

Building a medical workforce for your community: a success story

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Abstract/overview

Kingaroy in 2010 had three permanently employed medical officers, two GP VMOs supporting the obstetric service, and a range of either temporary appointments or locums. The permanent establishment was 6 full time equivalents.

Kingaroy Hospital is the hub hospital in the South Burnett region of Queensland servicing a community of approximately 35,000 people. It is also the busiest non specialist birthing service in Queensland with over 400 births each year. The community it services is of a low socio economic demographic with over 60% of the population in the most disadvantaged quintile¹, with the indigenous community of Cherbourg only 40 minutes by road and a close relationship, delivering services which are culturally sensitive is also critical to the design of the service and workforce. At this time at Kingaroy Hospital there was the Flying Obstetrician and Gynecologist, a small amount of oral surgery and caesarean sections. The operating theatre was being utilised approximately 3 days per month for planned sessions.

Today, Kingaroy has a medical establishment of 9.3 FTE all permanently recruited to, there are long term temporary contracted staff who are now supporting backfill arrangements for maternity leave. Kingaroy Hospital is now a place medical officers' want to work. So how did we turn it around?

- The recruitment of a high profile medical leader.
- Linking into the Rural Generalist Pathway
- Recruitment of an upcoming young enthusiastic Medical Superintendent with a passion for training and education.
- Creation of a medical workforce plan to support targeted recruitment and building a service. In producing this plan focus was placed on the following:
 - Increased service capability
 - Engagement with GPs about service needs
 - Joint appointments with GPs
 - Training collaboration for registrars between Hospital and GPs
 - Funding allocations
 - Junior doctor training accreditation
 - Focus on education at all levels

What has this meant for community? Four days of operating theatre per week (could be five by the time of conference). Increase in the number of GPs available for primary care, increase locally available services and increase in quality and consistency in care.

From the plan Kingaroy Hospital has partnered with Private Hospital for intern rotations, and intern accreditation. Griffith University through Long Look program has six third year medical students on year long placement; in 2015 two of the students will remain for their fourth year placement.

¹ 2011 Census Data

Rural Generalist trainees who rotated in Kingaroy as junior medical officers are contacting the hospital to return once they have completed their advance skill.

Now we move onto the challenge of the rural nursing workforce and the advanced skills they require in areas such as midwifery, operating theatre and mental health.

Background

Kingaroy Hospital is located in the South Burnett Cluster of the Darling Downs Hospital and Health Service (DDHHS). Kingaroy Hospital is a 41 bed plus 6 renal chair facility, is the hub facility in the South Burnett.

Darling Downs Hospital and Health Service Map



The Darling Downs Hospital and Health Service since its inception has had a priority to deliver more care locally, and this commitment to the rural communities it serves, has been outlined in the Strategic Plan 2014-18.²

Kingaroy Hospital had struggled to recruit and retain procedural medical staff and meet the growing needs of the South Burnett region. While a very busy birthing service, only one permanent medical officer in 2011 had obstetric skills, and it was only through support from local GPs, that this service was a not a critical risk. However anaesthetic skilled medical officers were the significant challenge, with Kingaroy Hospital heavily reliant on locums to maintain this element of the service.

Kingaroy Hospital was heavily reliant on external agency services to maintain its obstetric service as well as meet the demands of a busy emergency department.

² DDHHS Strategic Plan 2014-18 <http://www.health.qld.gov.au/darlingdowns/pdf/ddhs-strategicplan-summary.pdf>

Medical leadership

Recognising the large challenge of recruiting the right people with the right skills particularly in the medical workforce area, and that strong medical leadership was the essential element if Kingaroy Hospital was to succeed in this area. The engagement of Dr Dennis Pashen has been identified within the Kingaroy team as one of the most critical components in Kingaroy Hospital reversing the previous trend of minimal success in the medical recruitment processes.

It was recognised that the subsequently vacant Medical Superintendent position at Kingaroy Hospital required a strong medical leader who had a strong commitment to the local area so that changes being progressed could be embedded and supported to enable longer term sustainability to the medical workforce.

South Burnett Medical Workforce Plan

The medical officers and management team on the ground understood what needed to be done, and the types of skills required, however until 2012, there was ongoing discussion, but no real progress.

The South Burnett Medical Workforce Plan was then created to bring all the elements together. There was a focus on the plan while recognising the South Burnett Cluster role within the new Darling Downs Hospital and Health Service, that the progress of the plan could not be reliant on Toowoomba Hospital.

