General Practitioner Rural Incentive Program

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This paper is will examine the Commonwealth Government programs for general practice in rural and remote areas of Australia.

It covers a brief description of the overall package for general practice announced in the Budget last year, details of the general practitioner (GP) Rural Incentives program as part of this overall package and some issues that have surfaced in implementing the program.

Overall strategy for general practice

Representatives of the Commonwealth Government, the Royal Australian College of General Practitioners (RACGP) and the Australian Medical Association (AMA) have worked closely to develop a package of strategies and initiatives to rebuild and strengthen general practice. This consultative process has been handled through a structure of a working group and working parties under the General Practice Consultative Committee.

Along with these consultative processes, publications such as the National Health Strategy Paper 'The Future of General Practice', and the General Practice Consultative Committee's Paper 'A Strategy for the Nineties and Beyond', focused the attention onto some key areas for change. These areas included workforce issues including workforce numbers, postgraduate training, standards and infrastructure support.

Subsequently the following initiatives, foreshadowed in the 1991-92 Budget, were announced in the 1992-93 Budget:

- the establishment and support for a network of divisions of general practice;
- the development of standards of general practice to ensure highest quality general practice in Australia;
- the GP Rural Incentives Program, and
- a strategy to evaluate these reforms.

Divisions of general practice are formal groupings of GPs in a particular locality, organised and administered by GPs. Such a framework can encourage general practitioners to work together to overcome professional isolation as well as providing opportunities for general practitioners to work more closely with other health service providers in the community. Divisions have long been desired by general practitioners.

It is clear that rural divisions would encompass larger areas and probably have fewer GPs than those in the urban setting. The concept of divisions may mean different approaches where GPs are separated by thousands of kilometres.

The Divisions and Projects program has received nearly 590 applications in 1993, of which approximately 20 are for the establishment of rural divisions of general practice. Many of the proposed activities of rural divisions seek to address the particular needs of rural Australia, especially Aboriginal and women's health issues.
Divisions in rural areas offer a number of advantages for GPs including:

- an avenue through which GPs can become involved in local health planning and decision making;
- a professional support network;
- a centre for information on matters such as the availability of continuing medical education (CME) courses, locum support availability, community health activities and activities through other divisions; and
- a body through which health issues of the particular region can be discussed and action implemented to address, eg health promotion activities.

A second strategy involves the development of standards for general practice. This is being undertaken through a broad consultative process under the auspices of the Interim Steering Group on Accreditation (ISGA). Membership of the ISGA consists of two nominees of the RACGP, two from the AMA, and two from the Department of Health, Housing and Community Services.

Standards for rural areas will be specific to their special needs, following consultation with rural GPs and their representative organisations. Standards development is an ongoing process and will be subject to ongoing evaluation, including validation. GPs interested in becoming involved in this process should provide input to the profession's representatives on the ISGA.

The Interim Standards Working Party (ISWP) of the RACGP has recently circulated draft interim standards for general practice to a variety of peak bodies for comment. It is envisaged a second draft will be developed once submissions are received by the end of February 1993.

The Interim Steering Group plans to field test the draft interim standards in liaison with the Interim Standards Working Party this year, with the view to possibly implementing accreditation in 1993-94, pending agreement with the medical profession.

The Rural Incentives Program was announced in the 1992 Budget. It aims to encourage suitably trained general practitioners to relocate from adequately serviced areas to rural and remote communities that need GP services, and to support those practitioners already in the rural and remote communities. Increasing the rural and remote GP workforce and providing assistance for training and support will improve the access to GP services for the rural and remote residents.

The professional difficulties faced by the rural GP workforce have been well canvassed through:

- major reports such as the Inquiry into Medical Education and Medical Workforce (Doherty Report)^; the Enquiry into the Recruitment and Retention of Country Doctors in Western Australia (Kamien Report)^; the Review of General Medical Practice in South Australia^; and the work of the Australian Health Ministers Advisory Committee Rural Health Care Taskforce^; and the National Health Strategy paper Improving Australia's Rural Health and Aged Care Services^
- the National Rural Health Strategy and associated conferences such as this one and its predecessor, and
- research, books and numerous articles.

