

WE WANT A DOCTOR

LET'S MOBILISE OUR COMMUNITY!

HOW COMMUNITIES CAN
POOL RESOURCES TO
SECURE THEIR HEALTH
WORKPLACE



NSW RURAL DOCTORS NETWORK



NSW RURAL DOCTORS NETWORK'S COLLABORATIVE METHOD OF WORKING WITH RURAL COMMUNITIES ON HEALTH WORKFORCE CHALLENGES

For some years the NSW Rural Doctors Network (RDN) - the Federal Government-designated health workforce agency for New South Wales - has been developing a method for helping rural communities maximise their chances of attracting, recruiting and retaining General Practitioners (GPs). In the process, RDN has learned that fostering an intersectoral or collaborative approach among key stakeholders allows communities to marshal their scattered resources to make the difference between success and failure.

The collaborative approach means that all contributors in a location pull together to obtain an agreed outcome rather than working in isolation and having their efforts dissipated. This outcome is generally to make the town as competitive as possible in attracting and retaining a stable, highly skilled and dynamic health workforce.

The RDN experience is that each town is unique in the way health workforce problems present, and unique in the solutions the town can find, but the methodology of working together adapts well for a range of circumstances.

While RDN's major concern has been with medical workforce, increasingly, the collaborative approach has shown itself to be of use in combating nursing, allied health, medical specialist and other health workforce challenges.

The problems outlined are by no means limited to GPs. Rural towns across Australia struggle with these same issues regarding teachers, police, local government administrators, and a whole range of other service providers. Nevertheless, various towns have found ways to combat these challenges, and some examples are included herein.

GP WORKFORCE PROBLEMS

SOLUTIONS TO GP WORKFORCE PROBLEMS

1. Shortages

A worldwide, Australian and NSW shortage of GPs - and in particular rural GPs - means country towns face strong competition from other towns and urban areas for the limited GP pool

- Key stakeholders can collaborate to raise the town's profile and highlight its attractions
- Council can upgrade the LGA website to better feature facilities and activities in the town that benefit residents
- Vacancy advertisements can be worded to include important information on schools and shopping, local attractions, property values etc
- Towns may fund and host location/site visits from interested GPs and their partner/family

2. Changing needs of General Practitioners

- The increasing trend among GPs to seek positions that have no business responsibilities means that locations with a 'walk-in-walk-out' surgery arrangement have a competitive edge
- The increasing trend among GPs to seek positions requiring no investment in infrastructure such as surgery buildings and medical equipment gives towns with community or privately funded medical rooms a competitive edge
- The increasing feminisation of the GP workforce means part time positions and those with flexible hours are gaining in popularity across Australia

- Key stakeholders can collaborate to establish a 'walk-in-walk-out' practice in the town
- Councils or other town organisations can sometimes provide or refurbish practice premises
- For-profit and not-for-profit organisations can be invited to provide practice management
- Vacant positions can be made more flexible to allow for job sharing or for part time work
- Particular emphasis may be given to inviting female GPs to apply

3. The nature of rural General Practice

Many rural positions require GPs to be on-call after hours and for emergencies, and to care for patients in hospital while few urban placements do. In this way rural placements may carry a lifestyle disincentive for some GPs compared to urban positions.

Collaboration between GPs, Primary Health Networks and Local Health Districts can reduce the on-call burden by:

- Encouraging all of the town's GPs to participate in the on-call roster
- Removing some of the administrative impediments to on-call work
- Training and supporting ED nurses to confidently treat less serious presentations, thereby reducing doctor call ins
- Give small towns GPs an occasional weekend off by having a colleague on weekend call in a nearby larger town provide phone support to small town ED staff
- The Local Health District (in certain cases) provides a hospital locum during short GP absences.

4. Lengthy urban training

A doctor obtaining GP qualifications will have been studying a minimum of eight years and will be aged in their late 20s or older. This means many will already be settled with their families in an urban area where they trained, making it more difficult to attract them to a rural placement.

- Rural councils host students and registrars during their training years - a positive experience in a rural placement encourages individuals to choose a rural town once qualified.
- Towns can "sell" the benefits of rural life for families - social, economic and lifestyle benefits, as well as promote the interesting 'cradle-to-grave' medicine that can be practised in rural locations.

5. The needs of GP partners and children

- GPs relocating with partners and/or children are more likely to choose a town that meets the needs of their family members
- Since a GP's partner may be well qualified in their own field, their work opportunities are likely to be more plentiful when the GP chooses an urban position
- A significant proportion of GP families will seek locations where the schooling is known to be of exceptional calibre, with this generally being easier to find in an urban setting
- Since a GP's partner may be the key decision maker in the family, opportunities for the family members may be the deciding factor in town selection

- Towns and practices investigate providing employment opportunities for partners, the partner offers specialised skills especially where that would not otherwise be available in the town
- When welcoming a GP, towns ensure they welcome partner and children, and introduce them to groups and activities of interest to them. Some towns have helped locate child minding and care places.
- Addressing the family's education requirements or queries can also be of benefit
- Short- or long-term housing with one of a variety of rental arrangements can make a difference to GP families needing to settle quickly

