

A check-up on rural GP services in the Murray 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, compared to metropolitan area, 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.

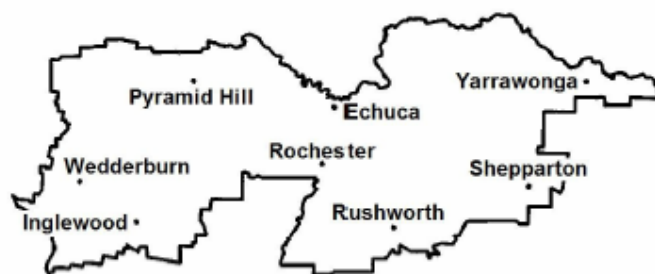
1. Excludes Melbourne and Geelong. Source: Victorian Department of Sustainability and Environment. Victoria in Future 2004 Projections.

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

Health status of the Murray electorate

Population growth

The Murray electorate³ has diverse population profiles with a population of 132,136⁴ as at June 2003. By 2012 the Murray electorate population is projected to increase by ten percent.⁵ All Local Government Areas, except Loddon (-3%) will experience growth. Shepparton City, the largest city in the electorate with a population of 46,300, is projected to grow by 14 percent by 2012. Moira (8.7%) and Campaspe shires (8.3%) are projected to grow at a rate comparable to the average for rural Victoria (8.8%).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 Murray electorate was aged 65 years or older, slightly higher than that of the rural average (15.1%).⁴ By 2011, older people are predicted to be 18 percent of the electorate's population.⁵ However, within the electorate there is considerable variation, for example, the Loddon shire is projected to have 24 percent of its population aged 65 years or over.⁵ GP consultation rates accordingly are projected to rise, increasing the demand for GP services.

Changing workforce patterns

In the Murray electorate, there are 115 GPs⁶ or 87.7 effective full-time (EFT)⁷ GPs, 35 (30.4%) are women and 16 are those aged 55 years or older. 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 Murray electorate EFT GP to population ratio is 1:1,507 (Nov 2004), compared to the Victorian rural electorate average of 1:1,408. The ratio indicates that the Murray electorate is undersupplied and does not account for the complexity of services required for indigenous populations, as well as the small, isolated low socioeconomic groups throughout the electorate. In addition, many NSW residents access GP services in the electorate which increases the 'actual' GP to population ratio, particularly the residents in the border towns of Mulwala, Barooga and Moama, who rely on GPs in the Murray electorate.

Major regional centres such as Shepparton are also experiencing significant workforce shortages. As at April 2005, there were eight GP vacancies in Murray electorate.⁸

Workforce projections

RWAV workforce planning⁹ shows that the number of GPs will need to increase to 112 (EFT)⁵ by 2012 to account for growth and ageing of the population and therefore increased demand for GP services in Murray electorate.

If GPs' weekly hours continue to drop from the current 49 hours to 46 hours, a further five GPs will be required by 2012. At an estimated six percent annual attrition rate, seven GPs will need to be recruited each year to replace doctors leaving Murray practices.

3. This brochure refers to the Murray Federal Electorate. Population data is based on the LGAs of Campaspe, Greater Shepparton, Loddon and Moira, where all or part of these LGAs fall within electorate boundaries. GP data is based on the 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.

GP services in Murray electorate

Murray has 35 medical practices¹⁰, and many of the GPs provide support at all levels of medical care, including in some of the 11 hospitals¹¹.

Eleven of these practices are solo GP practices. Of these, the five in Boort, Inglewood, Murchison, Rushworth and Wedderburn are the only practice in town. In addition, the towns of Cornella, Pyramid Hill, Stanhope and Tongala, without resident practices, receive visiting services¹⁰.

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

RWAV estimates there are 30 GP proceduralists¹⁰ who are providing one or more of the following services: obstetrics, anaesthetics, and surgical services to the electorate.

Indigenous services

Based on local estimates, the indigenous population of 7,500 represents, close to six percent of the electorate's population, is located largely around Mooroopna and Echuca.

GPs provide services to the three Aboriginal Community Controlled Health Services (ACCHSs) in Mooroopna, Barmah and Echuca.

Socioeconomic factors

The border towns in the shires of Moira and Campaspe need to be able to plan services to account for seasonal fluctuations in population and overall growth as rural people retire into these towns.

Workforce planning needs to account for the multicultural needs of communities. For example, the Cobram and Shepparton communities, with significant Iraqi populations, prefer female doctors.

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 Murray electorate

Attraction

- Expand the capacity of the University of Melbourne's Rural Clinical School at Shepparton.
- Support GP practices and health services to take in more students and registrars and encourage them to take up general practice in the Murray electorate.
- Continue to resource and support the Bogong and Vic Felix regional training providers to bring more registrars into the Murray electorate and encourage them to stay.
- Support the Rural Registrar Stream for vocational GP training.
- Advertise specific Murray 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 46 GPs in Murray over the last five years and 11 specialist outreach services.
- Strengthening recruitment of Australian doctors in training.
- Advocating for targeted recruitment to areas with special needs such to ACCHSs and women doctors to Cobram and Shepparton.
- Supporting and encouraging GP proceduralists to continue to practice and to maintain their skills.
- Continuing to work closely with the Goulburn Valley, Murray Plains, Bendigo and District and North-East Victorian divisions of general practice to recruit and support doctors and also provide resources to build the capacity of these divisions.
- 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 the rural clinical school and regional training providers in Murray. 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 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 the Murray electorate, however, our projections indicate a strong need for recruitment of recent graduates to the Murray 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.



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