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DOCTOR MOVEMENTS IN RURAL QUEENSLAND 2020-22: POTENTIAL IMPACTS OF DPA POLICY CHANGE

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I would like to begin by acknowledging the First Nations people as the traditional custodians of the lands on which we are meeting today.

I would also like to pay my respects to Elders past, present and emerging, and extend that respect to all First Nations people present today.

BACKGROUND



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What is currently known? High turnover of GPs in remote and rural locations – tends to increase with remoteness. Recruitment is also difficult.

- Government → incentive programs to attract and retain GPs in remote and rural communities, particularly for overseas trained doctors.

Health Workforce Queensland is the **Rural Workforce Agency for QLD** – funded by DHAC – part of the Rural Workforce Agency Network (RWAN)

Administer some of the rural incentive programs that grant access to Medicare provider numbers - tied to specific remote and rural practice locations:

- **Rural Locum Relief Program (RLRP)**: introduced in 1998 - **closed** to new applicants in 2019 - existing cohort can continue until 30 June 2023
- **More Doctors for Rural Australia Program (MDRAP)**: commenced in 2019 – introduction of the DPA

INTRODUCTION

RLRP and MDRAP **geographic constraints** pre-2022:

- RLRP used **District of Workforce Shortage (DWS)** available for all RRMA Areas 3-5
- MDRAP used **Distribution Priority Area (DPA)** classifications → Initially only Modified Monash (MM) categories 4 – 7 granted automatic DPA
- Other locations with serious general practitioner workforce shortages (mainly MM 3 locations) required individual applications to the Dept

What changed in the middle of 2022?

All **MM 2 and MM 3** locations were given DPA classification, eligible for MDRAP.

In QLD, this included regional centres: Toowoomba, Townsville, Cairns, and areas close to the Gold Coast and Sunshine Coast.

INTRODUCTION



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Consequences noted by the 'Recruitment Team' at Health Workforce Queensland:

- Almost immediately requests from **MDRAP GPs** wanting to **move from remote and rural practices** to larger regional communities or closer to Brisbane.
- Increase in requests from remote and rural practice managers for assistance to **recruit GPs** to replace **departing staff**.

Key Question: Can we **quantify any** change?

- **Longitudinal** examination of employment records looking for any movement **differences in 2022** compared to previous years.

METHODOLOGY



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Secondary analysis of **Minimum Data Set (MDS)** Reports: 2020, 2021 and 2022

- Quality assurance project
- Snapshot on **30 November** each year: providing GP-type services; **primary** role only.
- Informed by practice **ring-around**; annual **surveys**; **feedback** from recruitment team; and practitioner **touch points**.

Key Terms

- **Arrivals:** GPs new to MM 2-7 QLD
- **Departures:** GPs that have left MM 2-7 QLD
- **Migration:** GPs that ceased practice in one **MM** region to begin practicing in a different MM region.
- **Net MM change (NMMC):** the difference between a practitioners **current and previous employment** MM value.

