

## Sowing the seeds of change in Wheatbelt Western Australia

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### **Background**

The difficulties in recruiting and retaining general practitioners to work in rural and remote Australia are well documented. In particular, general practitioners working in solo rural practice frequently describe isolation, lack of collegiate support and difficulties in maintaining the financial viability of their general practices as barriers to working rurally.

A 2013 literature review conducted on behalf of Rural Health West on critical success factors for recruiting and retaining health professionals to primary care in rural and remote locations<sup>1</sup> identified a lack of good organisation and management within rural and remote health services. This in turn identified a need for health employers to draw on the substantial knowledge developed in the business sector to implement innovative recruitment and retention strategies.

Han, Chesters and Ballis<sup>2</sup> cite overwork and a lack of resources at the practice and in the community as two major issues affecting doctors' willingness to live and work in a rural location, along with a scarcity of resources supporting general practice, limited opportunities for continuing professional development and isolation from professional colleagues. Doctor isolation is pervasive in rural practice and while adequate financial reward is an important factor for recruitment and retention, it is not sufficient alone.

There are also ongoing professional and financial difficulties for rural doctors in Australia in operating viable medical practices against continued rural economic decline. According to Han, Chesters and Ballis of the issues described, the lack of resources and professional isolation coupled with the pressure of ensuring their practice is viable, cause doctors the most significant distress.

Rural Western Australia has the highest rate of solo general practice in Australia. In the Wheatbelt region of Western Australia where almost half (44.12%)<sup>3</sup> of the general practices are solo-operated, the barriers to recruitment and retention of general practitioners are exacerbated by vast distances and sparse populations. In this region, difficulties recruiting a private general practitioner workforce have frequently resulted in a significant financial and administrative commitment by local Shires through provision of support and incentives to attract medical workforce.

Despite the instability of solo rural general practice, it is still the preferred and in many cases, the only feasible model of medical service delivery for rural communities. Rural health agencies, State and Commonwealth Departments of Health and country local government authorities do provide a range of services and incentives specifically designed to support solo rural general practice. Notwithstanding the commitment of these organisations to continue their support in the long term, it is clear that fundamentally different business models are needed if the future of solo rural general practice is to be assured.

### **The Eastern Wheatbelt Primary Care Project**

Since 2010 Rural Health West, as the Rural Workforce Agency in Western Australia, has worked with the Eastern Wheatbelt Shires of Corrigin, Lake Grace, Kondinin, Kulin and Naremben to address recruitment and retention issues in the Eastern Wheatbelt region through the redesign of business models for general practice service delivery. Collectively this group forms the Eastern Wheatbelt Primary Care Project Collaborative, with the ultimate aims of improving primary care services for their communities and lessening the financial and administrative involvement of the Shires in general practice operation.

This group has sought to address the recruitment and retention issues of general practitioners to their regions by reducing the barriers traditionally associated with solo rural general practice, including difficulties operating a viable general practice, personal and professional isolation and lack of collegiate support.

## Overview of the Shires

The region covered by the five Shires of Lake Grace, Corrigin, Kondinin, Kulin and Narembeen is sparsely populated. The Shires have a combined population of 5,656 people spread across an area of nearly 30,000 square kilometres. Kondinin has the highest proportion of indigenous persons across the Shires.

Table 1 Region Overview\*

Shire	Population	Area (sq km)	Distance from Perth (km)	% Indigenous persons
Lake Grace	1,456	10,747	354	1.1%
Corrigin	1,257	3,095	234	1.5%
Kondinin	1,200	7,340	271	8.8%
Kulin	920	4,790	283	2.5%
Narembeen	823	3,833	286	2.6%
Total	5,656	29,805		

\* Australian Bureau of Statistics (ABS)<sup>4</sup>

Four general practitioners provide services across the five Shire areas, each delivering primary care services from a solo general practice.