The program was designed to address issues raised in the above reports, such as:

- undergraduate education for rural general practice;
- the relative shortage of GPs in rural and remote areas;
- the need for targeted training, and
- continuing medical education and locum support.
The program is financed to $8 million for this financial year, and $15.2 million (indexed) from 1993-94 onwards.

The elements of the program are:

**Relocation incentives grants** in the order of $20,000 each, to assist suitable GPs to relocate to identified rural areas that need GP services;

**Training grants** of up to $50,000 each, to provide GPs who are seeking to relocate to a rural practice with the opportunity to acquire the appropriate skills and knowledge required for rural general practice;

**Remote areas grants** to foster the recruitment and retention of GPs who wish to or are practising in very remote or isolated areas. Annual grants in the order of $50,000 per identified remote area are planned.

**Undergraduate rural support grants** to provide financial support through universities to encourage medical students' exposure to rural practice and gain skills and experience relevant to practising in rural and remote areas.

**Rural CME and locum support grants** that will be available from 1993-94 to assist rural GPs maintain and increase their skills such as counselling, women's health or mental health. This may require GPs spending a short period training in hospitals or rural training units.

This comprehensive approach will address many issues surrounding the GP workforce in rural and remote areas.

The implementation details of each of these elements is outlined below although there are two key points to the program implementation which are paramount; flexibility and partnership.

The program will be complementary to, and developed alongside, other Commonwealth initiatives already in place, such as those funded through the Rural Health Support Education and Training program (RHSET), or those existing or planned by state/territory governments, universities and the profession.

The Program will be flexible to address the specific needs of each of the states and Northern Territory. To achieve this we are working closely with the state and Northern Territory Health Departments.

The funding arrangements will be structured to encourage states and universities to continue their current level of funding for established programs.

General support for the program has been gained from consumer groups, state and territory governments and the medical profession including representatives from the AMA, RACGP and the Rural Doctors' Association of Australia. To assist the Department in the implementation, development and evaluation of the program, a Rural Doctors' Reference Group has been established.

The Rural Incentives Program will also be complementary to the medical labour force agreements currently being negotiated with the state and Northern Territory governments.

Details of the Implementation of the Program Elements

The first round of relocation grants and associated training grants were advertised nationally in November last year with a closing date of end of December.

There have been 62 applications for these grants which can be broken down into categories as in Figure I. As the program was announced in August 1992, we are accepting applications for training grants from GPs who may have relocated or arranged to relocate to a rural practice since the program's announcement.
<table>
<thead>
<tr>
<th>Desired State/NT</th>
<th>Already relocated</th>
<th>Arranged relocation</th>
<th>Will need matching</th>
<th>TOTAL</th>
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<tbody>
<tr>
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<td>5</td>
<td>3</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Victoria</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Queensland</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>South Australia</td>
<td>5</td>
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<td>South Australia/Northern Territory</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12</strong></td>
<td><strong>22</strong></td>
<td><strong>24</strong></td>
<td><strong>52</strong></td>
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</tbody>
</table>

There were also four applications from established rural GPs seeking only training grants, one for an outreach clinic and two to pilot locum support arrangements.

At the same time as GPs have been applying, Department representatives have been liaising with all state and the Northern Territory Departments of Health and seeking their cooperation in identifying communities that need GP services.

States and territories have different needs and we are keen to accommodate these by building as much flexibility as possible to maximise effectiveness of the program.

The general outline of the process involves:
- identifying doctors who wish to relocate;
- identifying communities in need of GP services;
- identifying any particular health care needs of the population, and the medical skills required to meet these needs;
- identifying the training needs of the individual GP who would like to relocate to that community;
- identifying suitable training places for the GP to obtain the required training;
- matching the communities, GPs, training needs and training places; and
- providing ongoing support for the GP following relocation.