Positive NMMC increases remoteness = **+ value**

MM 5 → MM 7 = **NMMC +2**

Negative NMMC decreases remoteness = **- value**

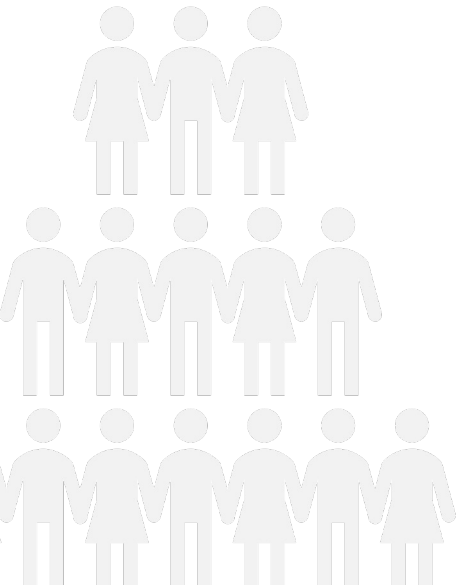
MM 7 → MM 5 = **NMMC -2**

TOTAL MDS GP NUMBERS 2020-22



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MM Category	2020 N (%)	2021 N (%)	2022 N (%)
MM 2	1,369 (52.47%)	1,334 (50.24%)	1,445 (52.99%)
MM 3	200 (7.67%)	207 (7.80%)	204 (7.48%)
MM 4	487 (18.67%)	504 (18.98%)	501 (18.37%)
MM 5	387 (14.83%)	430 (16.20%)	401 (14.70%)
MM 6	74 (2.84%)	81 (3.05%)	75 (2.75%)
MM 7	92 (3.53%)	99 (3.73%)	101 (3.70%)
QLD Total	2,609 (100%)	2,655 (100%)	2,727 (100%)



ARRIVALS AND DEPARTURES 2020-22



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New ARRIVALS to rural practice

MM Category	2020 N (%)	2021 N (%)	2022 N (%)
MM 2	214 (49.31%)	205 (40.67%)	271 (51.72%)
MM 3	32 (7.37%)	44 (8.73%)	43 (8.21%)
MM 4	88 (20.28%)	97 (19.25%)	86 (16.41%)
MM 5	63 (14.29%)	116 (23.02%)	91 (17.37%)
MM 6	14 (3.23%)	21 (4.17%)	14 (2.67%)
MM 7	24 (5.53%)	21 (4.17%)	19 (3.63%)
QLD Total	434 (100%)	504 (100%)	524 (100%)

DEPARTURES from rural practice

MM Category	2021 N (%)	2022 N (%)
MM 2	241 (52.62%)	207 (45.80%)
MM 3	33 (7.21%)	37 (8.19%)
MM 4	68 (14.85%)	77 (17.04%)
MM 5	84 (18.34%)	99 (21.90%)
MM 6	16 (3.49%)	16 (3.54%)
MM 7	16 (3.49%)	16 (3.54%)
QLD Total	458 (100%)	452 (100%)

STABLE GP WORKFORCE 2020-22



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Number of GPs who **remained** in same MM category

MM Category	2020 N (%)	2021 N (%)	2022 N (%)
MM 2	1,121 (55.99%)	1,089 (53.36%)	1,110 (53.29%)
MM 3	145 (7.24%)	156 (7.64%)	152 (7.30%)
MM 4	354 (17.68%)	393 (19.26%)	397 (19.06%)
MM 5	272 (13.59%)	277 (13.57%)	289 (13.87%)
MM 6	48 (2.40%)	55 (2.69%)	56 (2.69%)
MM 7	62 (3.10%)	71 (3.48%)	79 (5.06%)
QLD Total	2,002 (100%)	2,041 (100%)	2,083 (100%)



PRACTITIONER MIGRATIONS 2020-22

Number of GPs who **migrate from** each MM

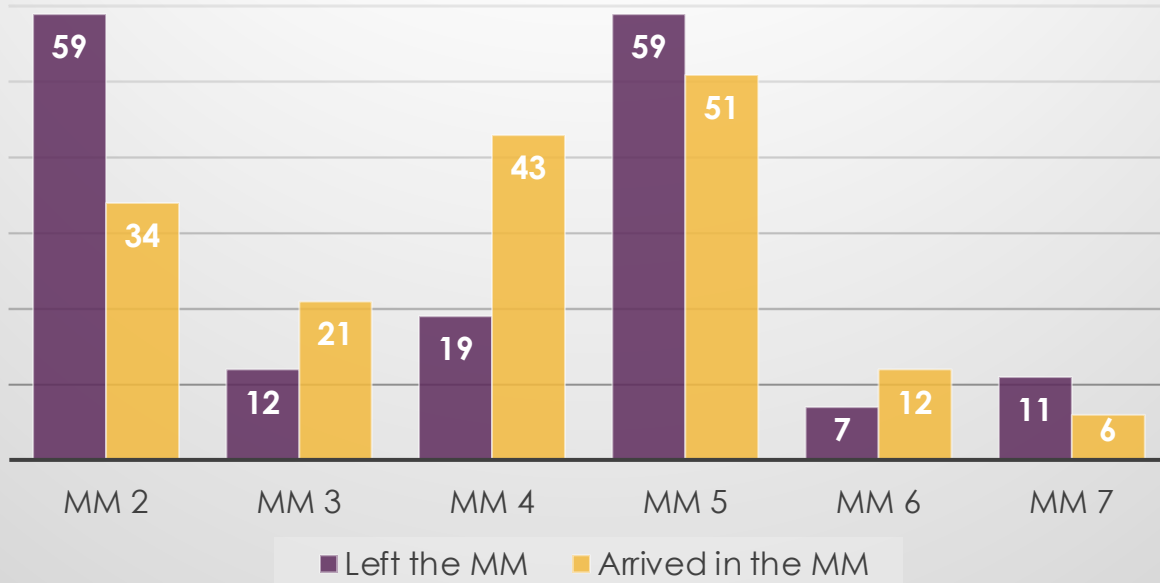
MM Category	2020 N	2021 N	2022 N
MM 2	59	39	17
MM 3	12	11	18
MM 4	19	26	30
MM 5	59	26	42
MM 6	7	3	9
MM 7	11	5	4
QLD Total	167	110	120