In developing the plan, it was identified that Kingaroy Hospital had some catch up to do in comparison to other rural hospitals in Queensland where young medical officers seemed to be self selecting into current or upcoming vacant positions. Locations such as Stanthorpe, Warwick and St George were all known to have excellent reputations for the education and training of junior doctors.

In August 2012, the DDHHS Executive endorsed the plan and the 20 recommendations. The recommendations and progress is outlined below:

1. Director of Medical Services position be retained until December 2013, at this time review. *Completed.*
2. At end of contract this position converts to a Senior Medical Officer (obstetrics) position within the Kingaroy Hospital medical establishment. *Completed.*
3. Support of movement of medical workforce within South Burnett cluster to align with needs of community. *Completed.*
4. Position Descriptions be amended to specify the required advanced skill. *Completed.*
5. Establish rotations to support junior medical officers undertaking placement in Kingaroy Hospital. *Completed.*
6. Kingaroy Hospital maintains the extended hours roster. *Completed.*
7. Maintain VMO participation on the procedural and emergency on-call roster. *Completed.*
8. Undertake accreditation with PMCQ to support intern rotations from Toowoomba or alternate supplying hospital commencing in 2014. *Completed.*
9. Explore opportunities for Joint Appointments between Queensland Health and Private General Practice. *Completed.*
10. Limit Kingaroy Hospital to 3 Rural Generalist Provisional Fellows at any one time. *Post 2015 will be in place.*
11. Allocate quarantined education time based on RG trainees employed by Kingaroy Hospital. *Completed.*

12. Amend the Obstetrician & Gynaecologist position to .2 FTE Staff Specialist Surgery and .2 FTE O&G Staff Specialist. These positions in the first instance would be provided from Toowoomba, however funds remain with Kingaroy to enable sourcing from alternate location if Toowoomba is unable to provide. *Completed.*
13. Utilise an appropriate locum engagement strategy to minimise budgetary impacts. *In process.*
14. Fund an establishment of 9.3 FTE with no additional funds to be allocated for recreation leave. *Completed – due for review.*
15. Finalise establishment of 4 Senior Medical Officer Positions for Cherbourg. *Completed.*
16. Negotiate to facilitate a rotation under the PGPPP into Cherbourg commencing January 2013. *Ceased due to cessation of PGPPP.*
17. Progress the Queensland Country Practice (QCP) recommendations for Cherbourg. *Completed.*
18. Establish rotations of medical officers to the Aboriginal Medical Service under a Service Agreement arrangement. *Joint appointment for 2014/15.*
19. Monitor the progress of the Physician Assistant roll out for future workforce consideration. *Trial of role in Cherbourg October 2014 to current.*
20. Continue investigations into Nurse Practitioner model for Nanango Hospital. *To be developed in 2015/16.*

In developing the plan, Kingaroy Hospital actively engaged with the local General Practitioners. Two local GPs had been the absolute backbone of the maternity service for the previous five years at least and were essential partners to ensure local support for developing the medical workforce at Kingaroy. The GPs were strong advocates for the recommencement of a public surgical service at Kingaroy. It was this recommendation from the GPs, which resonated with the Executive and aligned with the priority to Deliver More Care Locally that ensured this was supported.

Kingaroy Hospital was successfully accredited for Intern training and the first rotations commenced in February 2014. Initially when Kingaroy undertook the intern accreditation process, Toowoomba Hospital was not able to support, however a partnership with Greenslopes Private Hospital enabled the accreditation process to be completed successfully. This is one example of where Kingaroy Hospital was able to act independently of the larger centre to achieve the objective.

Over the last three years, the South Burnett Medical Workforce Plan has provided a point of reference, a focus on what direction the service is taking, and being accountable for delivering on the objectives. The plan is due for review in 2015/16.

Rural Generalist Pathway

The Rural Generalist Pathway has supported Queensland Public Hospitals by creating a pipeline for procedural trained doctors since 2007.³

In 2011, Kingaroy Hospital had employed four permanent medical officers, however only one had advanced skills in anaesthetics. Kingaroy Hospital tapped into the Rural Generalist Pathway, to support currently employed medical officers to undertake procedural training each on a one year secondment, one to complete anaesthetics and the other obstetrics in an effort to bolster the service. This was the first step in actively engaging the Pathway to support the recruitment and retention of medical officers to align the skill mix with the needs of the service.

In 2012, it was identified there was one Rural Generalist Provision Fellow who was currently completing Advanced Training in Surgery. Through the pathway, Kingaroy Hospital actively recruited

³ Rural Generalist Pathway Background <http://www.health.qld.gov.au/ruralgeneralist/content/background.asp>

this medical officer and succeeding was critical to the reestablishment of public surgical services at Kingaroy Hospital.

