

# Rural and Remote Specialist Practice – What's the Future?

Rick McLean

# Background

- Rural Specialists Group of RDAA
- Sustainability of rural specialist workforce of critical importance

## Health Horizons 2003-7

The over-arching vision of this document is that “people in rural, regional and remote Australia will be as healthy as other Australians and have the skills and capacity to maintain healthy communities”.

Its goals are to:

- improve highest health priorities first
- improve the health of Aboriginal and Torres Strait Islander people living in rural, regional and remote Australia
- undertake research and provide better information to rural, regional and remote Australians
- develop flexible and co-ordinated services
- maintain a skilled and responsive health workforce
- develop needs based flexible funding arrangements for rural, regional and remote Australia
- achieve recognition of rural, regional and remote health as an important component of the Australian health system

## **Role and functions of rural specialists**

- clinical services and clinical leadership
- innovative and new techniques
- high level care in emergencies
- upskilling and support of other practitioners
- rural training for undergraduates and specialty trainees
- research
- access to more health services and professional support within the region rather than at a more metropolitan centre

## **Important Issues**

- Inter-dependence – specialised vs specialist services
- Subspecialisation
- Major factors in sustainability - professional isolation, social dislocation and succession planning
- Outreach

## Key action areas

- **Rosters and locum arrangements**
- **Infrastructure support and ICT**
- **Networks and education**
- **Rural groups within colleges and rural training**
- **Remuneration**
- **Promoting successful models**

## Rosters and locum arrangements

After-hours rosters should be no more than 1 in 4, except for brief and infrequent periods. However workforce shortfalls and the exigencies of working in some, particularly more remote, areas, mean it is not always possible to achieve this standard. In these circumstances, rigid insistence on this standard could lead to the closure of essential services. Therefore doctors working where routine 1 in 2 or 1 in 3 rosters are inevitable must be supported by triage back-up, special locum relief and specific additional recreation leave.

## **Infrastructure support and ICT**

- In hospitals
- In private practices
- Broadbanding, e-health and NeHTA

## **Networks and education**

- With hospitals and area health authorities
- With universities through RCSs and UDRHs

## **Rural groups within colleges and rural training**

- Need strengthening

## **Remuneration**

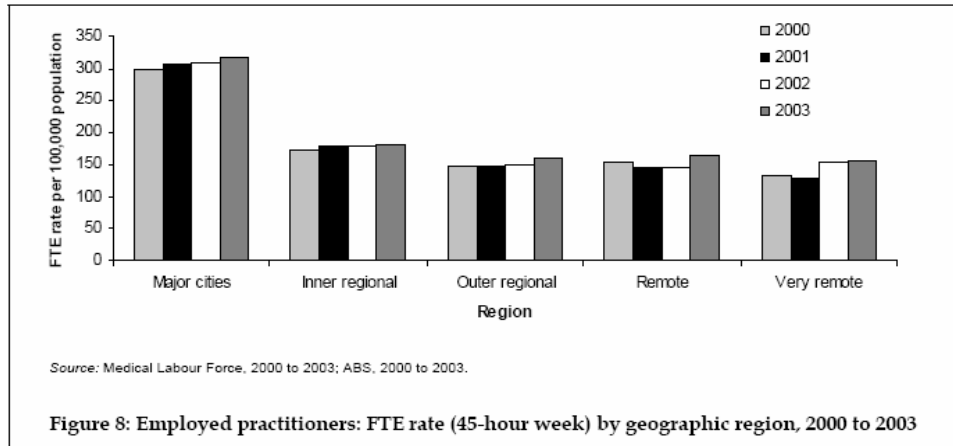
- A big issue
- During hours and after hours
- Rural loading

# Promoting successful models

- Active role in planning and clinical governance

## From here?

- Range of stakeholders
- Working with DoHA
- Supporting ACRRM and RDAs



**Table A7: Employed practitioners: region of main occupation, number and rate<sup>(a)</sup>, 2000 to 2003**

Main occupation	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
<b>2003</b>												
<i>Clinician</i>	39,389	299	7,074	170	2,948	145	468	144	212	118	51,819	261
Primary care	15,132	115	3,901	94	1,740	85	301	93	152	85	21,919	110
Hospital non-specialist	4,561	35	659	16	359	18	69	21	42	23	5,915	30
Specialist	14,580	111	2,164	52	665	33	79	24	15	8	18,093	91
Specialist-in-training	5,116	39	350	8	185	9	20	6	n.p.	n.p.	5,892	30
<i>Non-clinician</i>	3,621	27	372	9	205	10	30	9	18	10	4,388	22
<b>Total</b>	<b>43,010</b>	<b>326</b>	<b>7,446</b>	<b>179</b>	<b>3,154</b>	<b>155</b>	<b>498</b>	<b>154</b>	<b>230</b>	<b>128</b>	<b>56,207</b>	<b>283</b>

(a) Rates are per 100,000 population.

**Table A5: Employed clinicians: region of main job, average weekly hours, 2000 and 2003**

Main occupation	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
Primary care	40.8	39.9	43.7	42.8	46.4	44.7	46.8	47.1	49.1	50.0	41.9	40.9
Hospital non-specialist	47.1	46.7	47.3	47.2	50.6	48.1	47.7	50.3	51.5	56.9	47.4	46.9
Specialist	48.1	46.6	49.6	47.6	49.8	49.3	47.4	49.1	48.5	35.9	48.3	46.8
Specialist-in-training	50.6	49.1	51.9	50.5	50.3	49.2	55.3	49.4	53.6	50.4	50.7	49.3
<b>Total</b>	<b>45.3</b>	<b>44.3</b>	<b>46.2</b>	<b>45.0</b>	<b>47.8</b>	<b>46.4</b>	<b>47.4</b>	<b>48.0</b>	<b>49.7</b>	<b>50.4</b>	<b>45.6</b>	<b>44.6</b>