

**SUBMISSION TO THE PARLIAMENT OF  
AUSTRALIA SENATE COMMUNITY  
AFFAIRS COMMITTEE**

**INQUIRY INTO FACTORS AFFECTING THE  
SUPPLY OF HEALTH SERVICES AND  
MEDICAL PROFESSIONALS IN RURAL  
AREAS**

**SOUTH AUSTRALIAN GOVERNMENT  
SUBMISSION**

**January 2012**

## Introduction

The South Australian Government welcomes the opportunity to make the following submission to the Parliament of Australia Senate Community Affairs Committee inquiry into factors affecting the supply of health services and medical professionals in rural areas.

On 13 October 2011, the Senate referred the matter of factors affecting the supply of health services and medical professionals in rural areas to the Senate Community Affairs Committee for inquiry and report with the following terms of reference:

- (a) *the factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres*
- (b) *the effect of the introduction of Medicare Locals on the provision of medical services in rural areas*
- (c) *current incentive programs for recruitment and retention of doctors and dentists, particularly in smaller rural communities, including:*
  - I. *their role, structure and effectiveness*
  - II. *the appropriateness of the delivery model*
  - III. *whether the application of the current Australian Standard Geographical Classification – Remoteness Areas classification scheme ensures appropriate distribution of funds and delivers intended outcomes*
- (d) *any other related matters.*

The Senate Community Affairs Committee reporting date for this inquiry is 30 April 2012.

The South Australian Government wishes to make the following comments on the terms of reference of the inquiry.

## Key Messages

The key messages that the South Australian Government would like the Senate Community Affairs Committee to note are:

- South Australia's geography and its dispersed population presents a particular challenge to the supply of health services, the recruitment and retention of health professionals and the management of demand in country South Australia.
- Distance, remoteness and isolation impact on service delivery and are important considerations in the commitment to recruit and retain medical, dental, nursing and midwifery and allied health staff.
- The South Australian Government will continue to rely on the employment of overseas trained health professionals and attraction/incentive schemes to provide health services in country South Australia.

- Developing education pathways for students from rural and remote areas will promote the return of those students to the country areas.
- The ageing of the population and the workforce is an issue felt strongly in South Australia because of its population age structure. This is an even more significant issue in the country region because of its older age profile compared to the metropolitan areas.
- Information and Communication Technology (ICT) strategies that can respond to the relative technical isolation in the country regions, and in particular the remote areas, can work to reduce professional and social isolation, as well as better support patient care and professional development and training.
- Demand for services is in part driven by a significant population growth in some country areas as a result of retirees seeking a lifestyle change, or economic growth due to the mining boom. These developments, particularly the mining boom, will need to be taken into consideration in the planning of future services.
- Demand for services in the country regions may be subject to significant seasonal variations arising from farming, weather and tourism in holiday periods. Therefore, service needs to be flexible to respond to the varying demands.

### **Addressing the Terms of Reference**

**(a) the factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres.**

### **Health Services in Country South Australia**

The Country Health SA Local Health Network Incorporated (Country Health SA LHN) manages the delivery of public health services in country South Australia.

The key factors limiting health services in rural areas is South Australia's dispersed population, in conjunction with the number of small rural centres across a large geographical area. The recruitment and retention of health professionals to small regional communities presents significant challenges because of the lack of attractiveness (professionally and personally) for health professionals to live and work in such communities.

In summary, South Australia has:

- 28.1 per cent (490 635) of its State's total population living in its country regions dispersed across more than 98 per cent of the total area of the State (983 776 square kilometres).
- Its largest regional centre, Mount Gambier has an estimated residential population in June 2010 of 26 128.
- Only has one major metropolitan area (including the Adelaide and surrounding metropolitan areas).
- A pattern of small towns with populations of up to 3 000 with density becoming progressively lower in the far reaches of the State to the West and North.
- A significant Aboriginal and Torres Strait Islander population living in country South Australia. 52 per cent (15 210) of the total Indigenous population of South Australia live in the country region.