The Rural Generalist Pathway through its case management process is able to provide direction and support to the trainees to ensure there is a good match where the medical officer can use their advanced skills, and also move to a rural community that aligns with their family and professional needs. The Pathway also enables rural hospitals to promote opportunities in their service and engage with the trainees as they are provided with information on candidates coming through the pipeline.

Kingaroy Hospital was also strongly supported through the Pathway and Queensland Rural Medical Education (QRME) to place Rural Generalist Provisional Fellowes into private General Practice as joint appointments, to support the medical officers completing the General Practice component of their training requirements. Four of the current medical officers have permanent joint appointment arrangements, and another four are currently completing GP training placements through joint appointments. Joint appointments have ensured that not only the hospital and public system benefits, but that private General Practice remains viable in rural centres. A commitment which was outlined in the Workforce Plan was there would be genuine joint appointment arrangements. In the past similar arrangements had failed as Kingaroy Hospital would “pull back” its doctors to meet the demands of the Public Hospital. This was achieved by providing the medical officers with fractionated appointment and through negotiation establish the roster pattern. The shared interest across the hospital and general practice has also decreased the divide between the public and private services.

Recruitment

Kingaroy Hospital medical officers themselves took a lead role in recruitment of new doctors. Many say “doctors recruit doctors” , and with a strong medical leadership team who are committed to providing education and training, Kingaroy Hospital’s reputation began to turn.

With the clinical activity in the obstetric service, Kingaroy Hospital was certainly seen as a location where rural generalist would get to use their advanced skills on a regular basis.

Kingaroy Hospital medical and senior management promoted employment opportunities at every opportunity, the Rural Doctors Association of Queensland Annual Conference, the National Rural Health Conference, and the inaugural Rural Generalist World Summit. The medical team at Kingaroy Hospital also used Rural Generalist workshops and country relieving preparation training to promote the jobs available at Kingaroy.

The establishment of intern and Post Graduate Year 2 rotations in Kingaroy has also been a mechanism for future recruitment. While some may return, by providing a rotation which enables junior doctors to learn in a supportive environment, and be involved directly in patient care, the reputation of Kingaroy Hospital as a good place to work will only be enhanced. The opportunity to participate in the training junior doctors also adds to job satisfaction in the senior medical staff as well as promotes currency of care.

In developing the Rural Generalist model for the workforce, it was recognised that ongoing support and skill development is essential to retain procedural skill longer term. The engagement of visiting specialists in obstetrics & gynaecology and general surgery supports a continuum of learning for the Rural Generalist workforce, making positions at Kingaroy more attractive.

In 2015 Kingaroy Hospital current medical workforce profile is outlined below:

Skill Mix Profile	FTE	Perm/Temp	Comments
Medical Superintendent – obstetrics & endoscopy	1	Perm	
Senior Medical Officer new FACRRM obstetrics	.8	Perm	Joint appointment with QRME
Rural Generalist Provisional Fellow – obstetrics	.6	Temp 12 months	GP training joint appointment. Was previous PGPPP rotation to Kingaroy
Senior Medical Officer FACRRM (anaesthetics & obstetrics)	.8	Perm	Was supported in 2012 to upskill in obstetrics
Rural Generalist Provisional Fellow – anaesthetics	.6	Perm	GP training joint appointment. Does hold substantive of 1 FTE.
Rural Generalist Provisional Fellow – anaesthetics	.8	Perm	GP training joint appointment. Does hold substantive of 1 FTE.
Senior Medical Officer	1	Perm	Holds portfolio to be lead MO for renal patients satellite site from Twmba
Rural Generalist Provisional Fellow – Emergency	.8	Perm	GP training joint appointment. Does hold substantive of 1 FTE.
Senior Medical Officer FACRRM – Emergency	1	Perm	
Senior Medical Officer FACRRM – General Medicine	.4	Perm	GP joint appointment.
Rural Generalist Provisional Fellow – Surgery	.8	Perm	GP joint appointment.
Principal House Officer	.2	Perm	GP joint appointment
Senior Medical Officer FACRRM <u>indigenous health</u>	.3	Perm	GP joint appointment.

Kingaroy Hospital through its medical workforce skill mix is able to provide a high quality and safe care across its emergency, surgical and medical services. The balance across the skill mix enables strong peer review, education and training opportunities, and advocacy for future service development.

It is important for Health Service management to also have realistic expectations on the tenure of employment with the medical workforce. Life choices will impact on the duration of employment, and as a highly skilled team, there will always be other options available, if Kingaroy Hospital is unable to meet their individual or family needs. Medical management has taken a very flexible approach to engagement, with strong structures of mentoring and support, and, if a medical officer stays longer than two years, at which point their training obligations are generally completed, this is a win for the service.