2020 AND 2021 MIGRATIONS



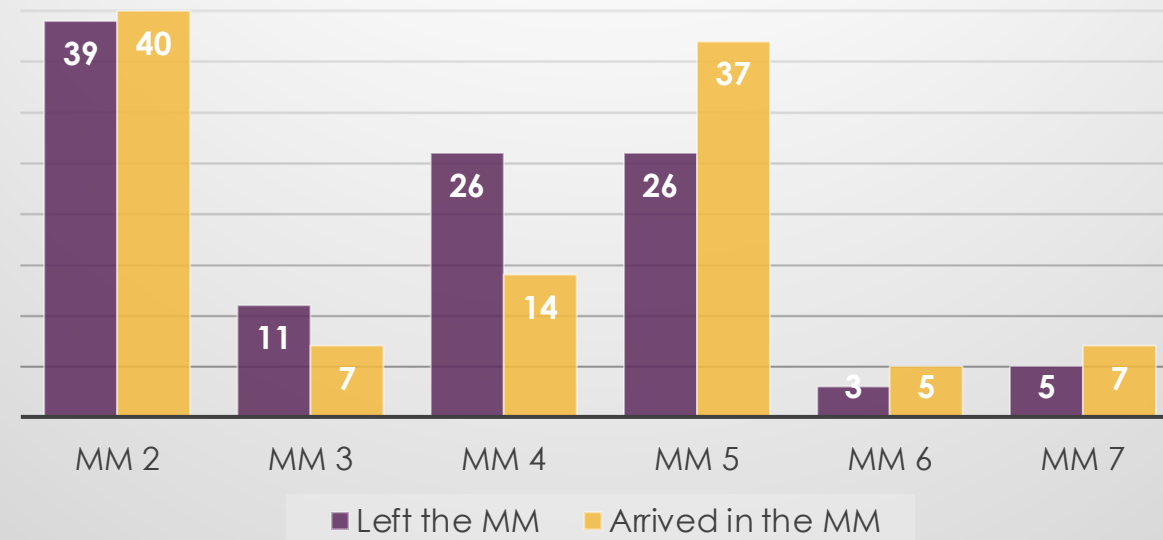
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2020 Migration departures/arrivals by MM (N = 167)