Country health services are provided at 65 public hospitals and across 240 health service sites in country South Australia. The distances between sites and/or their remoteness present challenges for professional development and discourse, as well as extended social, educational and recreational environments not presented to those working in the metropolitan areas.

### **Current Health Workforce in Country South Australia**

Country Health SA LHN employs approximately 5 913 full time equivalent employees in diverse roles, including nursing and midwifery, medicine, allied health, care workers, Aboriginal Health workers, cooks, cleaners, orderlies and administrative staff.

South Australia's health workforce in general is reflective of the ageing population, with over 40 per cent of doctors, nurses, allied health professionals and support staff predicted to retire in the next 15 years. SA Health has identified an average annual replacement rate that is significantly higher than the national average.

This pattern is reflected in Country Health SA LHN's workforce. The median age of its workforce is 48.3 years compared with 44.9 years for SA Health, reflecting an older workforce profile.

Within 10 years, 24.6 per cent of the current workforce will be eligible for retirement (based on retirement age of 65 years). This age profile means that there may be a loss of a substantial number of highly qualified and experienced health professionals from the workforce in the coming years.

Replacing them will present particular challenges for service in the country regions.

### **SA Ambulance Service (SAAS)**

SAAS is the statutory provider of emergency ambulance services for South Australia. It provides a full spectrum of services from emergency support service and regional medical transport service for mid-level acuity patient transport and clinical intervention and back up to the emergency ambulance sector to non-urgent low acuity patient transport service in both the country and metropolitan areas of South Australia.

Particularly relevant to the country areas is the fixed wing and rotary air and road ambulance Critical Care Retrieval Services encompassing a combination of critical care specialist doctors, as well as paramedics and nurses specialising in retrieval medicine.

SAAS operates with a combination of paid staff in larger regional areas and on volunteer ambulance officers in smaller regional and remote areas trained to provide emergency ambulance services. The reliance on, and building volunteer capacity, presents challenges for these areas. Anecdotally information indicates a decline in the number of new volunteers.

### **Demands for Services in the Country Region**

Common to the whole of Australia, the demand for services is increasing as is the competition for the supply of health professionals.

Some of the demand is driven by well known factors of an ageing population and workforce, particularly in South Australia and even more so in its country regions.

Demand in country regions is increasing along with the growth in the Olympic Dam mine site expansion and other established mine sites, such as Iluka mines (near Ceduna) and with the associated infrastructure and personnel that will be attracted to nearby towns ie Roxby Downs, Whyalla and Ceduna etc. In addition, there will be increased demand from those that are transiently located for work and then vacate in work free periods.

SAAS for example expects a growth for the fly in/fly out ambulance and retrieval services in the mining locations of the remote North and North West of the State.

### **Practice Issues for Country Regions**

As suggested above, there are significant factors that impact on the supply of health services and health professionals in country South Australia, largely related to the attractiveness of living and working the country region and in particular the more remote areas.

These factors include:

*Lifestyle Issues and Work/life Balance*

The health workforce is changing and the issues of lifestyle, work/life balance and safe working hours are increasingly more important for staff. This shift in attitudes to work may make it more difficult to provide for example, after hours medical services, particularly in small towns where the population may rely on one doctor and or a locum service.

*Family and Social Opportunities*

Health professionals of all disciplines want the best occupational and educational opportunities for their partners and children. It is difficult, if not impossible, to provide for some of these so as to meet the expectations of professionals in South Australia's smaller rural and or remote centres.

While financial incentives can attract health care staff and their families to rural locations, there are other factors such as family, social and educational factors, which impact on recruitment and retention of health professionals. Particular attention needs to be paid to such matters as locally based strategies, career opportunities, suitable accommodation, professional support for partners, accessible child care and education for children.

The provision of such local strategies and demonstrated cultural sensitivity may positively influence the overseas trained workforce and their families to work in South Australia.

*Professional Contact and Liaison*

To ensure high quality provision of health services, health professionals require access to high quality and contemporary infrastructure, ICT systems and processes.

