The Western Australian Centre For Remote And Rural Medicine

Dr Brian Williams, Director

3rd National Rural Health Conference
Mt Beauty, 3-5 February 1995

Proceedings
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Introduction:

The Western Australian Centre for Remote and Rural Medicine (WACRRM) was established in 1990. This followed the key recommendation of the Ministerial Report into recruitment and retention of rural general practitioners in Western Australia, published in 1987 and chaired by Prof. Max Kamien.

Funding:

In late 1989, funding of $2m was block granted to the University of Western Australia to establish the WACRRM. This $2m block grant was for 5 years funding.

Since this initial funding, additional funding has been obtained from RHSET, the Rural Incentives Program, and the State Health Department.

Organisation:

The organisation of WACRRM comprises a Director (Associate Professor Level), an Assistant Director (Senior Lecturer Level). Both these positions are occupied by medical practitioners. Additional staff comprise two Executive Secretaries, two Research Officers and two Clerk Typists.

Role:

The role of WACRRM is the recruitment and retention of rural general practitioners. Additionally it is being seen as a focus for rural general practice in Western Australia. It is important to note the workforce implications of this role statement.

Recruitment:

The recruitment for rural practice covers a wide range of issues in addition to direct contractual negotiations with existing doctors wishing to move to rural practices and assisting local Shire Councils in attracting medical practitioners to their towns.

Recruitment goes down as far as secondary school, where an essay competition is held in rural high schools. In the medical school, WACRRM runs the SPINRPHEX Club and is intimately involved in the Country Medical Foundation Scholarship Scheme.
WACRRM has established rural practice teaching centres throughout Western Australia, where final year medical students are mentored and taught rural general practice by existing practitioners.

Financial assistance for travel and accommodation is provided by WACRRM for these rural GP attachments.

Active "Teach the Teacher" programs are conducted by WACRRM and the General Practice Department personnel, for those practitioners who have medical students in their practice.

WACRRM runs and operates the Rural Training Unit, which provides a comprehensive 4 year training program for vocational training. This program is run in conjunction with the RACGP Training Program and involves 18 months of rural general practice, 6 months of obstetrics, 6 months of anaesthetics, 6 months of paediatrics after the completion of a 12 month RMO year at Fremantle Hospital, which also involves rotations to rural areas. Additionally, a 6 month elective term is available.

WACRRM Research Officers undertake significant cohort research of all aspects of recruitment.

Retention:

Under the retention portfolio comes continuing medical education, which is in the form of:

- Weekend seminars
- Princess Margaret Hospital Exchange Program (paediatrics)
- Individual updates
- Satellite broadcasts

The weekend seminars are conducted both in regional centres throughout Western Australia and two per year in the city. Financial assistance to cover travel and accommodation is provided for rural general practitioners to attend these programs. These are extremely well attended and in addition to the attendance of general practitioners, alternative programs for spouses and children are also provided.

Locum Support:

Extensive negotiations with the AMA Locum Services in Western Australia has seen the introduction in 1994, of a State-wide rural locum program. This program saw the allocation of over 165 locum assignments 1994 compared to 30 such assignments in 1993.
Comprehensive liaison processes with the Rural Doctors Association of Australia, the Rural Doctors’ Association of W.A. (RDAWA), the Faculty of Rural Medicine (FRM) of the RACGP and the Australian Medical Association are important for WACRRM’s success.

Spouse and family support of rural practitioners is an area where WACRRM has shown considerable leadership.

WACRRM has established extensive networks throughout Western Australia. Of particular importance are the relationship with the Rural Health Policy Unit of the Health Department of Western Australia, the relationship with the Minister for Health and his Office, and the Commissioner for Health in Western Australia, and the extensive relationships with the teaching hospitals and the university departments within those hospitals for the provision of continuing medical education. Additionally, there is a good relationship with the Country Shires Association and the Country Medical Foundation Scholarship Scheme will be addressed.

A comparison of figures of rural doctors in Western Australia shows quite a remarkable change in the 6 years between 1987 and 1993. In 1987, there were 282 rural general practitioners of which 35 per cent were UWA graduates. In 1993, this figure had risen to 332 rural general practitioners of whom 52% were UWA graduates.

These impressive figures are linked to the success of the program which WACRRM has in place.

**Conclusion:**

The WACRRM model is presented as a unique model in Australian rural health. It provides vertical integration of educational activities from undergraduates through vocational to continuing medical education. It provides horizontal integration with many other bodies involved in the provision of rural health services. The strengths of the model are:

- Soundly based on research
- Adequate and appropriate funding
- A workforce orientation that is educationally based
- Vertical integration of the educational programs
- Horizontal integration so that all stake holders have a say in the outcomes of the Centre.