

Building a Medical Workforce for Your Community – a success story

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Elements

- Medical Leadership & Reputation
- Understanding Community Needs
- A Plan
- Recruitment Strategies
- Retention Strategies
- What Next?

Fun Facts of Kingaroy Hospital



2010 – the medical workforce

- 1 FTE Medical Superintendent - perm: no procedural skill
- 4 FTE SMO – 2 locums, 2 perm, 1 with O&G
- .75 VMO Anaes - vacant
- .15 Surgeon – vacant
- 1 PHO – vacant/no locum
- 1 Staff Specialist vacant/no locum
- 2 VMO GPs Obstets covering service on weekends
- .25 VMO GP Obstet
- .25 VMO GP Anaes

2015 – What It Looks Like Now

- 1 Med Super – permanent with Obstets & Endoscopy procedural skills
- 0.2 Visting Specialist Surgeon from Toowoomba
- 0.2 Visiting Senior Medical Officer O&G
- 0.1 VMO GP Obstets
- 0.6 FTE SMO Surgery
- 0.6 FTE SMO Obstetrics plus .6 temp contract for 12 months
- 1.4 FTE SMO Anaesthetics : .8 FTE vacancy
- 0.7 FTE SMO Anaes & Obstets
- 1.8 FTE SMO Emergency
- 2 FTE SMO – portfolio allocation eg renal dialysis, medical patients
- 2 FTE Interns – on rotation from Greenslopes Private Hospital
- 2 FTE JHO (PGY2) – on rotation from Greenslopes Private Hospital
- And maintained VMO GP arrangements
- 5 SMOs are joint appointments with General Practice

Medical Leadership & Reputation



Community Engagement

- Consultation with GPs – what public hospital services did they want? Ans: General Surgery.
- A GP workforce – hard for private GP Practices to compete with remuneration of Qld Health . Ans: Joint appointments.
- Community Engagement Meeting – more services so people have to travel less. Permanent doctors.

So A Plan

- 3 year plan
- Targeted Recruitment to achieve required skill mix
- Increase opportunities to experience rural practice – intern and JHO rotations
- Fund Holder
- Work with General Practice – documented employment arrangements
- Executive Endorsement & Point of Reference

Medical Leadership & Reputation

The leadership style of Dr Pashen



Targeted Recruitment

- Recruit the good ones early and maintain a relationship.
- Sourced the Rural Generalist Trainees – workshops, conferences etc.
- Partnered with Queensland Rural Medical Education (QRME) for accredited training placements.
- Attractiveness of Rural Generalist Remuneration Package

Retention

- Accommodation subsidy – currently under review
- Spousal Employment 6 SMOs partners work at the Kingaroy Hospital in various roles. Not handed to them, but opportunities are facilitated.
- Education & Training