NSW RURAL DOCTORS NETWORK'S APPROACH TO FOSTERING COLLABORATION ON HEALTH WORKFORCE CHALLENGES IN RURAL NSW TOWNS

While acknowledging that every town will present with a different array of health workforce problems, as well as resources with which to alleviate those problems, RDN experience indicates there is a general approach to GP workforce issues that invariably assists rural towns. The elements of that approach are:

1. Involve all the key stakeholders

The aim is to bring together communities, health practitioners, health service organisations, policy makers and academics. In addition to RDN, stakeholders include:

- Doctors
- Local Health District
- Local Hospital
- Local Council
- Primary Health Network
- Rural Training Organisation covering the area

And may also include:

- Representatives of local organisations such as the CWA, Lions or Rotary
- Industry and/or businesses in the area
- Local aged care facility
- Other health care providers in the area
- A University whose medical students are or could be placed in the area, the University Department of Rural Health and/or Rural Clinical School
- Representatives of the Aboriginal and Torres Strait Islander community or of the local Aboriginal Community Controlled Health Organisation

2. Call a meeting of the key stakeholders

Such a meeting ensures every stakeholder is privy to identical facts and impressions, and can begin to play their part in dealing with an agreed situation. Where there are GPs involved, it is preferable to call the meeting early in the evening, around 6pm, because this often fits with the break in their workload. In many cases it is beneficial to coordinate with the practice manager who is sometimes able to schedule appointments around the meeting time. It is also preferable to provide refreshments since many attendees come directly from a long day at work, and to choose a "neutral" meeting place. Telephone with the invitation and follow this with an email or other form of written invitation. Mention that refreshments will be provided and the meeting will be of limited duration (often 1.5 hours is timely).

3. In that meeting

- Choose an unbiased chairperson. RDN can perform this function because it has state-wide responsibilities/knowledge and is removed from local "politics".
- List the service provision problems in the town - this information will come from the service providers such as GPs, hospital staff, Local Health District and sometimes nursing and allied health staff.
- Look to include input from every attendee - sometimes this will involve direct questioning by the chair
- Summarise the input on a whiteboard - preferably one that prints!
- Seek to put aside important conversations between key stakeholders that arise naturally during this process but which cannot immediately contribute to the task at hand.
- Look to solve the problems from among the meeting attendees, and develop actions that will implement the solutions.
- Keep a written list of tasks that attendees have agreed to perform. A simple "action: by whom: by when" table works well.
- Ensure a copy of this list is distributed to each key stakeholder, whether they were able to attend the initial meeting or not.
- Ensure the meeting stays on schedule and concludes on time.

4. Schedule a follow-up meeting

If possible, set an agreed date and time at the conclusion of the initial meeting, as well as a chairperson and location. The purpose of a follow-up meeting is to ensure key stakeholders know the actions that have been completed and their outcomes, to discuss how the situation has changed since the initial meeting, and to identify emerging problems and formulate new or modified strategies. Commonly a degree of early progress on some issues will have been made and can be reported at the follow-up meeting, providing both information and encouragement to the group.

THE VALUE OF AN INTERSECTORAL APPROACH

Closer collaboration between diverse stakeholders helps marshal a town's resources that can usefully be applied to attracting, recruiting and retaining health workforce.

RDN's approach is based on the following resources.

Role of the Council

While GP or health services are not part of their core responsibilities, some Councils recognise the importance of a functional health service to the wellbeing of their LGA. These councils are sometimes able to offer a level of assistance:

- Publicity through the Mayor, GM or councillors, about the workforce situation in the town, and strategies being pursued (e.g. Gunnedah)
- Leadership on developing and implementing strategies designed to alleviate the health workforce problems (e.g. Harden)
- Assistance with council infrastructure, such as providing domestic accommodation or professional premises, sometimes at below market prices and/or for limited times (e.g. Murrurundi)
- Refurbishing council premises to provide community-owned consulting rooms (e.g. Murrurundi)
- Donating land upon which community-owned infrastructure can be built (e.g. Condobolin, Cobar, Harden)
- Assistance with Development Applications and waiving DA fees for refurbishment and new premises (e.g. Braidwood)
- Assistance with "supervising" a build (e.g. Harden)
- Setting up or auspicing an intersectoral or community-based health advisory committee (e.g. Quirindi, Narrabri)
- Providing an annual Bush Bursary to attract medical students to town (e.g. Young)

Role of the Primary Health Network

Each NSW PHN is unique in the services they provide for GPs, hence the resources they can bring to discussions about health workforce issues can vary considerably. Some PHNs and/or health service providers offer:

- Managed practice facilities or practice entities
- Recruitment assistance
- Succession Planning for GPs (e.g. Hunter New England & Central Coast PHN, Murrumbidgee PHN)
- Expertise in practice management and practice management support (including IT)
- Provide certain services such as Rural Primary Health Services where allied health personnel, for instance, are "shared" across the Division area
- Commissioning of certain services where allied health personnel, for instance, are "shared" across the PHN area

Role of the Regional Training Organisation

RTOs provide vocational education and training for medical graduates who are training for their GP qualifications (i.e. GP Registrars). Registrars train for a minimum of three years, with the final two years spent completing six-month rotations in accredited GP practices. In effect GP Registrars give an "extra pair of hands" to the practice for the period of rotation. Hence, RTOs can provide assistance with attracting appropriate registrars and support for registrars when they are placed.