## Project method

To determine general practice service delivery models suited to the Eastern Wheatbelt region, a consultation process was undertaken, comprising 32 meetings across a broad range of stakeholders representing the Shires of Corrigin, Kondinin, Kulin and Lake Grace, WA Country Health Service, Royal Flying Doctor Service, St John Ambulance volunteers, General Practice Networks and others with an interest in this initiative.

There was a good understanding across the Shires of the barriers associated with recruiting general practitioners into rural areas, including the pressure from metropolitan based practices competing for scarce general practitioners, professional isolation, lack of collegiate support and limited procedural work, burn-out from the consistently high workload and being constantly on-call, family isolation and lack of education options for children (particularly beyond Year 10).

A number of models for delivering sustainable general practice services in the region were discussed during the consultation process. The models were defined according to their structure, resource requirements, roles and responsibilities, relationships and governance. Each model was then assessed against criteria covering community expectations, sustainability, utilisation of existing resources, access to funding, innovation and targeted benefits.

Applying the options assessment criteria, the top three models to emerge were the Fly In-Fly Out Model, Drive In-Drive Out Model and the Regional Residency Model. The Regional Residency Model was preferred by all Shires on the basis that it is perceived as having the most potential to meet the community expectations of general practice services in the region. The key elements of this model include:

- A separate not for profit entity to be established to administer all aspects of the practice and be responsible for implementing the model to meet community needs, ensure sustainability and deliver innovative primary healthcare across the region.
- A number of general practitioners residing in the region and deliver primary healthcare services to meet the needs of local communities across all participating shires.
- General practitioners to be eligible for credentialing with WA Country Health Service so they can admit patients and provide after hours emergency cover at local district hospitals and multi-purpose services.

- Arrangements to be established to back-fill general practitioner services in the event that general practitioners are unable to be recruited or retained. Options include fly in-fly out or drive in-drive out general practice services. Locum services to be arranged to cover general practitioners on leave.
- Over time the goal is to develop a training practice to support the ongoing professional development of general practitioners and help encourage general practitioners into rural practice.
- There are a number of future opportunities to enhance primary care health services provided across the region under this model, particularly through nurse practitioners, allied health and telehealth services.
- This model will ensure some continuity of access to general practice services in the community because of the back-fill arrangements. However, the barriers to recruiting and retaining general practitioners in rural and regional areas will continue to be difficult to overcome.

Subsequently the Wheatbelt General Practice Business Support Service was developed to assist in achieving the aims of the Eastern Wheatbelt Primary Care Project and some of the key elements of the Regional Residency model. The primary goal of the Wheatbelt General Practice Business Support Service was to commission a practice management organisation that offers all aspects of practice support and management service to the general practices located in the Shires of Corrigin, Lake Grace, Kondinin, Kulin and Narembeen.

### **Wheatbelt General Practice Business Support Service**

The Eastern Wheatbelt Primary Care Project Collaborative has developed the Wheatbelt General Practice Business Support Service to collectively fund a practice management service that delivers aspects of clinical support, business support and management to the private general practices located within the Shire boundaries. This model commenced in 2014 and addresses the general practitioner attraction and retention issues frequently cited in the Wheatbelt region of isolation, lack of collegiate support and practice viability.

A service provider has been commissioned for the Wheatbelt General Practice Business Support Service to support the general practices with practice management; general practitioner and staff recruitment; clinical leadership; human resource management; accounting and bookkeeping; information technology support and maintenance; service coordination; and provision of corporate services for Shires. The broad services provided under each area are outlined in Table 2 below;