Education & Training opportunities locally



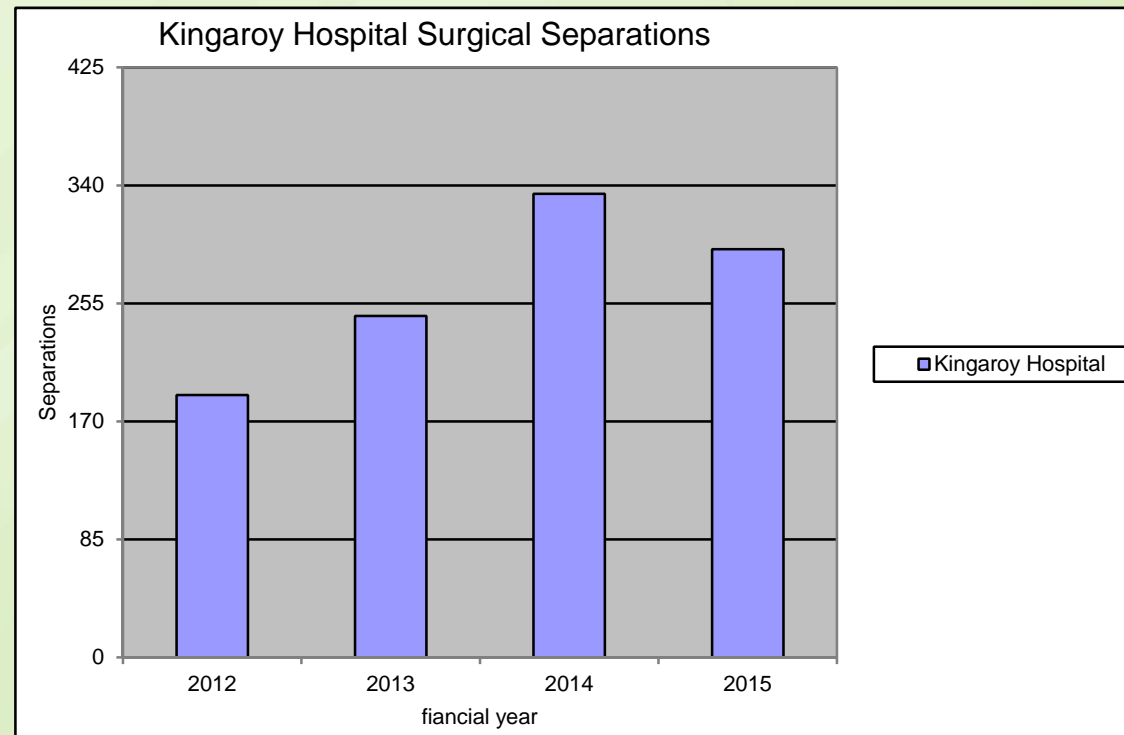
Medical Leadership & Reputation



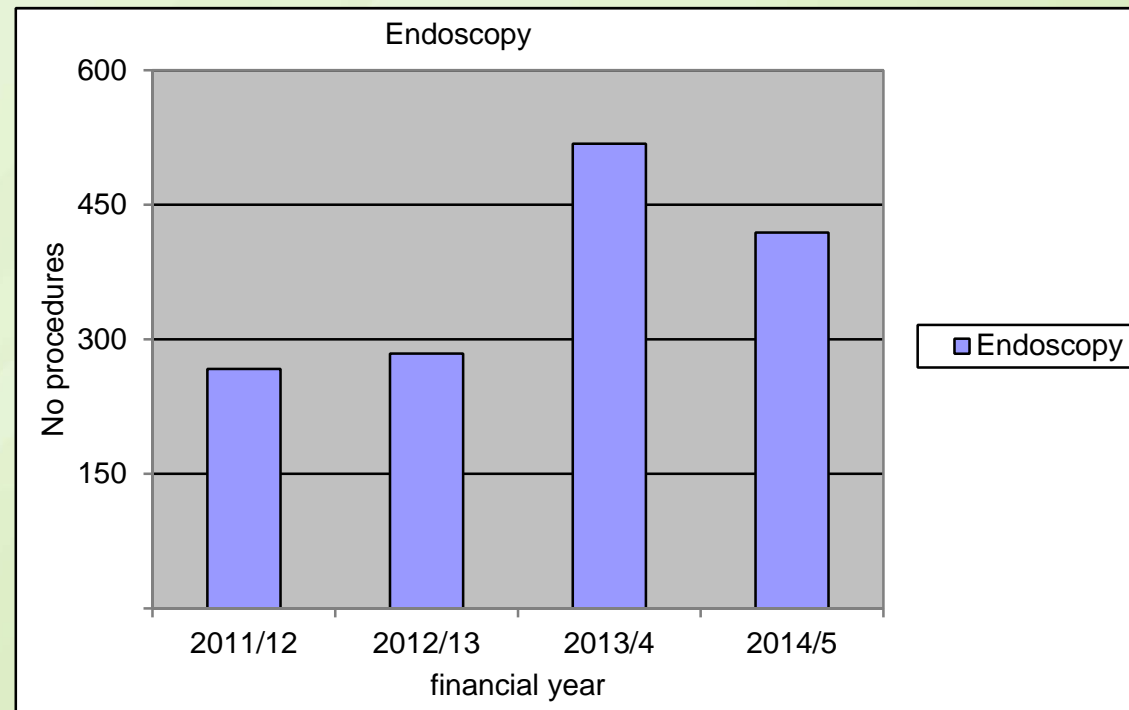
What is the Difference to Kingaroy?

- Bed occupancy has increased from 71% to 85% since 2012.
- Renal Services increased from 12 to 18 patients receiving treatment locally.
- Inpatient Telehealth – Geriatrician, Nephrology & General Medicine specialist care

Surgical Separations



Endoscopy procedures



Surgical team in action



Where to Now?

- Time to Review the Plan
 - Stroke Unit
 - Chemotherapy
 - More surgery
 - More Telehealth

- Even better: a new hospital to enable this to occur (should you meet someone of influence)