Access to efficient ICT services is another factor affecting the quality of services that can be provided by health professionals in rural and remote areas and act as an incentive for the retention of staff in these areas.

In this regard, the National Broadband Network roll out to country South Australia is seen as a positive development for video conferencing as an important tool in patient care and allowing health professionals remote from a hospital site to assess the physical and mental health of patients.

In addition, the availability of appropriate information technology linkages can better support professional development and training for health professionals through video conferencing and/or web-based modules.

Rural medical workforce challenges include the lack of a critical mass of clinical work to remain credentialed in a particular speciality.

### *Transport*

Due to the large distances between many rural health services and metropolitan Adelaide, transport costs by air or road can be prohibitive for country residents.

Road travel to Adelaide or to the nearest centre that has commercial flights to Adelaide is the main method of travel in country South Australia, although often there are no direct routes from one regional centre to another.

The lack of suitable public transport options across country South Australia, particularly for those residing in the remotest parts of the State makes it difficult for those without private transport to access services.

### *International Medical Graduate Employment*

SA Health relies on recruiting International Medical Graduates (IMGs) to these positions under the provider number moratorium.

South Australia recognises that under this arrangement public safety considerations are paramount. The new and increased supervision requirements placed on new medical practitioners by the Medical Board of Australia are making the attraction of IMGs to rural and remote areas more difficult, particularly where one-on-one supervision is not always achievable in small towns or solo doctor practices.

### *Country Allied Health Career Structure*

The SA Health leadership structure for Allied Health Professionals has been strengthened with the appointment of Clinical Seniors and Advanced Clinical Leads across all professions. These new positions represent a major investment in clinical leadership and career pathways for Allied Health Professionals, including in the country areas.

## **(b) the effect of the introduction of Medicare Locals on the provision of medical services in rural areas**

Currently, Country Health SA LHN plays a significant role in the recruitment and retention of the public and private rural medical workforce. At the majority of hospital sites, emergency and inpatient services are provided by local general practitioners. Emergency and after hours services are provided at hospitals by general practitioners in an on-call capacity and inpatient services are able to be provided by granting clinical privileges and giving scope of practice (or admitting rights) to local general practitioners.

Because of this reliance on local general practitioners in the provision of public hospital services, SA Health is closely involved in the recruitment and provision of both public health services and private general practitioners in rural areas.

For example, SA Health part funds the Rural Doctors Workforce Agency Incorporated to recruit and retain rural general practitioners. Where required, Country Health SA LHN has become the owner of General Practices in rural areas, and currently operates 13 General Practitioner Practices across country South Australia.

In South Australia, the Central Adelaide and Hills Medicare Local and Country North Medicare Local commenced operation in July 2011. The South Adelaide – Fleurieu and Northern Adelaide Medicare Locals will commence operation on 1 January 2012 and Country South SA Medicare Local commences on 1 July 2012. As a result, it is too early to be able to fully assess the effect of Medicare Locals on the provision of medical services in rural areas.

SA Health already works closely with country Divisions of General Practice and sees the potential to work with the country Medicare Locals to improve the recruitment and retention of general practitioners and other health professionals in private practice and for Medicare Locals to have a significant role in the provision of after hour services in country areas. For example, Medicare Locals may be able to support the after hours workforce to manage primary care type patients who need medical care outside of normal business hours.

Additional opportunities may exist in the future for Medicare Locals to:

- address current workforce mal-distribution/undersupply by accessing a range of funding sources eg development of consortia, rights to private practice arrangements and joint appointment roles between sectors that create full, sustainable roles
- coordinate and integrate services and education across a range of professions, service types and sectors (including other Government agencies and non-Government organisations)
- increase the focus on health service and workforce planning in the primary health care sector in accordance with population needs. Also coordinate effort to address service gaps, reduce duplication by increasing efficient and effective use of available resources and by accessing new resources as required
- improve the access to medical services through better use of multi-disciplinary teams.



