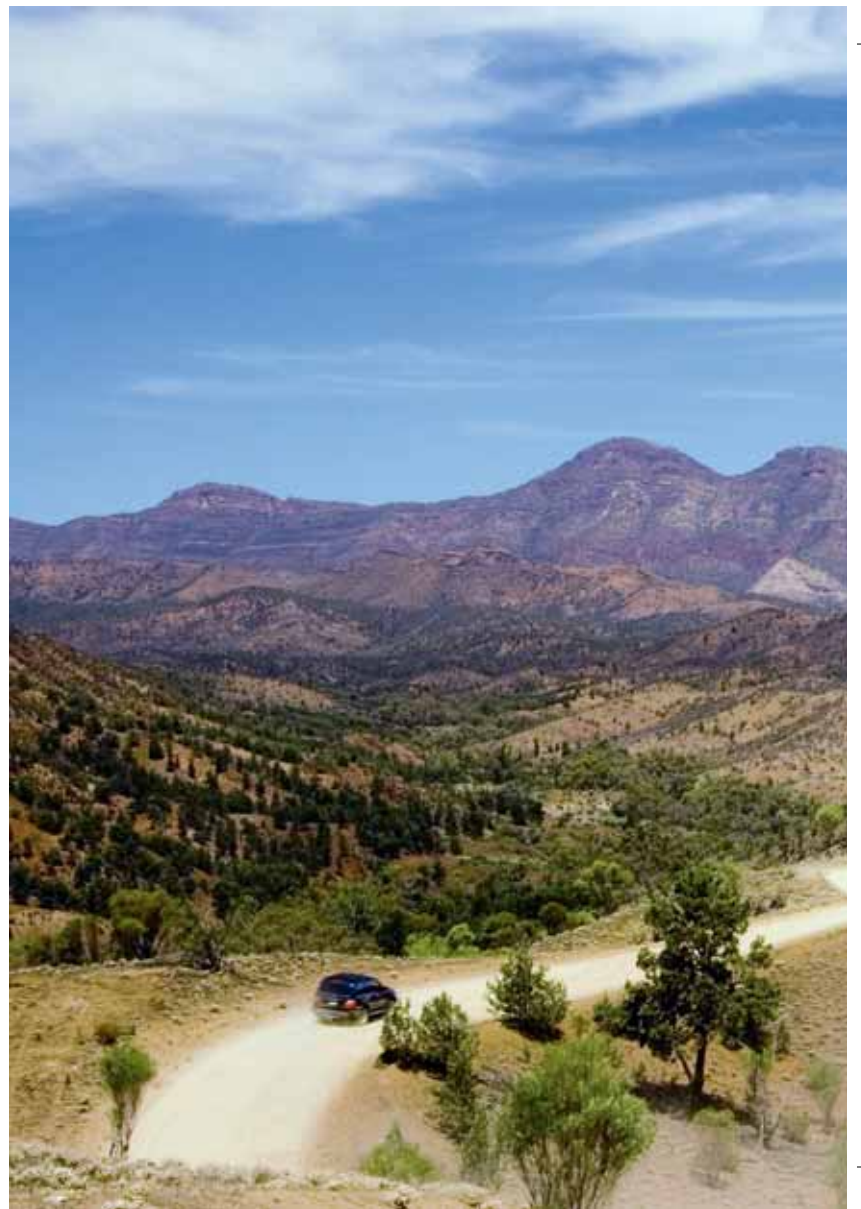




A burden shared



In the latest in our series of profiles of rural practice in each state, **HEATHER FERGUSON** discovers help is close at hand in South Australia – and sometimes from far away.

For 20 years Canadian rural GP Dr Gordon Zacharias dreamed of working in Australia or New Zealand. Last year he finally got his wish thanks to what he describes as a “cutting-edge” locum program.

For six months, the 52-year-old worked in numerous towns across South Australia as one of about 25 GPs employed by the state’s Rural Doctors Workforce Agency (RDWA SA), with all his expenses, including salary, food and accommodation, covered by the agency.

He was part of a program that costs over \$2 million a year and is considered critical in a state where most of the rural population lives in small towns scattered across a wide geography – the largest town outside Adelaide boasts just 20,000 people.

