Future of the GP procedural workforce in rural Victoria

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Rural communities have historically relied upon the general practitioner (GP) to provide emergency care services, deliver babies and perform surgical and anaesthetic procedure. Rural areas face limited health workforce supply, and the GP procedural model is recognised for the multiple roles they play in rural health practices. However, they are an ageing cohort, and the number providing these services is declining.

In recognition of this looming workforce shortage and to boost the number of the available GP procedural workforce, governments are currently developing and investing in training pathways to provide incentives and opportunities for rural procedural work. But while there is already a body of research into the supply of the GP procedural workforce, the demand side has been largely ignored. Once more procedural doctors are trained, will demand for them still exist? Given the range of infrastructure, regulatory and demographic changes that may take place by this time, the answer is not so simple.

To help answer this question, we have commenced a study to explore the contextual environment impacting the future GP procedural workforce in rural Victoria. The first phase of this study will obtain a snapshot of the current rural Victorian GP procedural workforce (anaesthetists, obstetricians and surgeons) and develop a cohort profile including age, where they practice, incentives and barriers to practice, future intentions and explore any succession planning activity. It will also explore potentially under-utilised segments of the workforce such as overseas-trained doctors (OTDs) who currently possess procedural qualifications obtained overseas, but that are not recognised by Australian standards.

Phase two of the study will involve a qualitative demand analysis to forecast the future need for GP proceduralists in rural Victoria in five years’ time. Factors to be considered include: population projections, government policy initiatives and changes to infrastructures, as well as consider alternative models of obstetrics health care delivery.

The methodology of this study will involve four steps:

1. **Desktop research** exploring current issues, research, policy, initiatives, training pathways, graduate projections, and alternative models of service delivery.

2. **Survey data** to collect information such as cohort characteristics, frequency of practice, location, future intentions, succession planning mechanisms and incentives/barriers to undertaking procedural work.

3. **Consultation** with individual GP proceduralists, OTDs and regional service providers to explore emergent themes.

4. **Quantitative demand analysis** based on expert opinion, population projections, expectations of future infrastructure, anticipated government policy changes, and survey results.
This presentation will deliver an outline of the study and its methodology (including the background issues surrounding the rural GP procedural workforce), as well as a discussion of the research findings.