



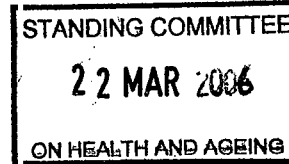
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## Health Workforce Queensland

Supporting Primary Health Care in Rural Communities

15th March 2006

Mr James Catchpole  
Secretary  
House Standing Committee on Health and Ageing  
House of Representatives  
Parliament House  
Canberra ACT 2600



Dear James

### Re: House Standing Committee on Health and Ageing Inquiry into Health Funding

Health Workforce Queensland is a not-for-profit rural workforce agency, funded by the Australian Government Department of Health and Ageing.

Our role is to facilitate the recruitment, retention and quality of general medical practitioners (GPs) and primary health care teams in rural and remote Queensland communities.

Our primary objectives are to:

- Increase the number of GP services and increase access to GP services in rural and remote Queensland
- Retain GPs in rural and remote Queensland
- Support up skilling of GPs and other supporting health professionals in rural and remote Queensland
- Develop sustainable models for general practice in rural and remote Queensland
- Establish benchmark workforce data and research to inform and direct policy

Health Workforce Queensland provides a range of services to support primary health care in rural and remote Queensland communities, including;

Recruitment and Locum services	Medical Education and Training
Data and Research	Quality Use of Medicines
Rural Retention programs	Community Development

### ***“Solutions for the provision of primary care to rural and remote communities in Queensland”<sup>1</sup>***

Over the past several years, Health Workforce Queensland has undertaken considerable research and consultation with many stakeholders to develop practical solutions to support and maintain our rural and remote medical workforce. This research has identified a range of sustainable strategies to support medical and primary health care services in rural and remote Queensland communities. Additionally, the research suggests that ‘one size doesn’t fit all’ so the health requirements and structure of each community and district needs to be assessed independently. Other findings indicate that:

- Our ‘Solutions’ that have been developed by the adaptation of existing models and the creation of new models ensure a critical mass of doctors and health professionals to provide a range of procedural and primary health care services.

- The implementation of these new models requires the removal of artificial barriers between the public and private service providers so that better services are available to rural and remote communities. This includes better access by private general practitioners to Queensland hospitals.
- The use of well supported multidisciplinary health teams that extend the role and responsibilities of nursing and allied health professionals to care for the community underpins many of our models however; doctors are still seen as an essential core component of these teams.

In addition to this research work Health Workforce Queensland has been actively working to implement sustainable models of primary health care in rural and remote Queensland with communities, federal, state and local government agencies / representatives, Queensland Health (district and area health service managers), and rural divisions of general practice, major local industry representatives and local health interest groups. These towns include Birdsville, Charleville, Cloncurry, Emerald, Moura, Roma and Weipa.

### **Principles underpinning models of sustainable primary care**

Minimum level of service benchmarked	Multidisciplinary team approach
Community participation in planning and monitoring	Services match need and remoteness
Culturally appropriate services	Quality of personnel and accredited facilities
Retention effective packages(remuneration, accommodation, safe hours)	

### **Success is possible – with a collaborative approach**

Our experience with working in rural and remote communities confirms that practical solutions are possible where a collaborative approach is used to focus the expertise and energy of the local communities, rural divisions of general practice, Queensland Health and other key stakeholders. Each stakeholder is able to provide their insight to the problem as well as developing the solutions to meet the local needs within the broader rural health context.

We would welcome an opportunity to make a presentation to the Standing Committee or speak with representatives of the Standing Committee in relation to this study and we will forward a submission following today's Public Hearing in Brisbane.

Health Workforce Queensland also undertakes regular and routine surveillance of the medical workforce in rural and remote communities and I have attached a recent report on Queensland's General Practice Workforce, titled "Overview of the Queensland General Practice Workforce 2005" that the committee members may find of value.

We trust you will find both these research reports useful and as indicated previously, we would welcome an opportunity to present to the Standing Committee at the earliest convenience.

Kind regards,

*C.J. Mitchell*

**Chris J. Mitchell**  
Chief Executive Officer

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<sup>i</sup> Solutions for the provision of primary care to rural and remote communities in Queensland, Health Workforce Queensland 2005 (available on our website)