5 January 2012

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Re: The Factors affecting the supply of health services and medical professionals in rural areas

Dear Committee Secretary,

Thank you for the opportunity to provide comments to the Senate Inquiry into the factors affecting the supply of health services and medical professionals in rural areas. General Practice Queensland (GPQ) commends the Senate for initiating the Inquiry. The following submission is provided to the Inquiry by GPQ.

In relation to the terms of reference, GPQ is submitting comments principally in relation to Terms of reference (a) and (b).

Term of Reference (a)

In relation to Term 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 - GPQ would like to make the following comments.

In GPQ's view, these factors could be grouped usefully under four general headings: Incentives and working conditions; infrastructure relating to the necessities of life; education and career support; and links with broader health and community services policy agendas.

<u>Incentives and working conditions:</u>

There is a lack of coordination between and among the incentives' funding mechanisms, resulting in inefficiencies and duplication.

There is a lack of evidence and data about which incentives work well – there is a need to develop an evidence-base for the evaluation of incentive programs.

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The intersection of incentive programs and industrial and human resources issues needs to be articulated clearly so any issues can be anticipated and resolved.

This should encompass 'itinerant' workers as well as the local, existing workforce, because it affects the incentives for attracting different types of workers to rural and remote areas.

There need to be responsive and committed management and governance arrangements to provide support and leadership to health services and medical, nursing and allied health professionals. This will assist in developing service models to improve levels of care and create positive workplaces.

Working environments must be flexible and include orientation for workers, different models for working hours and on-call arrangements, and access to locums and other services.

Infrastructure relating to the necessities of life:

There is a need to provide appropriate and safe accommodation for health services and medical, nursing and allied health professionals. This includes accommodating increased graduate numbers, experienced preceptors and trainers, the Indigenous health workforce, locums and other semi-permanent staff.

Transport options for health services and medical, nursing and allied health professionals should also be planned for and managed strategically. Reliable and appropriate vehicles are highly significant in rural and remote service delivery; they assist in service integration and team building and cross agency coordination.

Education and career support:

Comprehensive, well structured, ongoing education and career support are essential for attracting health services and medical, nursing and allied health professionals. These programs need to be tailored around community and professional needs, and included in annual service planning processes. Ongoing education and career support are also critical for retaining experienced staff and undertaking succession planning. Rural Clinical Schools, Rural registrar programs, and Indigenous health education programs should be considered in this context.

Links with broader health and community services policy agendas:

The supply of health services and medical professionals in rural areas must link with the national policy objective of meeting health care needs equitably, safely and sustainably in rural and remote locations.

Workforce policy must also link with the National Health Reform Agreement's provisions for Commonwealth and State engagement on system-wide policy and

statewide planning. Workforce planning will be a critical part of the annual statewide general practice and primary health care plan that is required under the Agreement.

Workforce planning and policy must be part of the local integration of public and private sector health services and medical, nursing and allied health professionals. This will require the public and private sectors to plan together, set targets together, match resources to need, develop clinical pathways and protocols, collect data and report on health outcomes.

Workforce policy and planning must also encompass the needs of the Indigenous Health Workforce and the Closing the Gap workforce initiatives related to:

- Increasing access by Aboriginal and Torres Strait Islanders; and

- Improving Aboriginal and Torres Strait Islanders' health care outcomes.

Term of reference (b)

In relation to Term of Reference (b) - the effect of the introduction of Medicare Locals on the provision of medical services in rural areas – GPQ would like to make the following comments.

Medicare locals are in the early stages of their development and implementation. The Australian Government has identified a number of key roles for Medicare Locals over the short, medium and longer term. In relation to this Inquiry, perhaps the most important of these roles is that Medicare Locals will identify where local communities are missing out on services they might need and coordinate services to address those gaps.

We would anticipate, therefore, that over the next 12-24 months Medicare Locals will work across these sorts of areas:

- Engaging with communities (including health and community services providers and relevant levels of government) to undertake population health and needs-based planning and matching health care resources to identified need.

- Building on the experience of Multi-Purpose Services (MPSs) in relation to developing coordinated and cost-effective approaches to service delivery in rural and remote communities.

- Linking with the local Home and Community Care (HACC) and other aged care planning processes to improve ways of meeting the health and aged care needs of people living in rural Australia.

- Building on the experience of mobile services, telehealth, and Commonwealth-funded Outreach Services (for example, the Medical Specialist Outreach

Assistance Program MSOAP) in providing timely services in the best setting for the person concerned.

Given the staged implementation of Medicare Locals, it will be essential over the coming years to monitor and evaluate their effect on the provision of primary care services in rural and remote areas.

Thank you again for the opportunity to provide these comments.

Yours sincerely

Ann Maree Liddy
Chief Executive Officer