electorate³ has urban and rural components with a diverse population profile⁴. Overall, the rural components of the electorate will experience a 15% growth in population in the decade to 2012. The shires of Mitchell (24.6%) and Macedon Ranges (20.2%) will experience substantial growth comparable to the rural average (8.8%), while Murrindindi (7.8%) is projected to have slightly below rural average growth.⁵



Ageing population

The ageing population will increase the demand for GP services as older people visit the GP more often. As at June 2003, 11 percent of the rural population of the electorate was aged 65 years or older, compared to the rural average of 15 percent. Murrindindi (14.8%) has the highest proportion of older people in the electorate⁴. By 2011, older people are predicted to be 14 percent of the electorate's population⁵. GP consultation rates accordingly are projected to rise, increasing the demand for GP services.

Changing workforce supply

In the McEwen electorate, there are 79 GPs⁶ (does not include 19 GPs in Yarra Ranges Shire) or 72.5 effective full-time equivalent (EFT)⁷ GPs, 33 (41.8%) are women and 15 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.

Current workforce supply

The McEwen electorate EFT GP to population ratio is 1:1,429 (Nov 2004), compared to the Victorian rural electorate average of 1:1,408. This ratio indicates that McEwen overall is reasonably well supplied with GPs. However, there are pockets of undersupply in the Yarra Ranges and it is expected that vacancies will further increase due to more GPs in this area planning to retire and the health needs of the community increasing.

As at April 2005, there are seven vacancies in the McEwen electorate⁸.

Workforce projections

RWAV workforce planning⁹ for the rural components of the McEwen electorate shows that the number of GPs will need to increase to 83 by 2012 to account for growth and ageing of the population and therefore increased demand for GP services in the electorate.

If GPs' weekly hours continue to drop from the current 49 hours to 46 hours, a further 14 GPs will be required by 2012.

At an estimated 6 percent annual attrition rate, six GPs will need to be recruited each year to replace doctors leaving practices in the McEwen electorate .

3. This brochure refers to the rural components of the McEwen Federal Electorate. This includes part of the Macedon Ranges and Yarra Ranges shires and the whole of Mitchell and Murrindindi shire. Some locations in Yarra Ranges shire have recently been reclassified as rural (RRMA 5). GPs and practices in the Yarra Ranges are counted in this report, however workforce projections do not include Yarra Ranges.

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 McEwen electorate

McEwen electorate has 32 (includes nine in Yarra Ranges)¹⁰ medical practices, and many of the GPs provide support at all levels of medical care, including in some of the six hospitals¹¹, and in primary care.

Nine of these practices are solo GP practices. Of these the four in Eildon, Lancefield, Launching Place and Marysville are the only practice in town. In addition, the towns of Flowerdale and Yarra Glen, without a resident practice, receives a visiting service.

With 30 percent of all practices being solo¹⁰, even the loss of one doctor, can have a substantial effect on the community's health care, indicating the vulnerability of GP services in McEwen electorate.

RWAV estimates there are 11 GP proceduralists¹⁰ who are providing one or more of the following services: obstetrics, anaesthetics and surgical services.

Indigenous services

The McEwen electorate's indigenous population is principally located within the Yarra Ranges Shire. Based on local estimates, the indigenous population is 1,600, the majority of whom are in communities around Healesville. Indigenous people can access mainstream services through the Healesville community health, however work is in progress to establish an Aboriginal Community Controlled Health Centre (ACCHS) in Healesville.

Socioeconomic factors

Given that most local government areas (LGAs) in McEwen are projected to have substantial increase in population, service planning to accommodate growth and spread poses significant challenges for the provision of medical services.

For example, some Yarra Range communities on the eastern metropolitan fringe are experiencing GP workforce shortages. Parts of the Yarra Ranges Shire have recently been classified RRMA 5 and this is significant for recruitment because it increases the options available to practices.

There is a need to strengthen interdisciplinary education and health care teams, in greater recognition of localised health needs and the management of chronic health issues. For example, there are isolated and/or marginalised communities on the urban fringe in rural towns in Mitchell Shire, with high rate of unemployment, pockets of disengaged youth and single parents.

Prescription for a healthier McEwen electorate

Attraction

- Expand the capacity of the Rural Clinical Schools.
- Support GP teaching practices and health services to take in more students and registrars and encourage them to take up general practice in the McEwen electorate.
- Continue to resource and support the Bogong, Vic Felix and Victorian Metropolitan Alliance Regional Training Providers to bring more registrars into McEwen electorate and encourage them to stay.
- Support the Rural Registrar Stream for vocational GP training.
- Advertise specific McEwen 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 36 GPs and six specialist outreach services in McEwen electorate over the last five years.
- 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.
- Continuing to work closely with the North-East Victorian, Eastern Ranges and Central Highlands 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. It is anticipated that GPs will be required in Healesville following the development of a new ACCHS.

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. Locums are particularly difficult to attract in the parts of Yarra Ranges. There are GPs who have not been able to take holidays when they would like to because they have been unable to find anyone to fill in.

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 Overseas Trained Doctors) 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 (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 GP services in McEwen, however, our projections indicate a strong need for recruitment of recent graduates to the McEwen electorate 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. Ongoing 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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