Submission No. 182

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B. Forbes.

"Focus on Aged Care in a Regional Area"

Accent on Training in Aged Care and Retention

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I was a General Surgeon in Dubbo from 1968 to 2001. My work was initially in all fields including orthopaedics and gynaecology, but latterly I had a particular interest in breast surgery. I attended Lourdes Geriatric Hospital frequently for consultations. Since my retirement from clinical medicine, I have been appointed Sub Dean of the new Dubbo Clinical School of Sydney University, and I am also a Board Member of the Macquarie Area Health Service.

I would like to comment on several aspects of aged care as I see it.

- 20 to 30 years ago, geriatric patients were generally cared for and admitted from their communities to a hospital or nursing home by their GPs. Where appropriate, referral to specialists would occur. There was little in the way of community and nursing care on an organised basis.

  A great change in care in hospitals and the community has taken place in the last 10 years. In larger centres like Dubbo, GPs are rarely on the hospital staff, and geriatric patients are cared for by hospital and specialist practitioners who are not seeing the patient in the community. On return to the community, the patient is under the care of the GP and a much expanded community nursing staff. The continuity of care from hospital to community is therefore interrupted, and this sometimes results in poorer communication particularly on the medical side. The nursing side is better co-ordinated.

  I see the necessity for encouragement for GPs to return to hospital positions in the geriatric area, particularly as specialist geriatricians will never be in a sufficient supply to undertake total care. Perhaps a Career Medical Officer part time position for the GP would suffice.

- GPs are often reluctant to visit nursing homes regularly. They often attend at late or very early hours when key staff are not present. Sufficient reward must be available to encourage better attendance, or perhaps a paid part time position at the nursing home.

- There is a known reluctance of registered nurses to practise geriatrics. The nursing care is often in the hands of enrolled nurses and assistants in nursing who do not have very much training in depth. Readily available instruction must be available in geriatric centres to help these people especially in behaviour management training, with encouragement for them to qualify in nursing at a higher level. These facilities are available in Dubbo.

- There is a chronic problem of shared Federal/State control of aged care, with differing awards in nursing homes, dementia units and geriatric units. There must be ongoing planning to one day having health care in Australia under the one Federal umbrella. I see this as particularly important in aged care, but in all facets of medicine I believe it is an urgent need.

- The provision of geriatric outpatient clinics run by qualified specialists in the medical and nursing professions would help to support the community carers in keeping patients out of hospital.

Training

- The current medical curriculum includes a short period in specific geriatric training. This is at present being carried out in Dubbo and Orange and is enthusiastically provided by medical, nursing and allied health staff.

- ***Nursing Training.***
  I have already mentioned the reluctance of trained nurses to practise in the geriatric area. My suggestion at the encouragement of enrolled nurses and assistants in nursing to upgrade to a higher level of nursing has been made and these facilities are already available. Local young people in Dubbo are attending the nursing graduate course at Charles Sturt University in Dubbo and they may be more inclined to work in local areas including geriatrics. Training in this field should be available here so that they remain in the community. I believe it is important to avoid expensive and impersonal agency nursing staff and this in Dubbo at present is largely being avoided. There should also be notice taken of the desire of the nursing profession to have permanent appointments rather than casual.

- ***Postgraduate Medical Training.***
  With the increasing Government control of medical practice, indemnity problems, and the necessity to reduce excessive hours of work, medical practitioners in aged care hospitals and other facilities will be less likely to be Visiting Medical Officers (desirable) and more likely to be hospital employed doctors (little community contact).

- Specialisation in medicine takes 9 to 10 years at least, and with the increasing feminisation of medicine, safe hours policies and the desire for a better lifestyle, more hospital care will be undertaken by Career Medical Officers (CMOs) rather than specialists. The latter will oversee the CMOs, probably visiting from larger centres or supervising large surrounding areas.

- Nursing homes may find it more beneficial to have a paid part time appointment of a CMO (local GP) rather than depending on casual visits.

- ***Allied Health Training.***
  At present physiotherapists, speech therapists and occupational therapists at Lourdes Hospital in Dubbo are privately contracted and are not employed. Is this the best method for employment? There are rural enticements for people in these professions who are training and as in medicine and nursing, training in rural areas may facilitate these people working later on in the regions. There is a desperate shortage of them at present.

- In the Macquarie Area Health Service, multi-purpose centres have been set up and these have involved a reduction in acute beds and an increase in aged care beds. For instance, in Baradine there are 5 acute beds, 6 hostel and 6 nursing home beds. Warren has the largest multi-purpose facility with 12 acute beds and 10 nursing home beds. Trangie has 2 acute care beds, 10 low care aged care beds and 8 high care aged care beds. This is an example of keeping the aged people in their communities. The loss of hospital and residential facilities for aged care in a town spells the doom of that town. It may be economically unsatisfactory to maintain these situations, but this depends on the political philosophy of the Government at the time. Once again the function of these aged care facilities is spread between Federal and State Governments and the inefficiency of this must be obvious to all.