Every hospital in rural SA bar one is managed by GPs, and there are only 35 resident specialists and a fairly significant proportion of solo as well as two- and three-doctor practices.

The service is used by almost 40% of rural doctors, with entitlement graded according to situation. For instance, a ‘gold card member’ – a solo GP – receives seven weeks and six weekends of locum cover a year while a GP in a two-doctor practice can look forward to four weeks off a year.

Full-time locums work just 36 weeks a year, and all the Medicare revenue generated by them goes back to the practice.

Ms Lyn Poole, CEO of RDWA SA, says while the program is “very expensive”, it is money well spent. “It’s our most treasured jewel in terms of retention.”

While the program has been in place since the RDWA SA was established 10 years ago, its scope increased about four years ago following a significant injection of funding from the state government, which now overshadows what is traditionally a Commonwealth-funded initiative.

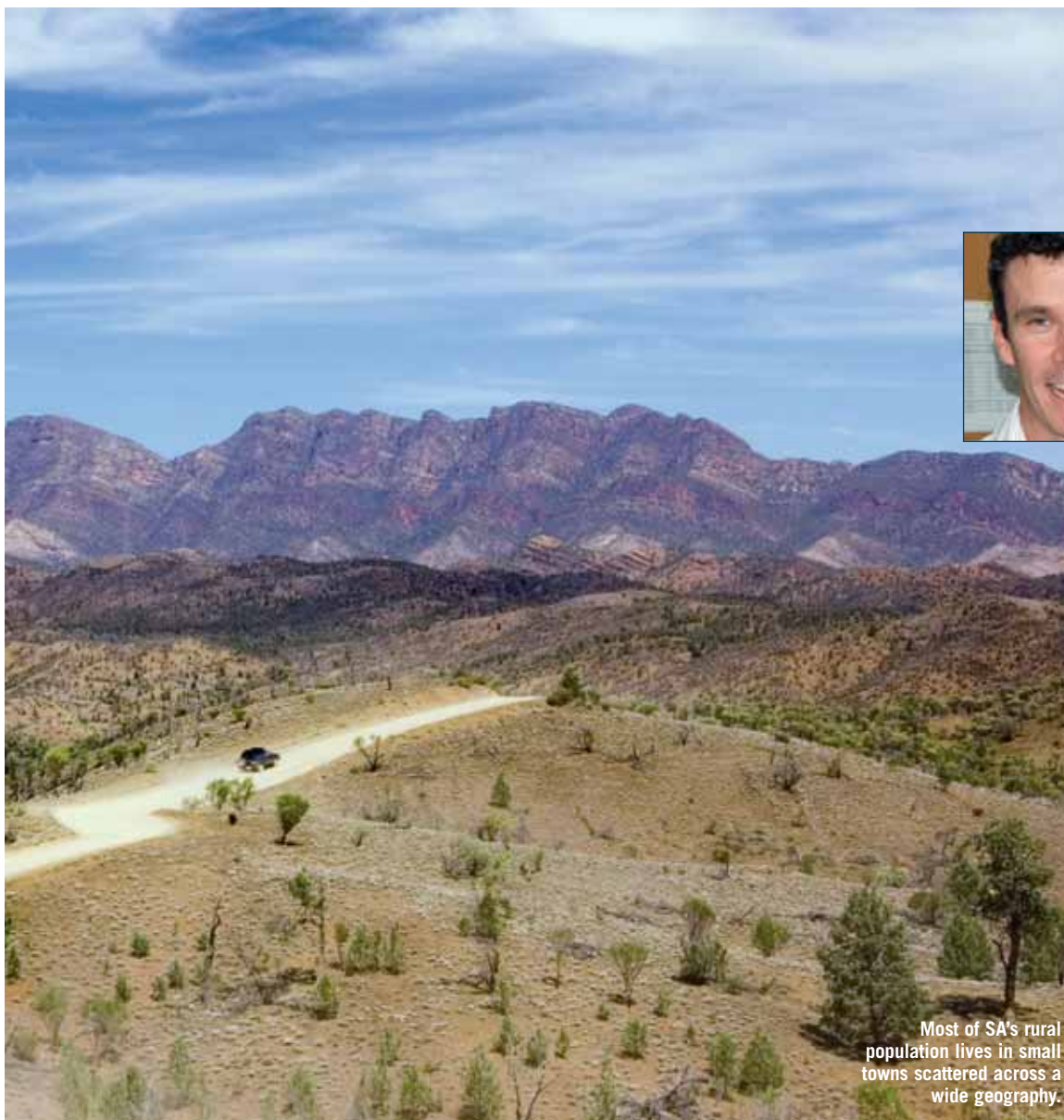
This followed a joint consultation

A ‘gold card member’ – a solo GP – receives seven weeks and six weekends of locum cover a year.

with 300 of the more than 400 rural doctors, which led to 120 strategies to improve rural health. The government also established GP consultant positions.

Hospital services

But the relationship between rural doctors and the state government hasn’t been without its dramas. Last year the government released its Country Health Plan without consultation, sparking uproar over suggestions that services at 40 rural hos-



Most of SA's rural population lives in small towns scattered across a wide geography.

STATE BY STATE

Hospital work a major drawcard

For Dr Tim Kelly (left), one of the great attractions of rural practice in SA is the fact that GPs man most of the hospitals.

A GP obstetrician and anaesthetist, Dr Kelly gets half his income from his hospital duties, while the remainder comes from his private practice work.

"That autonomy and professional diversity is what makes the job attractive," says Dr Kelly, a partner in a small group practice in Crystal Brook, 200km north of Adelaide.

"I feel sorry for urban GPs who don't have access to hospitals. And I feel sorry for rural doctors who are excluded from hospitals in other states because that really affects the continuity of care and the ability to give the care the patient deserves."

Dr Kelly, 39, first came to Crystal Brook as a registrar in 1996, returning to join the practice in 2001 after he had finished his training.

He says one of the other good things about rural SA is that the State Government subsidises indemnity insurance premiums on top of Federal Government subsidies. This has the effect of reducing a procedural GP's premiums down to the level of a non-procedural GP.



