*Background Briefing Paper*
*GPDV Forum May 2007*

# Workforce – Supporting the divisions' role

In August 2004 GPDV held a Forum on "The coming workforce crisis". The result of the Forum was a decision to write a paper on the need for a national primary health care policy. The assumption was that the urgent problems in primary health required a coherent approach to integrate planning for chronic disease and planning for workforce. Accordingly, Victorian divisions contributed to the discussion leading up to AGPN's publication of its primary health care position paper, which includes advocacy for a team-based approach to primary health care in the recognition that new models are required to respond to the changing needs of an ageing population with multiple chronic complex conditions. Ironically, much of the work that arises out of the response to chronic disease leads to greater demands on workforce at a time when the predictions about supply suggest that shortages will continue into the foreseeable future.

The persistence of chronic workforce shortages in spite of intensive efforts to improve the workforce situation gave rise to a decision by GPDV board to create a full-time position to analyse workforce issues and the links to training. There are many issues that could be considered within this role. The purpose of the Forum is to review the trends in workforce and in GP education and to define the matters which lie most clearly within the sphere of influence of divisions of general practice and to help define a role for GPDV.

Many strategies have been applied to increase the general practice and primary health care workforce. Strategies (direct and indirect) to increase supply include

- overseas recruitment;
- increase of training places;
- redesign of health professional jobs to adapt to changing need;
- employment of practice nurses in general practice
- employment of specialist mental health nurses
- access collaboratives (which John Oldham claims yields 1 full-time GP per practice when undertaken effectively, although the results have been mixed in Australia)
- telephone triage for after-hours in rural areas (significant as a retention strategy)
- GP & family support programs
- Telemedicine
- creation of sub-specialisation within general practice (sometimes to improve supply in areas of high need and low incidence e.g. in drug & alcohol, Aboriginal health, palliative care)

There has been less emphasis on reducing demand for general practice although recent evidence suggests that the Commonwealth and State Governments view prevention and self-management as strategies to reduce the demand for health services in the longer term.

Many of the strategies to improve the quality of general practice over the last ten years have also served to increase the demands on general practice, thus reducing the available supply. In particular, the increase in Medicare items for unreferred attendances from 53 in November 1996 to 189 in 2007 (excluding items for Practice Nurse and Aboriginal Health Worker activities that require GP supervision) has created substantial demands on GP time. It is true that many GPs find the items are useful for supporting effective chronic disease management but the capacity for practices to use the items without reducing valuable GP time is obviously

critical. Grumbach estimated that in the US it would take GPs 7.4 hours per day if they were to deliver all of the recommended protocols for conditions such as diabetes.[1]

The depth and urgency of workforce problems is reflected in the research program of the Australian Primary Health Care Research Institute (APHCRI). APHCRI has an entire stream of research dedicated to primary health care workforce with nine active projects in three categories: the number of workers, the place of generalism and ways to optimise the workforce. In this third category is a project examining whether organisational development in primary care can contribute to retention and recruitment.

Of all the strategies, perhaps the greatest hope is being placed on the capacity of the increase in training places to deliver substantial increases in GP numbers within the near future. However, there have been a number of concerns expressed about the risk of losing this opportunity if GPs (already under workforce pressure) are not available to provide supervision and a positive placement experience to young doctors in training. A further caution has been sounded by Catherine Joyce whose forecasts suggest that the increase in numbers will at best enable GP workforce to remain at the 2003 level (already short of the recommended number) for the forecast period (i.e. until 2012). Her research indicates that retirement rates are a key determinant of workforce supply, and so suggest a need to encourage GPs to remain active as long as possible.[2]

While many aspects of workforce supply and demand may be out of the hands of divisions of general practice this Forum provides an opportunity to define some areas where divisions across the board can make a positive contribution and where GPDV can provide support and advocacy.

[1] Keynote Address, GPET Conference, August, 2004
[2] Catherine Joyce, John McNeil & Justin Stoelwinder, 'More doctors, but not enough: Australian medical workforce supply 2001-2012', *MJA*, Vol 184 Number 9, 1 May 2006