



Data capability:
From Data to Action

Pathways to Progress: Healthcare Access in Rural Victoria

Abstract title: Identification of general practitioner workforce needs and place-based solutions – the value of data informed decision making.

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Introduction

In 2022 the Commonwealth engaged jurisdictional fundholders to undertake a GP Workforce Planning and Prioritisation Program. It aims to provide evidence-based reports informing where colleges could target GP training to meet the needs of communities and what capacity is needed. This presentation will discuss an overview of the Commonwealth's Australian General Practice Training Planning and Prioritisation Program in Victoria and how it is being used to inform local place-based training capacity solutions for the rural primary care workforce.

Methods

Murray PHN is using a best practice approach to using agreed indicators to predict demand and supply related to workforce need. The demand indicators include demographics distributed by age, rurality and socioeconomic status, while the supply indicators include measures related to clinical services delivered in GP catchments. Each of these indicators is weighted, and areas of need are normalised to allow ranking. GP training capacity is being measured by calculating a cumulative score of indicators such as the number of supervisors, accredited facilities, active placements, and place-based factors. The data is analysed and reported by GP catchment and aggregated to each PHN region to be dually applicable to PHN planning. The findings are discussed with stakeholders using a modified-Delphi approach to check their face validity and inform ongoing quality improvement.

Results

The first report was produced in February 2023 and the subsequent report in October 2023. GP Catchment variation in GP supply relative to need and training supply relative to capacity were identified. The findings inform nuanced recommendations concerning current (immediate redistribution priorities where there is capacity) and future state development (where GP training capacity needs to be built but it will take time), by exploring aspects of the need and training capacity score. The stakeholders identified the Victorian results are highly reliable and valid indicating the importance of using these findings in future decision-making processes. The results are informing regional training pathway opportunities (for rural generalists) which can be used to inform training and resource allocation decisions by both GP colleges. Ongoing quality improvement, informed by college stakeholders, will ensure accuracy and relevancy of the program's findings, including the incorporation of First Nations perspectives, appropriately.

Discussion

The WPP Program has allowed for innovation in methods to inform socially accountable GP training, in line with Australia's commitment in the National Medical Workforce Strategy. The methods can be applied to other workforces beyond GPs. The results are equally pertinent to inform the development of sustainable models of rural and remote primary care, including if they are appropriately used by PHNs and other rural workforce stakeholders to support targeted innovation and capacity building.