**Table 2 Wheatbelt General Practice Business Support Service overview**

Stream	Objective	Support areas
Practice management	Support the medical practice to operate efficiently and profitably	Administration Government programs and incentives Business and service planning Practice accreditation
Recruitment	Support the Shire and the medical practice to ensure continuity of health service delivery through effective recruitment practices	Doctor recruitment and placement International medical graduate recruitment and placement GP registrars Locums Other staff
Human resource management	Support the medical practice to implement effective and legally compliant human resource management	Staff recruitment Dispute resolution External relationships
Accounting and bookkeeping	Provide efficient and effective financial services to the medical practice	Computerised bookkeeping system Banking Accounts receivable and payable Financial reporting Business activity statements Payroll and superannuation
Information technology support and maintenance	Provide efficient and effective information technology support to the medical practice	Practice management software Hardware Staff support General information technology administration and documentation Strategy
Clinical leadership	Facilitate the delivery of safe and effective clinical care	Clinical leadership
Service coordination	Facilitate and coordinate the services across the Shire to ensure continuity of service provision	Service coordination
Corporate services for Shires	Provide corporate service support to the Shires	Corporate services

## Governance and membership

The Wheatbelt General Practice Business Support Service is underpinned by four key documents:

- Memorandum of Understanding that binds the five Shires together in common agreement.
- Contractor agreement between the service provider and the Participating Shire.
- Agreement between the service provider and international medical graduate regarding practice ownership where required.
- Memorandum of Understanding between the Participating Shire and the general practitioner re commitment to provide benefits package in return for primary health care service.

A Wheatbelt General Practice Business Support Service Shire Governance Committee has been formed and holds quarterly meetings. This committee is supported by the Wheatbelt General Practice Business Support Service Governance Framework.

There are two levels of membership to the Wheatbelt General Practice Business Support Service. The two-tier membership system was introduced to recognise the intent of all Shires to ultimately participate in the Wheatbelt General Practice Business Support Service, while remaining sensitive to the existing general practice arrangements in place. Currently not all Shires require the full suite of

services offered by the Wheatbelt General Practice Business Support Service, however all are committed to the long term vision of this service.

All Eastern Wheatbelt Primary Care Project Shires are Member Shires of the Wheatbelt General Practice Business Support Service. Member Shires pay an annual membership fee to have access to purchase the services of the Wheatbelt General Practice Business Support Service. Once a Member Shire has a general practice vacancy, the Shire has the option of progressing to the second tier of membership as a Participating Shire, which provides access to the suite of services provided through the Wheatbelt General Practice Business Support Service.

### Project evaluation

In consultation with the Eastern Wheatbelt Primary Care Project Collaborative Rural Health West developed a twelve month impact and process project evaluation framework for the Wheatbelt General Practice Business Support Service. The framework provides an overview of the purpose of evaluation, evaluation measures and the evaluation design and methodology that will be used.

The purpose of the evaluation of this project is to:

- Assess the projects effectiveness and sustainability.
- Meet the accountability requirements of the funding bodies and Participating Shires.
- Gauge the broader applicability of the business support service to other general practice clusters in rural and remote Western Australia.

Evaluation collection commenced in early 2014 through semi-structured interviews and questionnaires to each of the Chief Executive Officers of the Member and Participating Shires and also to the general practitioners and staff of the general practices. Additional data was collected through quarterly quantitative data reports from the service provider of the Wheatbelt General Practice Business Support Service and focused on the eight streams of services:

- practice management
- recruitment
- human resource management
- accounting and bookkeeping
- information technology support and maintenance
- clinical leadership
- service coordination
- corporate services for Shires.

The extent to which the program has achieved its aims and objectives, as well as the how well the planned activities have been implemented has been reported on at six months and will be reported on again at 12 months. The evaluation reporting mechanisms comprise:

- a baseline evaluation report which addressed the evaluation aims and objectives at the baseline of 30 June 2014
- an impact and process evaluation report for the period 1 July 2014 to 30 June 2015.

The baseline evaluation report also described key enablers and barriers to the project. It was noted that all of the Eastern Wheatbelt Primary Care Project Collaborative Shires, regardless of their current general practice status, recognised the value of the Wheatbelt General Practice Business Support Service as a long-term general practitioner recruitment and retention strategy and have made a financial commitment to the Wheatbelt General Practice Business Support Service as Member Shires

with the intention, when a general practitioner vacancy arises, to access the Wheatbelt General Practice Business Support Service as a Participating Shire.