Results

Kingaroy Hospital is a busy rural hospital, and while services such as birthing and emergency remain consistently high, the inpatient and surgical activity has increased since 2012, when the Medical Workforce Plan was endorsed. The skill mix has enabled Kingaroy Hospital to respond to statewide targets in relation to waiting list issues by scheduling additional surgical sessions, without engaging external locums. The increased positions also supported the expansion of renal dialysis services from 12 to 18 patients in July 2013. At a time when many services were under pressure, Kingaroy Hospital was able to expand its acute services.

Activity Data – Kingaroy Old Health DSS sourced February 2015 RHAC Business Manager

Kingaroy Hospital	2012	2013	2014	YTD Dec 2015
Surg Seps	189	246	334	205
Births	414	406	410	194
Occupied Beddays	12,080	12,073	12,805	7,164
Accrued Beddays	10,803	10,689	11,443	7,382
Bed availability				
Days	366	365	365	184
Beds available per day	41	41	41	41
Aver Occupancy	72.0%	71.4%	76.5%*	97.9%
Renal OOS	1,769	1,763	2,343	1,216
ED Presentations	15,821	17,136	16,539	8,161
ALOS	1.98	1.87	1.81	1.78
Telehealth - OPD OOS	82	174	297	213

* Endoscopy patient data process change

Kingaroy Hospital has consistently saved over \$500,000 per year since the 2011/12 period on external agency costs as the obstetric service and skill mix has balanced. Building capacity to cover emergent leave remains an ongoing challenge.

A structured education program for medical students, grand rounds, registrar training and the doctors' team meeting is rostered for every Wednesday afternoon. This strong commitment has also resulted in improved doctor engagement across the entire service, as stakeholders are aware when to schedule visits to Kingaroy if they require input from the medical team.

Conclusion and recommendation

There is no doubt, Kingaroy Hospital changes in fortune occurred due to a number of areas aligned:

- engagement of strong medical leadership
- Rural Generalist Pathway trainees with advanced skills had flowed
- implementation of the new Hospital and Health Service structure for Queensland.

With all three elements, it enabled Kingaroy to develop a plan which aligned with increasing services for not just Kingaroy but the South Burnett area, and promote the great opportunities for rural doctors Kingaroy Hospital was able to offer.

It is recommended from the Kingaroy Hospital experience, that the investment in the Rural Generalist Pathway not just as a college training pathway, but as a pipeline for rural medical workforce is continued. This includes resources for prevocational training workshops, and the professional mentoring and case management of trainees.

Presenters

Dr Raymond Lewandowski completed his Bachelor of Science at University of Texas South Western and also his Bachelor of Medicine. He studied his post doctorate at the University of Arkansas. He is a Fellow of the American Academy of Family Practice, and a Diplomat of the American Board of Family Medicine. In 2008 and 2009 Dr Lewandowski and his family temporarily relocated to Kingaroy to work as a Senior Medical Officer at Kingaroy Hospital. In 2011, Dr Lewandowski and his family returned to Kingaroy permanently, and in 2012 he was appointed as the Medical Superintendent of the hospital. In 2012, Dr Lewandowski was awarded this Fellowship of the Australian College of Rural and Remote Medicine. Dr Lewandowski through his clinical skills has stabilised the obstetric service at the Kingaroy Hospital, and provided endoscopy services. Under his leadership, Kingaroy Hospital is consistently the busiest non-specialist birthing service in Queensland, and general surgical services

recommenced with the employment of the first Rural Generalist (Surgery). Dr Lewandowski has developed and implemented a structured education program for medical officers, led successful completion of intern accreditation and provides a supported learning environment for the Griffith University students who are based at Kingaroy Hospital for one year of their study.

Peta Rutherford grew up in Wodonga Victoria, and commenced work for Queensland Health in 2004 after 10 years at Medicare. Peta was the original project officer on the Rural Generalist Pathway initiative back in 2005/6. After five years working in Corporate Office, focusing on Medical Workforce projects, Peta relocated her family to work in Charleville Queensland, as of the two Chief Operations Officers for South West Health Service District. She was responsible for managing five hospitals and two primary care clinics. After three years in Charleville the family was up and moved again to Kingaroy to commence work as the Cluster Operations Manager for South Burnett Darling Downs Hospital and Health Service. Peta is committed to supporting a work environment which values education and training for the clinicians, increases the delivery of clinical services locally and developing sustainable workforce and service models.