RURAL MEDICAL WORKFORCE INITIATIVES IN AUSTRALIA: HISTORY AND FUTURE DIRECTIONS

The Australian Health System has three levels of government: Federal, State/Territory and Local. The Federal Government, through the Department of Health and Family Services, sets national health policies and subsidises service provision by State and Territory governments and the private sector.

State and Territory governments have primary responsibility for the actual provision of health services, including most acute and psychiatric hospital services. The states and territories also provide a wide range of community and public health services.

Local government responsibilities include environmental control and personal preventive services such as immunisation, while Federal Government funds the provision of medical services through Medicare.

This universal health insurance system provides rebates to consumers for out-of-hospital medical services, including general practitioner and specialist consultations. Rural general practitioners are therefore funded directly by the Federal Government for out-of-hospital consultations and by State Government for services provided in hospitals.

While 32% of the Australian population live in rural areas, only 23% of non-specialist medical practitioners are found in these areas. However recent research shows that the number of rural and remote non-specialist medical practitioners is increasing, at the same time as the rural population is decreasing or stabilising. Nevertheless, there are indications that some rural and remote areas still have difficulty attracting and retaining GPs.

The general practice strategy

The Australian Government introduced the General Practice Rural Incentives Programme (GPRIP) in 1993. In December 1991 the Australian Medical Association, the Royal Australian College of General Practitioners and the Federal Government started discussions on general practice, workforce and standards, and examined ways of enhancing the quality of general practice.

They have concentrated on four main areas:

- improving access to GP services;
- integrating general practice with the rest of the health system;
- enhancing the quality and cost-effectiveness of general practice; and
- support for training for GPs.

Total funding for this year's GP strategy is A$216-million. A major ministerial review of the whole strategy is underway and should be complete by February 1998.

Components of the General Practice Rural Incentives Programme

The five principal elements of the GPRIP are :

- relocation grants;
- training grants;
- remote area grants;
- continuing medical education/locum grants; and
- rural undergraduate support grants.

Other initiatives have included :

- remote area equipment grants;
- advertising campaigns; and
- family support grants.

Linda Holub, Director of the Rural Incentives Section, General Practice Branch, Health Benefits Division, Department of Human Services and Health, Australia

"Projects to improve access to CME by rural doctors include organised specialist visits to remote locations, interactive programmes across satellite networks and weekend CME events..."

Short term strategies

Relocation and Training Grants

Since April 1993, 651 relocation and/or training grants have been received and by July 1997, 368 applications had been approved. GPs taking up these grants must remain in their chosen community for at least two years. Seventy-five GPs have received a training grant and a further 106 a combined relocation/training grant.

Medium term strategies

CME/ Locum Support Grants

Since 1994, the Rural Incentives Programme has had A$5-million annually to help give rural GPs access to CME and locum support.

Projects to improve access to CME by rural doctors include organised specialist visits to remote locations, interactive programmes across satellite networks and weekend CME events. These have also helped to reduce the isolation felt by many families, as have the newsletters and teleconferences. Locum projects include *City Doc Goes Bush* and establishing links between city and country divisions of general practice and state-based locum pools.

The marked increase in the use of locums by rural doctors indicates the importance of this programme for rural GPs.

Remote Area Grants

From July 1994 annual grants of up to A$50 000 have been made available to rural doctors by way of direct salary subsidy to enable them to practise in one of 60 selected remote communities across Australia.

GPs are expected to provide full general practice services to the community for a period of 12 months and participate actively in public health education and planning activities. Of the 48 GPs currently involved in the programme, one third is working in communities which previously did not have a resident GP.

Long term strategies

Rural Undergraduate Support Grants

To encourage more medical students to seek a career in rural areas, medical schools are being given incentives to change the undergraduate curriculum to include more rural content. Grants have been provided to ten medical schools to devise strategies to demonstrate progress in achieving changes in key areas.

These include:

- student selection;
- curriculum content;
- structured rural placement;
- educational development and support for teachers;
- full-time academics for on-site support of rural teaching;
- student assessment;
- student support systems;
- funding for departments of general practice;
- active co-operation with state-based agencies with direct contact with rural practitioners with whom their medical students will be placed.

The third component of A$200 000 funding is set aside each financial year for projects of national significance. These projects focus on the changes required in medical schools and are specially commissioned enhancements to existing programmes and/or innovative activities.

Two curriculum conferences were held in 1994 and 1996, involving academics, rural practitioners, community representatives and students, in addition to two student conferences. Other

projects involve women in rural general practice, a rural teachers' handbook, and a students' rural placement database.