pitals would be downgraded. While the government denied this was the case, the plan was scrapped and a strategy for developing a new plan was put in place that is considered "more reasonable", according to Rural Doctors Association SA president Dr Graham Morris.

Fee-for-service payments for GPs to manage hospital inpatients are also on the table at present, with negotiations starting recently.

"In our opinion we are underfunded," Dr Morris says, explaining that remuneration is particularly below par for after-hours work and emergency call-outs during the day.

"That makes it less attractive for doctors to come to SA."

Procedural GPs

Like other states, SA is looking down the barrel of shortages in its procedural workforce, most of which is now on the "wrong side" of 50, according to Dr Morris. To

help combat this he would like to see more support for procedural training in rural hospitals. But at present hospitals are paid a set amount per case, meaning they can't afford for theatre lists to go slow in order that trainee doctors can do some procedures.

The wider workforce

The biggest immediate challenge with regards to the workforce as a whole is dealing with the fall-out from the new assessment process for international medical graduates, which has increased the time it takes to recruit doctors from overseas, according to Ms Poole.

"My recruitment numbers over the past six months have probably been down by 60% on what they would have been the same time last year," she says. "But I am confident we will get through to the other side."

She believes SA will be reliant on IMGs for at least the next

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Practices of the future

General practice nirvana for RDWA SA CEO Lyn Poole (left) is community-owned practices similar in concept to community-owned banks.

"All the research tells us people aren't going to have just one career let alone go to one town for the rest of their life," she says.

It is critical, therefore, that general practice evolves to allow GPs to move around easily.

Ms Poole holds up as a success story a State-Government-owned not-for-profit practice in Ceduna in which the GPs are paid a salary.

Last year RDWA SA employed Dr Kris Bascomb, then a procedural GP registrar, for 12 months and "leased" her to the practice, a decision that had a huge impact for the community.

"As a result of her going there we have been able to reintroduce obstetrics into the hospital, which is just phenomenal," Ms Poole says.

"It's fantastic women don't have to leave the community now to have their babies."

SOUTH AUSTRALIA

From page 23

decade. So with this in mind, the RDWA SA has developed a “Rolls Royce” IMG support program where these doctors and their families are paid to come to Australia to visit potential towns before they sign a contract.