MM 2 had 25 more migration departures than migration arrivals

2021 Migration departures/arrivals by MM (N = 110)



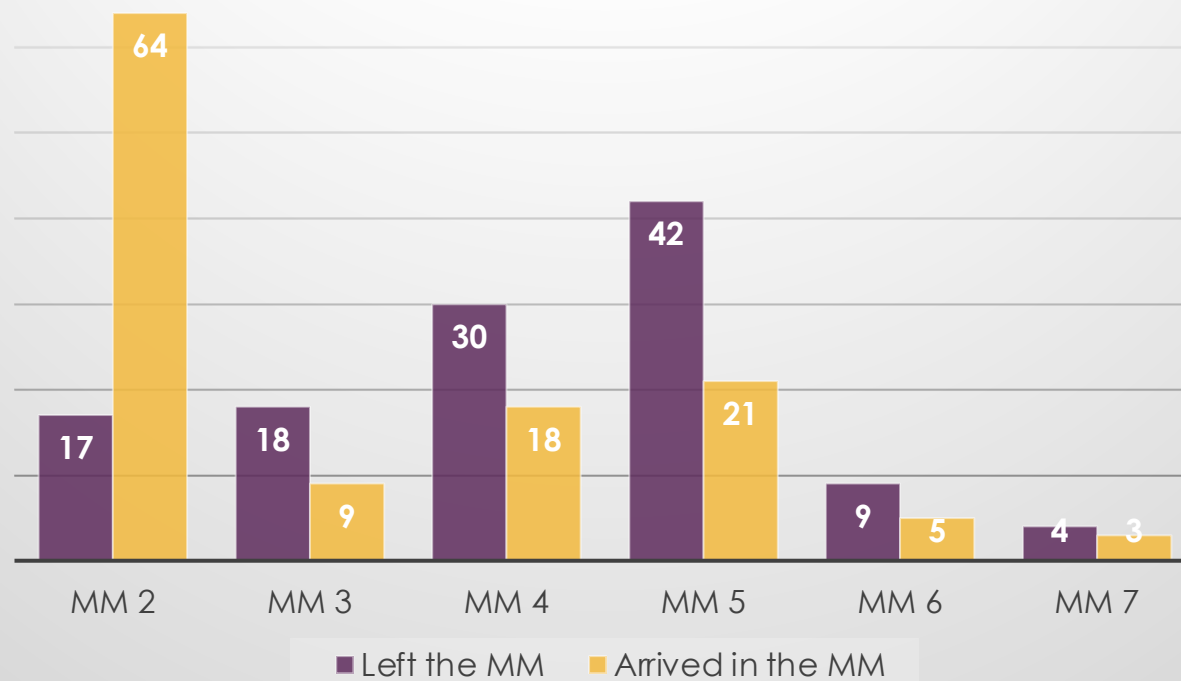
MM 2 had one more migration arrival than migration departures

2022 MIGRATIONS



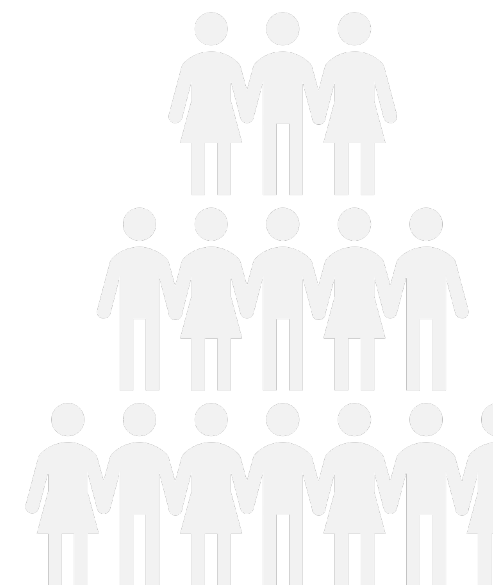
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2022 Migration departures/arrivals by MM (N = 120)



MM 2 had **47** more migration arrivals than departures

All other MM categories had more migration departures than arrivals.



