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Maintaining an Effective Procedural Workforce in Rural WA

Dr Janice Bell, Chief Executive Officer, WAGPET

Mr Kim Snowball, Director, Healthfix Consulting

Australian Government
Department of Health

AGPT

Introduction

Dr Janice Bell, Chief Executive Officer, WAGPET

- Why WAGPET commissioned this work and the return on investment in procedural GP training
- The findings and recommendations are supported by our partners Rural Health West and the WA Country Health Service
- The previous report resulted in all of its recommendations being fully or partly implemented and this report examines the impact of these actions. This gives us some confidence that the current recommendations will also be actioned
- With that background I will hand over to Mr Kim Snowball, Director of Healthfix Consulting to discuss the findings

Background and Context

Mr Kim Snowball, Director, Healthfix Consulting

- Background and context for the review of the procedural workforce
- WA's Procedural workforce profile
- Key findings and changes since 2007
- Recommendations

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Background and Context

- The review considered both resident procedural specialists and procedurally trained GP's
- WA's rural procedural service model is based on highly trained GP's as the backbone of the service, supported by resident and visiting specialists.
- Some 85% of emergency presentations in public hospitals outside Perth are handled by highly skilled GP's.
- The study compared procedural activity growth in country public hospitals with the availability of a procedural workforce.

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Background and Context

Numbers and percentage of procedurally trained General Practitioners by State.

	Number of procedural GP's	Percentage of rural GP workforce
WA	190	21.2%
NSW	209	8.7%
QLD	162	8.3%
SA	144	23.8%
VIC	134	7.2%
NT	73	28.5%

Those states with a small and widely dispersed population are clearly reliant on a shared care model of service delivery with GP with procedural skills as the backbone of the service.

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Key recommendations 2007

- Strengthening the shared care model
- Improving state-based training and education of both specialists and GPs
- Increasing exposure to rural procedural practice
- Reducing the reliance on overseas recruitment to fill the workforce gaps

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Key findings

- The number of procedural GP's has remained the same at 190 in 2015 compared to 192 in 2007.
- A significant and compensating increase in resident procedural specialists has occurred over the same period with 79 in 2006 increasing to 96 in 2015 (17 specialists or 25%). These are concentrated in regional centres and primarily work in a shared care model with GP's.
- The increases in the procedural workforce are matched with the growth in procedural activity also heavily concentrated in the regional centres.
- The number of GP's holding both anaesthetic and obstetric skills has fallen from 60 GP's to 21. The majority having ceased obstetrics and retained anesthetics.
- GP's with surgical skills has fallen from 46 in 2007 to 24 in 2015.
- Turnover rates for procedural GP's has fallen and continues to be lower than GP's without procedural skills.
- The primary source of arrival for rural procedural practice are no longer drawn from overseas. In 2005, 70% of procedural doctor arrivals in rural WA were recruited overseas whereas in 2015, 45% of arrivals where from overseas. Overseas doctors represent 34.7% of all procedural GP's, but 55% of all rural GP's.

Key findings

- The effort to maintain and increase the education and training of General Practitioners in Obstetrics and Anaesthetics at King Edward Memorial Hospital and Joondalup Health Campus is essential. This is a proven approach with clear evidence that well trained GP's properly mentored will commit themselves to rural practice.

- It is the maintenance of effort in this area over the past ten years or more that has ensured a steady increase in locally trained GP proceduralists entering and staying in rural practice. The associated reduction in overseas recruitment has been delivered.

- Developing more rural based opportunities for procedural education and training needs to be a future focus, especially considering the growth in medical graduates expected over the next few years, while acknowledging that such a focus needs to be within the overall capacity of medical training.

- There are some regional differences in access to procedural services and the state of general surgery is less positive. This is particularly the case in Kalgoorlie. There is also a risk in the Wheatbelt where the services are very fragile.

