



2007 State Election Rural General Practitioners Policy Platform

Executive Summary:

The platform outlines rural health funding issues affecting Local Government, especially the problems with recruiting and retaining rural General Practitioners and recommends NSW Government action.

Background:

Local communities require a sense of identity, and community facilities, services and activities to promote their health, welfare and wellbeing.

Amongst the measures to achieve this outcome LGSA recommends that the State Government: *Secure the ongoing health of rural and remote communities, by collaborating with the Australian Government to deliver joint incentives to General Practitioners and the health services that support them.*

Since 1990 LGSA and the communities they represent have expressed strong concern about medical and related health services across NSW, especially in rural areas. NSW Local Government's concern about medical health services flows from:

- its local representational role reflecting significant community concern about the adequacy of General Practice, public hospitals and related services and dental services;
- its wider long established role in health protection and health promotion; and
- the increasing role rural councils have to play in providing or supporting medical and related services.

Research demonstrates rural and remote councils are called on by their communities to deal with a variety of medical and related health services¹. The most significant efforts of responding councils in *providing* medical and related health services were as follows:

- 30 councils provided 45 centres for 59 doctors at \$465,065 per year;
- 26 councils provided 48 houses for 53 doctors at \$541,528 per year;
- 12 councils provided 13 centres for 13 dentists at \$228,800 per year; and
- 10 councils provided equipment for 18 doctors at \$63,500 per year;

The most significant efforts of responding councils in *supporting* medical and related health services run by others were as follows:

- 11 councils subsidised 17 houses for 14 doctors at \$106,414 per year;
- 9 councils subsidised 11 centres for 14 doctors at \$85,247 per year; and
- 8 councils subsidised pre-service training for GPs through scholarships to 9 people at \$27,350 per year.

Other council effort included relocation for GPs (6 councils), vehicles for GPs (5), other health professionals centres (5), dentists equipment (3), housing for dentists (2), and housing for other health professionals (2).

Current Position:

The NSW Government has a range of initiatives to attract and keep doctors, nurses and allied health professionals in rural communities²; these have included:

- Establishing the NSW Institute of Rural Clinical Services and Teaching;
- Providing \$3.5 million for up to 30 procedural general practitioners training posts;
- Providing \$3.6 million to increase rural and regional anaesthetic vocational training positions;
- Providing \$3 million for the Rural Clinician Locum Program;
- Establishing three new Rural Health Training Units;
- Streamlining Area of Need Program application processing times by establishing a Coordination Unit;
- Funding scholarships for locally trained and permanent resident overseas trained general practitioners to gain access to training while they continue to work in rural areas; and

¹ Shires Association of NSW *Rural and Remote Council Support of Medical and Related Health Services* Local Government and Shires Associations of NSW July 2004

² NSW Health *NSW Rural Health Report – NSW Government Response* NSW Health Sept 2002

- Providing \$1 million in infrastructure funding to support medical specialist education in rural areas.

Comment:

All spheres of government and health sector stakeholders agree there is a significant rural health challenge.

This is no more acute than in the rural GP workforce. It is widely accepted there is an overall shortage and uneven distribution of GPs in Australia³. This is compounded by an increasing demand for GP services, an ageing GP workforce and a decrease in clinical hours worked by GPs. By 2012 the NSW Rural Doctors Network estimates the GPs shortage in rural NSW (RRMA 3-7) will have increased to between 275 and 410.

LGSA concur with NSW Rural Doctors Network that the principal options are i) to increase the supply of general practitioners and ii) to reduce demand on general practice services. Our separate calls on *health protection* and *health promotion* deal with measures that would reduce demand generally. Our separate calls on *cultural development*, *public libraries* and *community wellbeing* and will help sustain GPs spouses and families, another acknowledged inhibiting factor in retaining rural GPs. LGSA and Rural Doctors Network agree on action that would help to ease the increasingly acute rural GP workforce shortage in NSW.

Recommendation:

That the Government, Opposition and other candidates standing for election support and commit to:

- NSW Health increasing its core funding to the NSW Rural Doctors Network to enable it to run a comprehensive locum service covering both community and hospital settings in rural NSW (Projected cost: \$450,000 p.a. for 3 additional FTE locums).
- NSW Health and AHSs introducing state-wide credentialing for GP locums to avoid the need for locums working across NSW to be credentialed by multiple AHSs (Projected cost: Nil).
- NSW Health and AHSs accepting some responsibility for professional development and skills maintenance of GP VMOs by funding and facilitating training and professional development for GP VMOs in clinical areas relevant to their hospital work (Projected cost: \$3.2m p.a.).
- AHSs funding locums for GP VMOs to take study/recreation leave (Projected cost: \$300,000 p.a.).
- AHSs providing emergency child care for GP VMOs when called in to AHS facilities after hours and in emergencies (Projected cost: \$500,000 p.a.).
- NSW Health committing to the ongoing availability of anaesthetic, obstetric and surgical services throughout rural NSW, and supporting GP VMOs with appropriate infrastructure, training and resources.
 - Heavily marketing training placements in anaesthetics, obstetrics and surgery to current GPs and GP registrars (Projected cost: Nil).
 - Ensuring all doctors in their first three post-graduate years have the opportunity to complete structured clinical terms in anaesthetics and obstetrics (Projected cost: \$Nil).
 - NSW Health and AHSs ensuring the availability and maintenance of high quality theatre facilities within rural hospitals (Projected cost: \$Nil – should be priority within budget).
 - NSW Health and AHSs ensuring adequate and appropriate staff and resources in rural hospitals to support procedural services (Projected cost: \$Nil – should be priority within budget).
- NSW Health incorporating general practice in its international recruitment activities and consult with the other organisations involved in medical recruitment before finalising any strategies (Projected cost: Nil).
- NSW Health funding and assisting with development of host training practices to enable permanent resident overseas-trained doctors to gain skills in, and an understanding of Australian medical practice prior to commencing in an Area of Need (Projected cost: \$200,000 p.a. to provide 6 GPs).
- AHSs supporting GPs and GP VMOs by considering ways of sharing AHS facilities with GPs and other community-based health workers such as leasing and colocation (Projected cost: \$Nil net).
- NSW Health funding LGSA to develop a toolkit for councils and their communities develop local social, cultural and recreational strategies that support and enhance the resilience of rural GPs' spouses and families (Projected cost: \$180,000).

Primary Contact: Noel Baum 9242 4090

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³ Australian Medical Workforce Advisory Committee *The General Practice Workforce In Australia - Supply and Requirements to 2013 AMWAC Report 2005.2* AMWAC August 2005