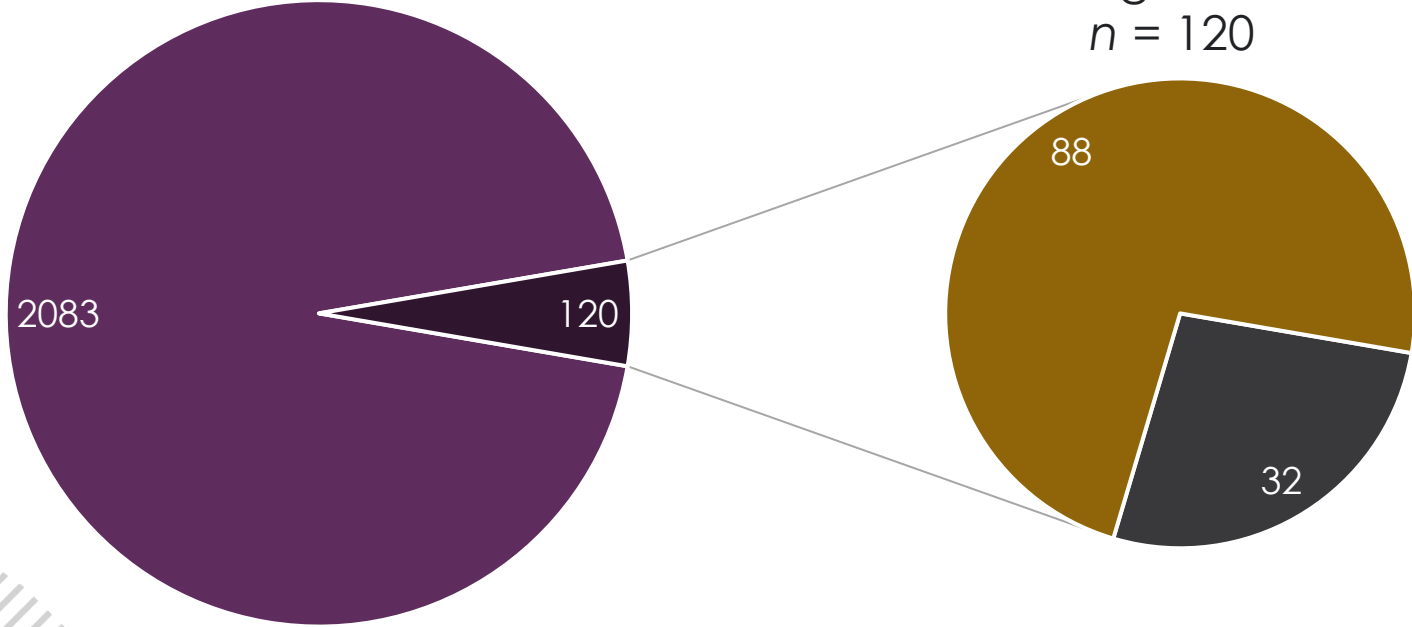
UNDERSTANDING 2022 MIGRATIONS



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Stable GPs in MM 2-7 as of 30th November 2021
N = 2,203