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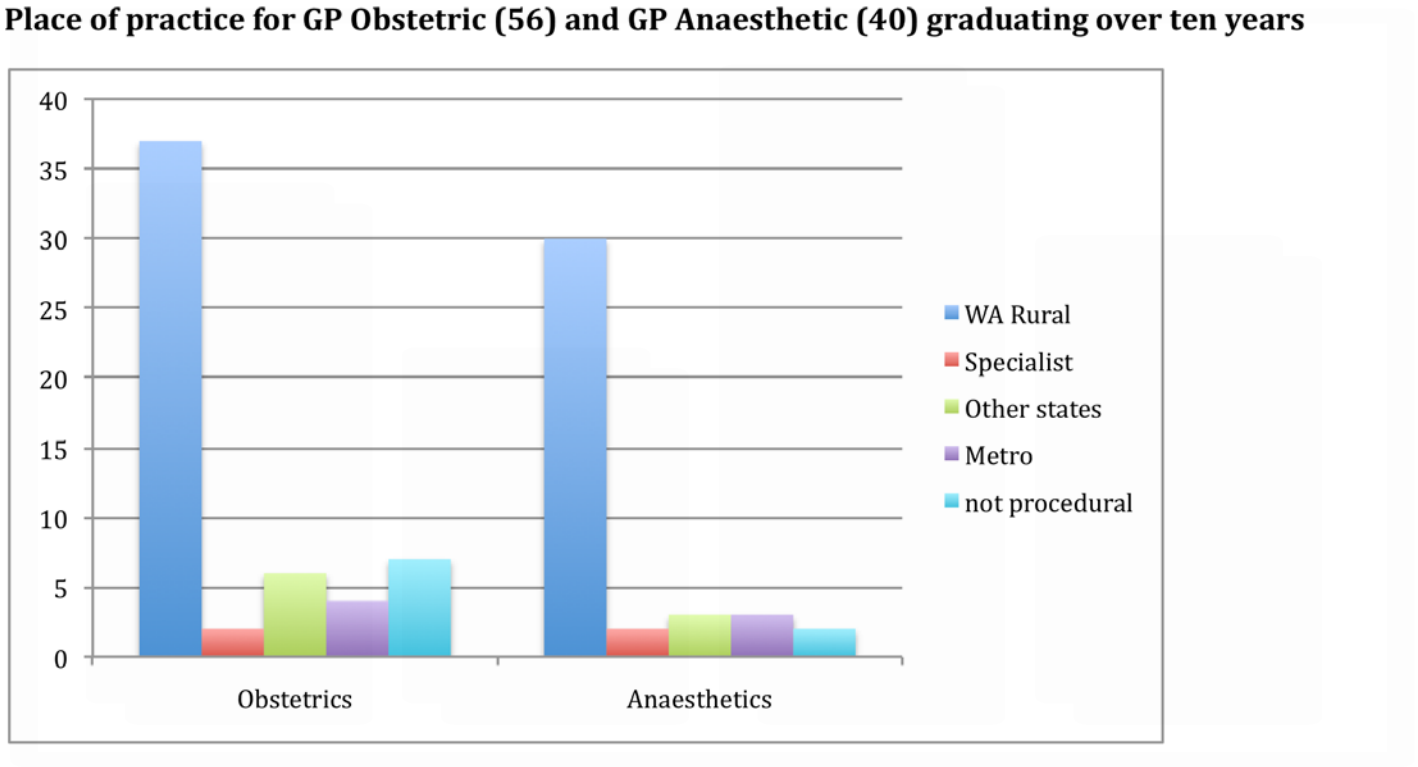
Key findings

Rate of retention in WA rural practice for GP procedural graduates

66% of GP Obstetricians and 75% of GP Anaesthetists



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Recommendations

- Maintain and grow the education and training of GP Obstetricians (2 advanced) and Anaesthetists (up-skilling for existing GP's) to match the expected growth in activity and population and provide endoscopic training to 2 GP's per annum.

- Promote the highly successful mentoring program for procedural GP's with potential application nationally.

- Communicate the clear and positive commitment to the shared care model by the WA Country Health Service (WACHS).

- Modest funding is required to maintain and continue to reduce reliance on overseas recruitment. This should be sought from the Commonwealth allocation of $93.8m to the integrated rural training pipeline.

- The state funding for education and training for rural practice needs to be consolidated and allocated to WACHS as a block funded arrangement. This will ensure WACHS takes ownership and control of education and training of the workforce it needs.

Conclusion

While the report shows a shortage of GP proceduralists still exists, the investment by both the Commonwealth and State, working collaboratively over the last decade, has massively reduced that shortage. Commitment to maintaining and enhancing that investment is critical if we are to serve our rural communities responsibly and cost effectively.

The broader AGPT is working for the rural medical workforce. Hot off the press is a study showing that among the rural WAGPET fellows since 2010 they were

- 3 times more likely to have done procedural skills training as a registrar
- 8 times more likely to have been on the rural pathway
- 3 x more likely to be Australian medical graduates

- For every 10 week increase in Total FTE rural training weeks WA graduates are 21% more likely to be practising in a rural location
- 45% are in the same practice in which they last trained
- If they trained in RA 4/5 they are still in RA 4/5

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Take Home Messages

The evidence shows

1. Sustain the programs that work and maintain them for the long term. Do not apply short term fixes or election cycle programs because they don't work.

2. Medical Education and Training is not an outcome – the right workforce with the right skill to match community needs is the outcome. Educate and train to deliver a service in a team context not separately or in isolation.

3. Build pathways from pre-vocation into disciplines and services where the community needs them most.