The impact and process evaluation report will describe the project aims and objectives and offer a brief chronology of key events before setting out the evaluation tools that were used to collect the baseline data. The report will address 18 measures within the four aims of the evaluation:

- Aim 1 - Evaluate the change in viability and sustainability of the general practice services.
- Aim 2 - Evaluate the change in viability and sustainability of local government interface with the general practice services.
- Aim 3 - Evaluate the impact of the model on improved access and quality of services to meet the needs of the community.
- Aim 4 - Evaluate whether the business support service/entity is able to deliver a viable and sustainable service.

### Making a difference

In July 2014 one Member Shire progressed to a Participating Shire under the Wheatbelt General Practice Business Support Service model, the first of the Eastern Wheatbelt Primary Care Project Collaborative Shires to do so. Services provided to the Participating Shire under this model commenced with the recruitment of a general practitioner who has obtained Fellowship qualifications to deliver services to the Shire region, which had been without permanent general practitioner services since 2012. This appointment has provided the local community with health service certainty and continuity of care.

The newly recruited general practitioner has been supported by the Wheatbelt General Practice Business Support Service across a range of areas. As a result, the medical centre is now operating as a financially viable practice and is delivering enhanced health services to the region, including an integrated allied health service and coordination of visiting specialist services for the area and the wider community. The planned next stage for this practice is to explore the option of becoming a general practice registrar training post to attract future medical workforce to the region.

The Wheatbelt General Practice Business Support Service model has attracted interest from other Shires within the Wheatbelt region. Interested Shires have been invited to attend Wheatbelt General Practice Business Support Service Shire Governance meetings as observers, with a view to joining the Eastern Wheatbelt Primary Care Project Collaborative in the future.

Following funding submissions by the Eastern Wheatbelt Primary Care Project Collaborative, the Wheatbelt General Practice Business Support Service project has also received financial support from the South West WA Medicare Local for operational activities and funding through the Government of Western Australia WA Country Health Service for a comprehensive project evaluation.

In addition, Rural Health West has coordinated a doctor networking group for the medical practitioners and their families located in the Eastern Wheatbelt Primary Care Project Collaborative Shire areas. This networking group enables the local medical practitioners to provide support to each other and their families, and to expand business and other skills through the provision of education workshops tailored to the specific requirements of the general practitioners.

### Role of the rural workforce agency

Rural Health West has had a pivotal role in this partnership as an independent broker and facilitator in the development of an innovative workforce solution for the Eastern Wheatbelt region of Western Australia. Rural Health West has coordinated and part funded community and stakeholder consultation, consultant engagement, service planning and design, funding submissions and development of models of service delivery and a governance framework. The agency has also negotiated with state and commonwealth organisations to ensure health service solutions for all parties.

## Recommendations

1. Assessment of the Wheatbelt General Practice Business Support Service for scalability to other regions and communities in rural Australia.
2. Further exploration of alternative models of general practice service delivery for rural Australia.
3. Provision of Government investment in the development of alternative models of general practice service delivery in areas of market failure, such as solo general practice in Wheatbelt Western Australia.

## References

1. Rural Health West. Critical success factors for recruiting and retaining health professionals to primary care in rural and remote locations August 2013.
2. Hans GS, Chesters J, Ballis H. Challenge and Excitement – Part Two: loving and hating rural medical practice. *Asia Pacific Journal of Health Management* 2009; 4: 2.
3. Rural Health West. Minimum Data Set Report and Workforce Analysis Update November 2014
4. Australian Bureau of Statistics [cited 12 Jan 2011). Available from URL: <http://stat.abs.gov.au/itt/r.jsp?databyregion>

## Presenter

**Kelli Porter** holds qualifications in health promotion and health policy and management. She has over 20 years' experience working in health within the government and not-for-profit sectors and in private general practice. In her role with Rural Health West as Manager Workforce Development, Kelli contributes to primary care planning for health workforce solutions in rural Western Australia, promotes rural health careers to the future health workforce, and provides business support to rural general practices.