

A check-up on rural GP services in the McMillan 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 Melbourne.¹

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,² 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 McMillan electorate

Population growth

McMillan electorate³ has diverse population profiles. Overall, McMillan will experience seven percent growth in population in the decade to 2012. Substantial growth is expected to occur in South Gippsland Shire (7.7%) in western part of Baw Baw shire (13.3%) and in coastal retirement communities. Conversely, local government area containing Moe for example, is projected to have a 4 percent decline in population.⁵

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 electorate was aged 65 years or over, comparable to the Victorian rural average of 15 percent⁴. The Shire of South Gippsland had 12 percent of older people, while Baw Baw had 14 percent in this group⁴. By 2011, older people are predicted to be 19 percent of the electorate's population⁵. GP consultation rates accordingly are projected to increase, increasing the demand for GP services.

Changing workforce patterns

In the McMillan electorate, there are 88 GPs⁶ or 60.9 effective full time equivalent (EFT)⁷ GPs, of whom 34 (38.6%) are women and 13 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.

Current workforce supply

The McMillan electorate EFT GP to population ratio is 1:1,353 (Nov 2004), compared to the Victorian rural electorate average of 1:1,408. Whilst McMillan electorate overall is maintaining GP supply, the projected growth in the electorate will increase demand for GPs.

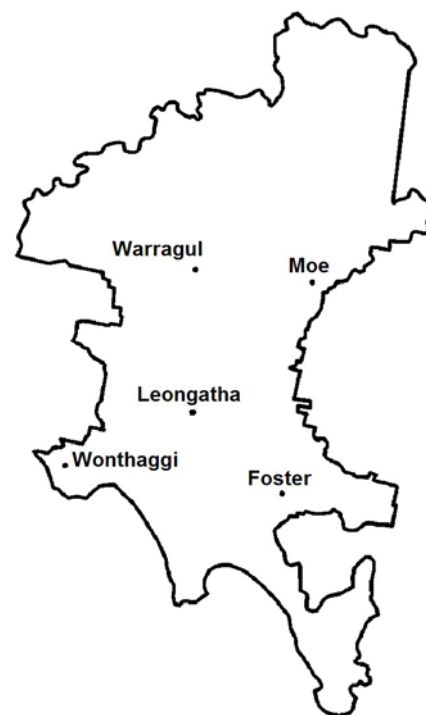
As at April 2005, there was one GP vacancy in McMillan.⁸

Workforce projections

RWAV workforce planning⁹ shows that the number of GPs will need to increase to 144 (counts all GPs in LGA of Latrobe City) by 2012 to account for growth and ageing of the population which will increase demand for GP services in the McMillan electorate.

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

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



3 This brochure refers to the McMillan Federal Electorate. The population information is provided on the basis of the Shires of Baw Baw, South Gippsland and the SLA of Latrobe-Moe, which in part or in whole fall within the electorate boundaries. Part of the Shire of Bass Coast falls within the McMillan electorate, but its population is not included in this brochure. A separate brochure has been produced for the whole of Bass Coast. The GP data is based on electorate boundaries.

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 McMillan electorate

McMillan electorate has 23 medical practices¹⁰, and many of the GPs provide support at all levels of medical care, including in some of the four hospitals¹¹ at Wonthaggi (Bass Coast), Warragul, Foster and Leongatha, in primary health care, and a Bush Nursing facility at Neerim South.

Four of these practices are solo GP practices, with the practice in Newborough is the only one in town. In addition, the four towns of Loch, Tarwin Lower, Toora and Yallourn North, without resident practices, receive visiting services¹⁰.

With 24 percent percent of all practices being solo, even the loss of one doctor, can have a substantial effect on whole communities, their GPs and hospital services.

RWAV estimates there are 24 GP proceduralists¹⁰ who are providing one or more of the following services: obstetrics, anaesthetics and surgical services to the electorate.

Indigenous services

There are no Aboriginal Community Controlled Health Services (ACCHSs) in the part of Latrobe City that is within the electorate of McMillan. Most of the indigenous population of 2,000 (based on local estimates) is in the Latrobe Valley, accessing services from Morwell.

Socioeconomic factors

Regional population growth above the state average and a high proportion of retirees and people over 65 years of age as a result of the sea change phenomenon, characterise the South Gippsland and parts of Baw Baw Shire. Planning needs to account for the pockets that are experiencing growth.

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.

Prescription for a healthier McMillan electorate

Attraction

- Expand the capacity of the Monash University's Rural Clinical School at Traralgon.
- Support GP teaching practices and health services to take in more students and registrars and encourage them to take up general practice in McMillan electorate.
- Continue to resource and support the 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.
- Advertise specific McMillan 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 22 GPs in the McMillan electorate and three specialist outreach services at Leongatha and Korumburra over the last five years.
- Continuing to work closely with the Central-West 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 doctors in training.
- Advocating for targeted recruitment to areas with special needs such to Aboriginal Community Controlled Health Services (ACCHSs) in Latrobe Valley.
- Supporting and encouraging GP proceduralists to continue to practice and to maintain their skills.
- Working with Victorian Aboriginal Community Controlled Health Organisations (VACCHOs) and 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.

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.

Professional development

RWAV plans to build on its work to-date including:

- Working closely with the rural clinical school and regional training provider in the McMillan electorate. 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 Latrobe Regional Health Service, 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, 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.

In conclusion

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