Workforce Summary - General Practitioners

This edition of Health Works focuses on the rural and remote General Practitioner (GP) workforce. It provides a summary of recent developments impacting the profession, alongside a state-wide snapshot of GP demographics, locations of practice, attainment of qualifications and perceptions of workforce gaps in Queensland's remote, rural and regional areas.

Recent Developments

The challenges for general practice in rural and remote Queensland continue in 2022, with growing workforce shortages brought about by ongoing domestic and international border closures combined with rising patient demand due to delays in accessing healthcare over the pandemic, as well as increased migration to regional Australia.

The ***National Medical Workforce Strategy 2021 – 2031*** was published by the Australian Department of Health in March 2022. The Strategy aims to address medical workforce issues under the priority areas of: collaborative planning and information sharing; addressing supply and distribution imbalances; reforming training pathways; and building the generalist capability to foster a more sustainable, flexible and responsive workforce.

The transition of GP registrar training to RACGP and ACRRM moves closer to the 2023 commencement date. The Colleges are in the process of releasing application handbooks regarding eligibility and selection guidelines for future trainees.

In positive developments for remote and rural GP training and the supply of the GP Registrar workforce in Queensland, JCU GP training has seen an increase of 18% of GP training places filled for 2022, which is 92% of allocated training places[1]. The expansion of medical training in both the Central and South-West regions through end-to-end regional medical pathways will lay stronger foundations for a greater medical workforce supply in remote and rural Queensland.

Two major changes to the Distribution Priority Area (DPA) classification system also occurred in 2021. Automatic DPA status expanded from MM 5-7 to MM 3-7, commencing 1 January 2022. Other regions not automatically eligible for DPA status are also able to request a review of their status under the exceptional circumstances review framework. DPA status reviews will consider areas experiencing unforeseen workforce and population changes impacting access to healthcare.

The continuation of Australian Government funding to all states and territories to progress the National Rural Generalist agenda has seen the extension of existing projects to develop a framework to support post-fellowship rural doctors across primary and secondary service domains. Furthermore, with the Medical Board of Australia (MBA) supporting a progression to stage two of the assessment, recognition of Rural Generalist medicine as a specialist field within general practice is gaining momentum.

1 JCUGP email advice

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State-wide GP Workforce Snapshot

The following data was sourced from Health Workforce Queensland's 2022 HWNA[2] survey which gauged participants beliefs about workforce and primary care service gaps in their community(s) of practice. The survey was open to GPs, practice managers, primary health care nurses, allied health professionals, and Aboriginal and Torres Strait Islander Health Workers/Practitioners. A total of 837 people responded to the survey, the majority being GPs followed by allied health, practice managers and nurses/midwives.

GP Demographics

Health Workforce Queensland maintains a database of medical practitioners working in a general practice context (general practice, small hospitals, Royal Flying Doctor Service [RFDS] and ACCHS) in remote, rural and regional Queensland.

As of 30 November 2021, there were 2,655 GPs listed as working in MM2-7 locations in Queensland, an increase of close to 50 practitioners when compared with the previous year. The majority of GPs were male (55%; see Figure 1) and the self-reported average age of GPs was 49.95 years.

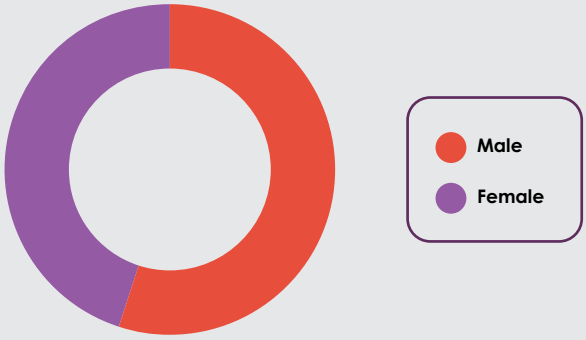

Figure 1: General practitioners in MM 2-7 by sex

Locations of Practice

The percentage of female and male GPs for each of the four mainly rural Primary Health Networks (PHNs) are presented in Table 1 (excludes practitioners from Brisbane North, Brisbane South and Gold Coast PHNs).

