Senate Community Affairs Committees

The factors affecting the supply of health services and medical practitioners in rural areas

A Submission by NT Health Workforce as a unit of General Practice Network NT (GPNNT)

Introduction

Overview of the Northern Territory Healthcare System

The 2006 census showed that of the total Northern Territory population 22.4% lived in areas officially classified as "very remote". Given the relatively small total population of approximately 230,000 across the 1.3 million square kilometres of the Northern Territory, it is easy to see the complex challenges that are faced when delivering health care. There are a total of five public hospitals and one private hospital in the NT. The Northern Territory Government also delivers primary care to over 54 remote communities via its Remote Health Centres. In the "very remote" communities the Primary Health Care (PHC) is provided through the Remote Health Branch as a Northern Territory Government service or the PHC is provided by an Aboriginal Community Controlled Health Organisation (ACCHO). In the major regional centres, such as Katherine, Darwin and Alice Springs, primary health care (PHC) services are delivered by a wide range of providers and health professionals. Key PHC providers include private providers (GPs, Nurses and Allied Health Professionals), NT Government (NTG) Community Health Centres, Non-Government Organisations and Aboriginal Community Controlled Health Services (ACCHS).

NT Health Workforce (NTHW), a unit of General Practice Network NT (GPNNT), is the rural workforce agency for the Northern Territory.

Terms of Reference:

The factors affecting the supply and distribution of health services and medical professionals in rural areas, with particular reference to:

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;

- The Northern Territory regularly experiences extreme weather conditions including wide spread flooding, bush fires and cyclones.

- Particularly in the Top End, communities are often inaccessible by road for 6 months of the year due to the wet season, leaving air travel as the only option. In addition air travel can often be delayed due to electrical storms/severe weather. A large percentage of roads in the NT are only accessible by 4WD and it may take two days to reach a community from the nearest major regional town. “In 2001, excluding government roads, there was a total of 21,212km of Government maintained roadways in the NT – with less than one third of them sealed.” (Remote General Practice Workforce Plan for the Northern Territory, Nov 2003, p26)

- The living and working conditions in rural and remote communities can increase the staffing turnover and consequently puts pressure on the remaining staff. Factors that contribute to this can include;
    - Increased distance from family, friends, regional centres and capital cities.
    - Increase distance from medical peers and limited access to specialist services and facilities. Consequently this clinical isolation increases the number of patient evacuations required.
    - Lack of employment opportunities for partners.
    - Restricted schooling available for staff with children including limited or no childcare.

- There is still resistance from many Australian trained health professionals to venture out of an urban environment, particularly to go to a very remote location.

- There is a perceived lack of lifestyle quality, including less social activities such as the movies, theatres and events. Whilst accommodation is regularly provided for doctors working in the community the standard of this may be far below what they could expect in a city, and accommodation may not be readily available for other health professionals. There may also be limited access to TV channels, radio and the internet.

- Comparative salaries and benefits can also be a deterrent, both within the NT and when comparing to other states. The ability of a government department to offer high salaries and increased benefits through an enterprise bargaining agreement, when compared to an Aboriginal Medical Service (which is generally funded separately by the Australian Government and offers a lower salary package) can affect where a GP applies for work.

- Further, in some cases, a health professional’s inexperience when negotiating an appropriate contract and employment conditions, can affect their longevity in the position once they have taken up the role.

b) the effect of the introduction of Medicare Locals on the provision of medical services in rural areas;

- GPNNT was created in 2008 as a result of a merger between the two Divisions of General Practice, the State Based Organisation, and the Rural Workforce Agency. In July 2011, a unique partnership was formed between GPNNT, the NTG Department of Health and the Aboriginal Medical Services Alliance of the Northern Territory, in providing a submission to become the NT Medicare Local. The submission has been accepted by the Australian Government and the new NT Medicare Local will commence on 1 July 2012.

- The transition of the Rural Workforce Agency (as part of GPNNT) to the Medicare Local will offer coordinated primary health care workforce recruitment, retention, planning and development services.

- In this situation, the introduction of Medicare Locals will broaden the ability and expertise of the workforce agency in providing medical services to rural and remote areas in the NT.

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, and

- Current Australian Government relocation and retention incentives such as those offered under the General Practice Rural Incentives Program have been relatively effective in the NT.

- One restriction with the relocation incentive is the requirement for GPs to have gained fellowship for a period of 12 months or longer, to be eligible.

- An example where this has occurred within the NT, is a GP who has completed Registrar training but not gained Fellowship, moved from a RA2 location interstate to an RA5 location in the NT, but was ineligible for the relocation incentive. Whilst this did not deter this particular GP from taking on the position, it has with others.

- From within its Rural and Remote General Practice Program funding, NT Health Workforce facilitates a site visit for GPs prior to commencing a position. This enables the GP and health service to meet and ensure expectations are suitable from both parties. This also allows a GP to see where they will be living and plan for relocation with a greater degree of knowledge.

- Other incentives from within this funding include: relocation grants; orientation and training grants; continuing professional development grants for GPNNT members; provision of relevant publications at no cost; and a variety of retention activities and access to clinical support.

- In addition, a Workforce Program Officer supports each GP throughout the recruitment process, assisting in relocation, identification of orientation training needs, and ongoing support where needed.

(iii) whether the application of the current Australian Standard Geographical Classification – Remoteness Area classification scheme ensures appropriate distribution of funds and delivers intended outcomes;

- Predominantly, the NT is RA4 and RA5. The change to the RA system did not have a significant impact on these areas. However, the inclusion of Darwin as a RA3 location has impacted on the workload capacity and provision of grant support offered by NT Health Workforce, as no additional funding was received to support Darwin practices.

- The inclusion of Darwin as a RA3 has, however, offered further opportunities to place International Medical Graduates in group supervised practice, which is limited in the NT.

- The entire NT is deemed a District of Workforce Shortage. However, prior to the RA changes, Darwin practices requiring Area of Need (AON) status would need individual approval from the NT Minister for Health. Since the change in Darwin's RA classification, it has been noted that many practices already have AON status, and if a practice was not previously registered, it must continue to seek AON status approval. For example, recent individual successful applications include a Darwin based Aboriginal Medical Service and a Super Clinic.

- This continues to cause some delay and offers additional challenges in recruitment. NT Health Workforce has approached the NTG Department of Health to recommend to the Minister that all practices within the NT be deemed Area of Need.

Summary

Many of the issues raised in this submission are not new, and various incentives and programs are in place to attempt to alleviate the problems. However, the vast land area, small population groups and very remote communities which exist in the NT, strongly contributes to the struggle to recruit and retain health professionals on an ongoing basis.

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