- (c) **current incentive programs for recruitment and retention of doctors and dentists, particularly in smaller rural communities, including:**
- (i) **their role, structure and effectiveness**
  - (ii) **the appropriateness of the delivery model**
  - (iii) **whether the application of the current Australian Standard Geographical Classification – Remoteness Areas classification scheme ensures appropriate distribution of funds and delivers intended outcomes**

Medical Officers employed in the public health sector are employed under the Salaried Medical Officers Enterprise Agreement 2008 or the Visiting Medical Specialists Enterprise Agreement 2009.

General practitioners are engaged through the South Australian Rural General Practitioner Fee for Service Agreement. This Agreement has been effective in supporting approximately 90 per cent of rural general practitioners currently being party to the Agreement.

Attracting and retaining a strong medical workforce is dependent on adequate resourcing and improved health workforce planning. To support the recruitment and retention of medical practitioners, SA Health supports a number of strategies and programs to address this issue that work closely with professional bodies supporting the rural workforce, including the Rural Doctors Workforce Agency Incorporated. In summary, the Rural Doctors Workforce Agency Incorporated offers a range of programs including:

- support for IMGs
- orientation in rural practice for commencing general practitioners
- delivering a comprehensive locum program for rural general practitioners
- offering a family support program for international families to assist new families to settle into living in rural South Australia
- providing business services to practices
- tailored programs for commencing rural doctors
- supporting doctors to undertake additional training or skills development.

There has been a high uptake of Rural Doctors Workforce Agency Incorporated's programs, especially the locum service, suggesting that these programs are successful in meeting their objectives. In 2010-11, 26 new general practitioners commenced work as a result of its recruitment activity, with an additional four relocating from one rural location to another in South Australia.

The Rural Doctors Workforce Agency Incorporated also manages the Medical Specialist Outreach Assistance Program in South Australia. This Program is funded by the Commonwealth Department of Health and Ageing to improve access to medical specialist outreach services in rural and

remote communities and plays an important role in visiting specialist recruitment to rural areas. This is an incentive program, which:

- increases specialist services in areas of identified need
- facilitates visiting specialist and local health professional relationships and communication about patient care
- increases and maintains the skills of rural and remote doctors through the Medical Specialist Outreach Assistance Program Model of Care.

As a result of the various strategies, and the current General Practitioner Fee for Service Agreement, the rate of general practitioners leaving rural practice has decreased.

Experience and research has shown that students whose families are from rural locations are more pre-disposed to return to the country as professionals and increasing the opportunities for students from the country to study health related courses in South Australian tertiary education and training institutions will support their return to rural communities and to the rural workforce.

### **(iii) Appropriateness of the Australian Standard Geographical Classification**

SA Health has concerns about the appropriateness of the Australian Standard Geographical Classification. For example:

- The town of Gawler and its surrounds are not recognised by the Commonwealth Government as being a rural area, despite being within Country Health SA LHN boundaries. This classification and significant population growth in this area will impact on Country Health SA LHN's capacity to recruit an appropriate clinician workforce.
- Under the current Australian Standard Geographical Classification – Remoteness Areas classification scheme, the largest rural centres are identified as more accessible. However, for workforce recruitment and retention, this classification does not fairly represent the remoteness of some large locations, such as Whyalla or Mount Gambier.

Opportunities should be considered to:

- provide greater incentives for areas of highest need (ie most remote)
- these incentives should be equitable across the health professions
- provide incentives (payments) for students to do placements in rural and remote regions to provide an incentive for them to return to these areas on completion of training.

**(d) Any Other Related Matters**

It is important to note that the demand for health services and recruitment is also driven by other factors, including:

- Country communities are also impacted by seasonal events, such as floods and bushfires, which place additional demand on health services in rural communities.
- Large swings in population numbers are associated with holiday visitors, rural festivals and variations in seasonal employment opportunities place extra demands on rural health services in many towns. Country hospitals and health services must have the capacity to adapt swiftly and effectively to these challenges.