Table 1: GPs by sex and PHN

PHN	Female %	Male %	Total *n*
Central Queensland, Wide Bay, Sunshine Coast	42.00	58.00	712
Darling Downs and West Moreton	40.93	59.07	618
Northern Queensland	50.15	49.85	1,065
Western Queensland	41.74	58.26	115

The number of GPs per PHN region largely reflects population size and remoteness. Northern Queensland PHN had 353 more GPs than any of the other rural PHNs and had the highest percentage of female practitioners (50.15 percent). In contrast, only 41 percent of practitioners in the Darling Downs and West Moreton PHN region were female.

2 Health Workforce Queensland. *2022 Health Workforce Needs Assessment: Summary of the Primary Care Workforce Needs in Remote and Rural Queensland*. Yet to be published. Accessed from ***www.healthworkforce.com.au/hwna***

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Attainment of Qualification

Just over half of the GPs (52.6%) acquired their basic medical qualification from an Australian university and 47.4% were overseas trained. The percentage of Australian trained GPs for each of the four mainly rural PHNs are presented in Figure 2.

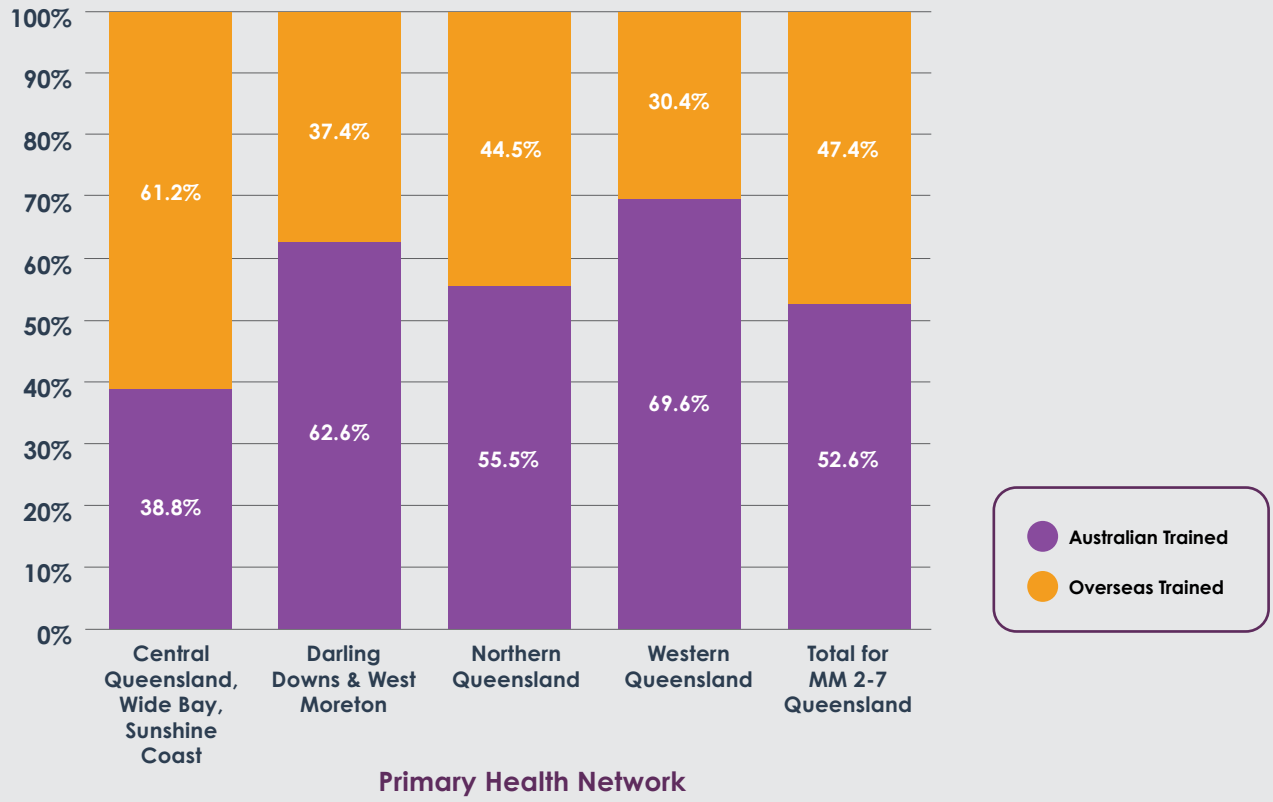

Figure 2: Percentage of general practitioners by country of basic medical qualification and PHN