Some Registrars choose to remain in or return to a town once they are fully qualified. Consequently, Registrar training in rural locations is regarded as one method of attracting fully qualified doctors to a town.

Role of the NSW Rural Doctors Network

As a workforce agency, RDN's role is to attract, recruit and retain GPs to rural NSW towns. RDN can provide advice on:

- Town situations, drawing on experiences from other towns
- Succession Planning for GPs
- Recruitment strategies for GPs, suitable to a town
- Managed practices and alternative models of general practice
- Obtaining practice management services
- Placing vacancy advertisements on the RDN website
- Sources of government funding that towns can seek to help solve workforce problems, and help with funding applications
- The process of constructing a health centre

RDN can also provide information:

- Address a meeting (public, Local Health District, Council etc) about the state, national and international problems with adequate supply of health workforce, particularly medical workforce
- Data on rural GP workforce by town, LGA, LHD etc
- On practice buildings that have been constructed in recent years
- On attracting scholarship holders
- Chair a public meeting to discuss workforce issues, or of key stakeholders designed to define the medical workforce problems in the town

Role of the Local Health District

LHDs are responsible for hospital and community health services. In rural NSW, local GPs provide hospital medical services including inpatients, and emergency department coverage.

LHDs can:

- Broker agreements with GPs that make it easier for GPs to provide those services
- Be involved in Succession Planning for medical towns (e.g. HNE Health in the New England area)
- With local GPs, negotiate ED protocols and nurse training to minimise GP calls to hospital (e.g. HNE Health)
- In some underserviced hospitals that use LHD employed locums, provide locum services to bolster the town's GP resources
- Provide doctors rooms in the hospital (e.g. Walgett) or Multi Purpose Service (e.g. Boggabri) and on occasion, nursing support (e.g. Boggabri, Dungog)
- Work with towns to establish a HealthOne facility (e.g. HNE Health at Quirindi and Manilla)
- Provide land upon which to build a GP surgery (e.g. Braidwood, Gunnedah)

Role of Community Groups

Community members play a critical role in helping newly-arrived health workers settle in quickly and remain comfortable living in the town. Strategies that community groups have implemented in their town include:

- Hold a social event, such as a dinner, to welcome new GPs to town and invite community members that newly arrived residents will need to know, such as the Mayor, school principal and health service manager
- Where families are initially moving into community-owned housing, ensure the house is ready and welcoming
- Give families information on local services and clubs
- Help families find leisure activities
- Assist families to secure reliable babysitting/preschool
- Introduce partners/children to local interest groups
- Assist partners to locate suitable paid work

Role of the University

Universities that have a medical school can assist rural communities by:

- Placing students during their practicum weeks with a doctor in the town who is qualified and willing to supervise. This can involve extended placements (e.g. Wollongong University final year medical students are placed in a location for a full year). Rural placements allow students to experience country life with the possibility that they may return to work there.

- In some cases, offering a University appointment to rural GPs may be a drawcard for GPs and provide a career path into academia
- On occasion GP academics will seek regular, short rural placements or locum positions to retain their patient skills (e.g. ANU and Braidwood surgery)

Strategies that Rural Towns have implemented

- Refurbished premises to provide GP rooms and in some cases raised funds to build new premises and/or accessed government funding to do so
- Provided rental accommodation to incoming GPs at a reduced or no cost
- Worked on raising the town profile to attract GPs via publicity and information on the Council website
- Arranged welcoming activities - for GPs investigating whether to move to the town and for GPs and their families moving to the town
- Provided 'walk-in-walk-out' arrangements in the town by contracting a private or not-for-profit organisation to provide that service
- Trained nursing staff to deal with low need emergency presentations (Triage 4 and 5) so as to minimise calls for the GP to attend the hospital
- Worked with the LHD so that their locums (at the hospital) can also provide GP services
- Formed an intersectoral committee which has led to the design and building of a Super Clinic
- Provided a bursary to encourage medical students to experience work and social life in a rural area
- Held an annual Health Expo to show health and medical students what training opportunities and lifestyle advantages are available in the town

RDN Publications

- 'We Want a Doctor, Then Start with a Student' (2016) - a checklist for practices hosting medical students or junior doctors
- 'We Want a Doctor, but Does a Doctor Want Us?' (2016) - a guide to help rural communities attract and retain doctors
- 'Easy Entry, Gracious Exit' (2003) - a guide to assist rural communities to design and implement an innovative approach to recruiting doctors and strengthening medical services
- 'Succession Planning for Rural GPs' and 'Alternative models of General Practice management' at www.nswrdn.com.au

NSW Rural Doctors Network

Tel: 02 4924 8000

Email: info@nswrdn.com.au

Web: www.nswrdn.com.au

Published February 2016



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