Once employed, IMGs spend two weeks in orientation, including one week at a practice other than the one in which they will work, to pinpoint areas where they need upskilling.

IMGs are also given free legal and financial advice and a contract template to ensure they enter into a fair agreement with the practice.

“And we offer interest-free loans,” Ms Poole says. “We discovered ... how disadvantaged many IMGs are when they come to Australia because they don’t have a credit rating.”

All IMGs are also placed on the fellowship program, and the RDWA SA has introduced education pro-

The Gordon Zacharias:
“We felt good about being gypsies for a while.”



grams to encourage practice ownership in an attempt to head off a possible future decline in GP ownership figures, currently sitting at 90%.

“The IMG workforce in SA is roughly 30%, but they own only 12% of the practices,” Ms Poole says. “You don’t need to be a Rhodes Scholar to know what that means.”

Spouses are also considered, with grants worth up to \$5000 a year for

three years on offer to help them improve their vocational skills or retrain in another field.

Another hurdle with regards to workforce is overcoming the perception that SA’s vast geography equals professional and personal isolation.

Dr Kris Bascomb, 45, spent last year in Ceduna, 800km from Adelaide, and discovered such fears unfounded.

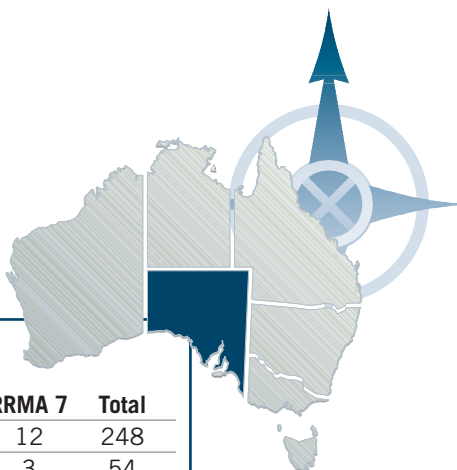
“People think they will be working in isolation with no support but that’s not true,” she says. “I have nurses in Ceduna who are better than interns in Adelaide. They will triage patients and only call you if they need to.”

Dr Zacharias has also found the rural SA communities to be incredibly supportive, as were the retrieval service and ICU doctors in Adelaide. “I think there is a real understanding of how tough it is sometimes.”

However, while he says the system generally works very well, he acknowledged a lack of resources could be tough. The high turnover of nurses in some rural areas also proved a challenge at times.

So would he consider returning to SA for another locum stint? “We felt good about being gypsies for a while,” he says. “I would not like to get hopes up [but] we have certainly talked about it.” ●

FACTS & FIGURES



SA RURAL GPs BY RRMA

	RRMA 3	RRMA 4	RRMA 5	RRMA 7	Total
Australian graduate	4	45	187	12	248
IMG	0	5	46	3	54
GP registrar	17	53	61	6	137
Total GPs	21	103	294	21	439

Source: Rural Workforce Agency of Victoria

THE WORKFORCE

	SOUTH AUSTRALIA	AUSTRALIA
Number of rural GPs	439 (including 54 registrars)	4482
Average age	46 years	48 years
Average practice size	4 GPs	-
Proportion of female GPs	30% (130 GPs)	32%
Average hours worked per week, excluding on-call	47.5 hours	44.4
Average on-call load per week	12 hours	8.6
Average annual time off	31 days	4.6 weeks
Proportion of GPs doing procedural work	32.5%	20%
Number of IMGs	137 (around 30%)	41%

Source: Rural Doctors Workforce Agency of SA

South Australia at a glance

How GPs generally work

- Most GPs work in small towns of about 3500 people
- Virtually all hospital care is provided by GPs on a fee-for-service basis for in-patients
- Some 90% of practices are still in private hands

What SA does well

- Support for IMGs
- State government funding for rural initiatives
- Rural communities are generally very supportive of rural doctors

Challenges

- Workforce shortages caused by the new IMG assessment process
- Getting the proposed country health plan right
- Overcoming perceptions that SA GPs work in isolation and without support

Claim to fame

- RDWA SA GP Locum Service