Compared to the overall MM 2-7 percentage of Australian trained GPs, the Central Queensland, Wide Bay, Sunshine Coast PHN was the only PHN to have a lower percentage of Australian trained practitioners (38.8%). In contrast, the Australian trained GP workforce in the Western Queensland PHN represented almost 70 percent of the total workforce, and in the Darling Downs and West Moreton PHN it was above 60 percent.

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Workforce Gap Ratings

The online HWNA survey sought to gauge health practitioner and health service manager beliefs about workforce gaps in their community(s) of practice.

The survey items were phrased as statements (e.g., 'There is a serious gap in the general practitioner workforce in my community') and participants were asked to rate their level of agreement. Ratings were from '0 = Strongly disagree' to '100 = Strongly agree'. Higher scores therefore reflected greater agreement that there was a serious workforce gap.

This year, when assessing workforce gap ratings, survey respondents rated general practice fourth behind psychology, speech pathology and social work, with a notable increase of 8.82 points when compared with the 2021 HWNA survey. GP workforce gap ratings over the past five years are displayed below in Figure 3.

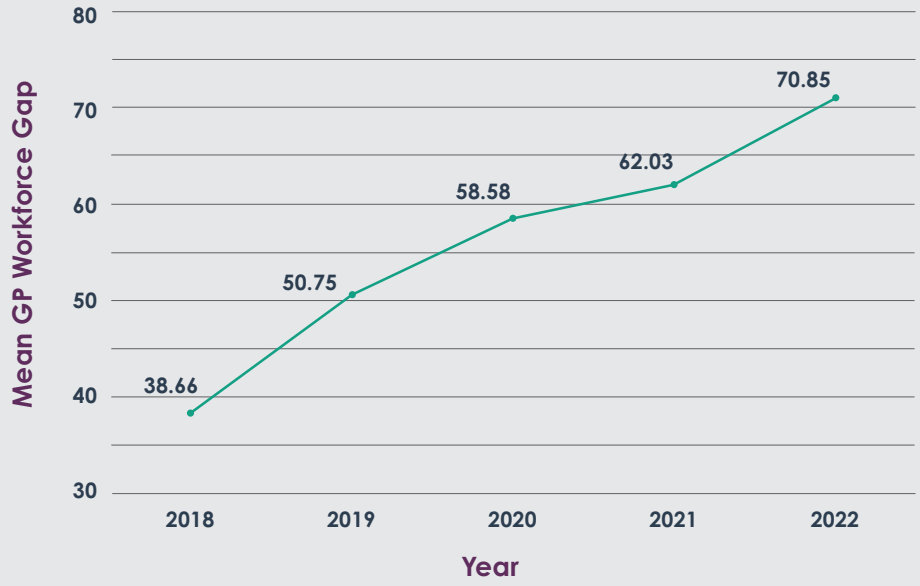

Figure 3: GP workforce gap rating means 2018 – 2022

A thematic analysis of comments provided by 218 participants in relation to workforce gap ratings identified GPs as one of the most frequently mentioned workforce gaps. Workforce shortages brought about by the ongoing domestic and international border closures, long wait times, and the lack of bulk billed services emerged as key issues.

Reports of burnout due to increased GP workload identified recruitment and retention difficulties, increased migration into regional areas, and the delivery more than 80% of all COVID-19 vaccine doses as causal factors.

> *Serious issue with General Practitioner service. Lack of staff is creating too much pressure on the existing staff. Unable to take leave and due to the current pandemic unable to get locum service. Unfortunately, this is not sustainable in the medium and long term.*

A more detailed analysis of the medical workforce data will be released at the RDAQ Conference this year with our annual Minimum Data Set Report. Look out for links on our website. Previous reports can be found ***here***.