Advertising/Marketing

In September 1993 a communication plan was developed to support the implementation of general practice strategy. The plan has been updated each year to reflect new initiatives such as GPRIP.

Advertising has generated 1 236 requests for further information and research shows that the advertising style whereby real rural GPs deliver the messages is the most appropriate and credible. General awareness of departmental initiatives has increased, with 33% of those surveyed claiming that they were well-informed, as opposed to 20% before the campaign.

New developments in rural and remote health

Additional funding enables the department to change some of the structural barriers to rural and remote general practices, identified by rural practitioners, consumers and other stakeholders. Research is underway which will improve the GPRIP. There are four principal areas of activity, all of which are interconnected:

- research on a national profile of the rural medical workforce;
- research to identify the role that divisions of general practice can have in attracting and retaining appropriately-skilled medical workforce;
- research on the development of best practice models for general practice in rural and remote settings; and
- the development in each state of an integrated support strategy that could be implemented a various levels.

Other new initiatives include:

- a programme for fifth-year medical students to complete clinical training in a rural area; and
- A$8-million set aside for housing GPs in remote practices, many of which are in remote Aboriginal communities.

Future directions for rural and remote general practice

Evaluation, formal feedback mechanisms and rural doctors have contributed to reshaping the programme. Recommendations include :

- the need to better target communities in need of GP services;
- the need for greater flexibility of the current arrangements in serving the needs of local communities;
- the need to move to an outcomes focus rather than an input focus (i.e. not just amount of dollars spent), with a clear line of accountability for achieving those outcomes;
- the need to adopt a more strategic focus on the needs of rural and remote communities and GPs;
- the need to improve the operation of the GPRIP continuously, especially in response to changing local needs;
- the need to bring together rural medical workforce research and initiatives to improve the implementation and packaging of initiatives; and
- improving rural and remote medical services through better integration of the GPRIP with existing initiatives.

Key stakeholders have agreed on a new, more flexible model for the programme. This will also provide a framework within which desired outcomes can be agreed and initiatives developed specifically to achieve these outcomes.

The significant difference between today's programme and that of the future is that the support package can be tailored to meet the demands of the community and the GP involved. The programme will also be better targeted to those areas having difficulty in recruiting and/or retaining GPs. Since the programme will be implemented at state level, there is greater capacity for integration with state government initiatives. At the same time, this should simplify administrative processes.

The GPRIP faces significant changes, but these will be based on experience and a greater understanding of the complexities of rural and remote general practice. They will also be effected with co-operation and collaboration between the department, the medical profession and the community. ●

A valuable addition to any practitioner's bookshelf...

Publication:
South African Family Practice Manual

Editor: ***Dr Manfred Teichler***

Published by:
SA Academy of Family Practice/Primary Care

Reviewed by:
Professor Bruce Sparks, Convenor,
College of Family Practitioners

Obtainable from:
South African Academy of Family
Practice/Primary Care
Telephone (011) 807-6605 or fax (011) 807-6611

Price:
R200 for Academy members
R250 for non-members

Every three months over the last three years, the Academy has published an issue of the South African Family Practice Manual, which collectively have become an extremely useful set of practice guidelines for the South African family practitioner, the nurse practitioner and indeed anyone in primary care. It has recently been suggested as recommended reading for doctors writing the examination for foreign graduates.

The family practitioner organisation has now published one condensed hard-covered volume, representing the twelve issues of the last three year cycle. The Academy is now to embark on a new updated three year cycle. Each issue in the series will accompany its sister publication, the *SA Family Practice Journal*.

As stated in the foreword, the purpose of the manual is threefold:

- **to be a quick reference manual, one arm's length away in the consulting room;**
- **to be a concise, up-to-date source of CME; and**
- **a guide to procedures.**

Each of the twelve issues is dedicated to a different area of practice, from the consultation, through paediatrics, practice procedures, medical emergencies and trauma, diseases and conditions of the various body systems, therapeutics, referral to specialists and even including a glossary of statistical terms.

The book is an absolute font of information for the practitioner. Practical one or two page summaries are appropriately interspersed with photographs and illustrations (some in full colour), many of which can be photocopied and used as patient hand-outs or wall-charts.

It is refreshing to note that the content of the volume is based on current South African consensus documents, publications and articles. Much of the text is specially written by invited experts in the field. Thus this volume is a compendium of the current medical thinking and practice in this country and not a series of imported recommendations with no relevance to the local practitioner.

A comprehensive table of contents makes up for the somewhat limited index of main topics.

The editor and contributors are to be congratulated on an extremely valuable addition to any practitioner's bookshelf. I am sure that many specialists will find it useful too.