The process of matching the GP with a community that needs a GP, and to arrange for an appropriate training course prior to the GP’s moving, becomes quite complex when every GP and every community has particular needs, each state operates their health system in different ways and training places are not always available in preferred locations.

Ideally the matching process will be handled by a state/territory based group that has local knowledge of training needs and will be able to provide ongoing support to the relocating GP. Again, some states already do have such groups and are willing to fulfil this role. Other states/territories are looking at mechanisms to provide this function.

To facilitate the provision of appropriate training, the Faculty of Rural Medicine has been allocated a grant to develop interim accreditation guidelines and procedures for rural training posts, practices and programs. When these standards are developed, hospitals and other training institutions will be able to apply for accreditation as a training post for rural GPs.
Rural Health Training Units are ideal locations to provide the training required by the relocating GPs. Other hospitals, especially large base hospitals near the area where the GP would like to relocate, should also be able to provide training places and have the additional benefit of GPs establishing referral networks with specialists and familiarising themselves with community services available in nearby larger centres to assist in providing a comprehensive patient care.

Ongoing support for GPs and their families during relocation and those already in rural practice is important. We are currently working with the states and territories to establish such networks, if they do not currently exist.

Although the relocation and training grants have been the principal focus of the program to date, the other elements are likely to have significant impact on the recruitment and retention of GPs in rural and remote areas.

**Specific grants** aim to encourage GPs to practise in areas that are remote yet have the population base to support at least one GP. The state and territory governments have been requested to identify communities where an annual grant in the order of $50,000 would significantly improve the recruitment and retention of GPs to that community.

To assist the Department to make consistent and rational recommendations on the fifty most remote/isolated areas, a National Remote Areas Assessment Panel has been established with representation from the following organisations:

- Rural Doctors' Association of Australia
- Faculty of Rural Medicine
- Rural Health Alliance
- Multipurpose Services Contact Group
- Australian Local Government Association
- Department of Primary Industries and Energy
- Aboriginal and Torres Strait Islanders Commission
- Australian Medical Association
- Department of Health, Housing and Community Services

The representatives of these organisations met in early February and are currently considering criteria by which the remote communities can be assessed. It is expected that the finalisation of the fifty remote areas eligible for a grant will be the result of an interactive process between the states and Northern Territory and the Assessment Panel. Recommendations from the Panel will be forwarded to the Minister.

It is acknowledged that health needs of remote communities and how these may best be served, for example through a GP, Aboriginal health worker, RFDS clinics, multipurpose services or a combination of these, will not be an easy task.

**Undergraduate grant funds** will become available later this year, following recommendations from a Steering Group being established to advise the government on the most appropriate use of funds for this part of the Rural Incentives Program. The first meeting of the Steering Committee is scheduled for the 24 February 1993.

**CME and locum support grants** were originally planned to become available in 1993-94, but some pilot projects will be conducted this year, taking into account projects being undertaken through the Rural Health Support Education and Training program and the Divisions and Project Grants program.

It is envisaged that funds for the CME and locum support could be administered through Divisions of General Practice who could act as the purchaser of services for its members. Of course this is dependent on the successful establishment of these divisions.
Evaluation of this program will be principally handled through the broader evaluation of the package of initiatives for general practice, although some more detailed evaluation may be warranted.

In conclusion, the GP Rural Incentives Program, as part of the broader GP strategy, will mean:

- better access to GPs for rural and remote residents;
- GPs trained to handle the greater variety of work encountered in rural general practice;
- GPs’ skills maintained through assistance for rural and remote GPs to undertake CME with locum support; and
- a workforce supported and encouraged to remain practising in rural and remote Australia.

References

2. Ministerial Inquiry into the Recruitment and Retention of Country Doctors in Western Australia (Professor M. Kurniawan, Chairman), 1987.