GPs that migrated in 2022
n = 120

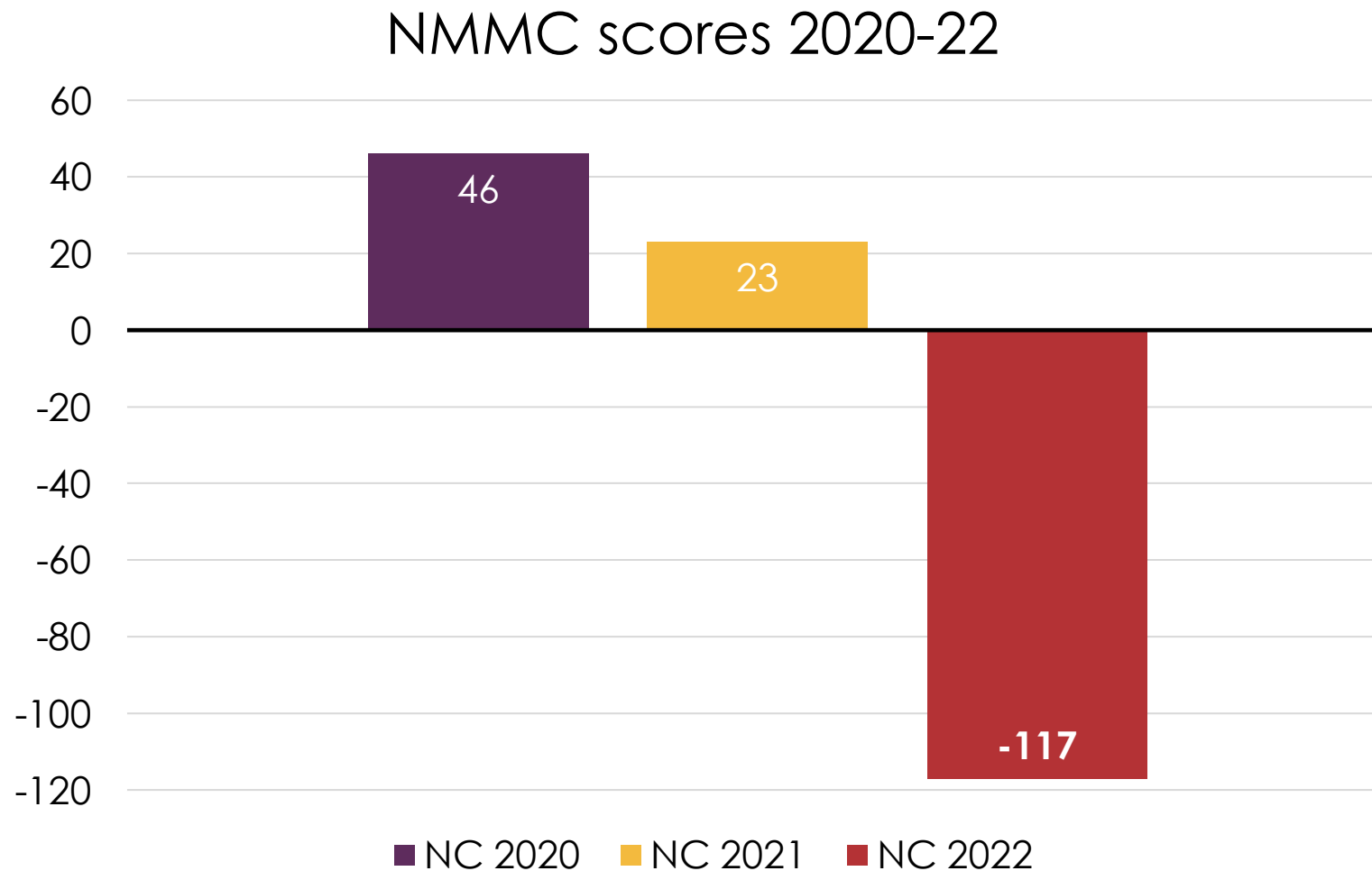


- Did not migrate
- Migration increased MM location
- Migration decreased MM location

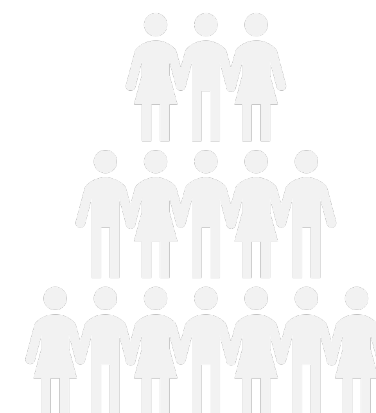


NET MM CHANGE SCORES

Positive NMMC scores in 2020 and 2021 - migrations increased overall remoteness



Negative NMMC score in 2022 - migrations decreased overall remoteness



CONCLUSION



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Generally increasing GP numbers between 2020 and 2022, also tied to:

- General increase in New GPs arriving in rural QLD
- Fairly stable rate of GP departures from rural QLD

However, after the DPA change in mid-2022, by 30 November 2022 there was a major difference in the pattern of GPs migrating between MM 2-7 locations in QLD.

- A large increase in the number of GPs migrating to MM 2 locations
- A large decrease in the number of GPs in MM 2 migrating to a more remote location
- In each of the MM 3-7 locations, more GPs migrating out than migrating in



CONCLUSION

Data suggests that there may have been a **relationship between the DPA change** in 2022 and changes in **GP migration movements** in the six months afterwards in remote/rural QLD.

Possible important implications for **recruitment and retention** for general practices in more remote and rural locations.

Personal and workplace factors that motivate practitioners to migrate between MM-locations have been prevalent for many years. However, it appears that the DPA change may have provided a new reason to work less remotely.

Limitations

- Findings may be limited to QLD and not generalisable to other jurisdictions
- Need further support to measure whether:
 - the trend is similar in other jurisdictions
 - longitudinal investigation required to examine whether the pattern continues over coming years.



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THANK YOU