

Submission
No 465

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Remote Vocational Training Scheme (RVTS)

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Recruiting, Retaining and Training Doctors for Rural and Remote NSW Communities

Submission: Health outcomes and access to health and hospital services in rural, regional and remote New South Wales

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Acknowledgement: The Remote Vocational Training Scheme is a funded initiative of the Australian Government.

List of Acronyms

ACCHS	Aboriginal Community Controlled Health Services
ACRRM	Australian College of Rural and Remote Medicine
AMS	Aboriginal Medical Service
CEO	Chief Executive Officer
DoH	Department of Health
FACRRM	Fellow of the Australian Rural and Remote Medicine
FRACGP	Fellow of the Royal Australian College of General Practitioners
GP	General Practitioner
IMG	International Medical Graduate
MMMM	Modified Monash Model
MPS	Multipurpose Services
NACCHO	National Aboriginal Community Controlled Health Organisation
NSWRDN	New South Wales Rural Doctors Network
RACGP	Royal Australian College of General Practitioners
RVTS	Remote Vocational Training Scheme
RWA	Rural Workforce Agency
SLO	Supervisor Liaison Officer
VMO	Visiting Medical Officer

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Executive Summary

The Remote Vocational Training Scheme (RVTS) is a small but effective Commonwealth funded medical workforce retention program that operates in rural and remote NSW. The RVTS Training Program is a key mechanism for ensuring that medical services are retained in many rural and remote communities both in providing general practice services as well as supporting small rural health services as Visiting Medical Officers (VMOs).

RVTS has demonstrated that access to high quality general practice/ rural generalist training is an effective retention strategy and more recently the usefulness of high-quality GP vocational training as a recruitment solution for many rural and remote locations across the state, with high medical workforce needs.

Background

“ Delivering high quality local comprehensive PHC (Primary Health Care) requires health workers who are generalists and have a broad range of knowledge and clinical skills, who work closely together in a cohesive team, and who develop long-term community engagement” (Strasser 2020).

Since 2000, the Remote Vocational Training Scheme has demonstrated that a GP vocational training model based on distance education and remote supervision supports the medical workforce retention of doctors in rural and remote Australian communities (Giddings 2012), (Giddings 2014), (Hays 2012), (KBC 2016), (Strasser 2018) & (Wearne 2010).

Although Australia currently has an adequate supply of doctors nationally, and despite successive Federal Government initiatives, there remains a significant maldistribution of the medical workforce across the country (McGrail 2017) which is likely to continue despite increased numbers of medical graduates (HWA 2014), indicating the need for further mechanisms to recruit and retain doctors to service regional, rural and remote communities.

Furthermore, research indicates that experienced urban based GPs are much less likely than other professionals, to migrate to regional, rural or remote locations (Carson 2017), and only 5.9% of graduating domestic medical students are considering future practice in a rural or remote setting (Medical Deans Australia and New Zealand 2018).

Education and training has been identified as a key contributor to support medical workforce retention in rural and remote communities both in Australia (Giddings 2012), (Giddings 2014), (Hays 2012), (Humphreys 2001), (Humphreys 2007) (KBC 2016), (Strasser 2018), (Wearne 2010) & (White 2007), and internationally (Dolea 2010) (Healey-Ogden 2012) & (Smucny 2005).

Terms of Reference

RVTS makes significant contributions that are relevant to the following Inquiry Terms of Reference points:

(c) Access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services - RVTS contributes to access of services by ensuring that vital medical services are retained in rural and remote NSW.

(d) Patient experience, wait-times, and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW – RVTS enhances quality of care by providing quality supervision, education and training that leads to participating doctors attaining qualifications as specialist GPs or Rural Generalists.

(g) An examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them - The RVTS model is a proven strategy for ensuring retention of doctors in rural and remote communities in NSW by ensuring that RVTS rural and remote doctors are well supported in meeting service obligations while progressing to specialist qualifications in General Practice.

In addition, RVTS also contributes to the following Terms of Reference points:

(i) The access and availability of oncology treatment in rural, regional and remote NSW - RVTS contributes to the retention of doctors who are able to support patients at a local level in conjunction with specialist oncology services.

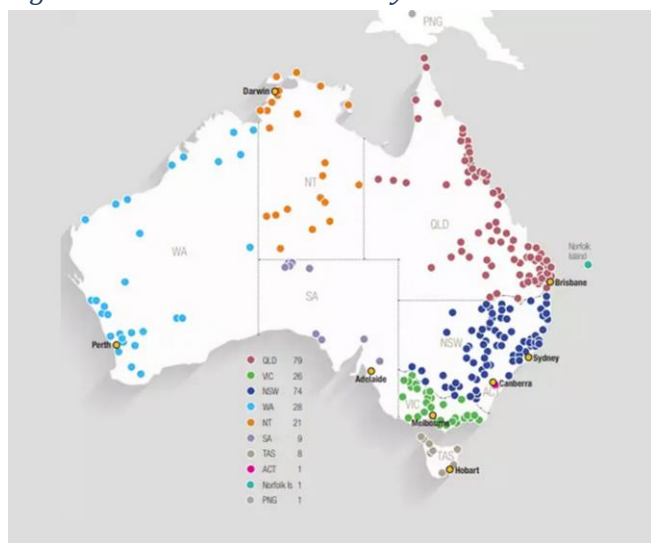
(j) The access and availability of palliative care and palliative care services in rural, regional and remote NSW - RVTS contributes to the retention of doctors who are able to support patients at a local level in conjunction with specialist palliative care services and are key participants in local palliative care team operations. RVTS doctors are also supported to deliver palliative care as part of their training and preparation toward specialist qualifications in General Practice.

(k) An examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities – Since 2014 RVTS has operated the RVTS AMS Stream with 10 training places available each year for doctors working in Aboriginal Community Controlled Health Services (ACCHSs). In addition, all RVTS doctors receive extensive Cultural Education for the duration of their training.

Effective Medical Workforce Retention

The past 20 years RVTS has trained over 400 doctors in more than 280 rural, remote and Aboriginal & Torres Strait Islander communities across Australia (Fig 1). Within NSW, 94 rural and remote communities have benefited from having a RVTS doctor and 44 NSW communities are currently being served by a RVTS doctor (Appendix 1).

Figure 1: Communities Served by RVTS Doctors 2000-2018

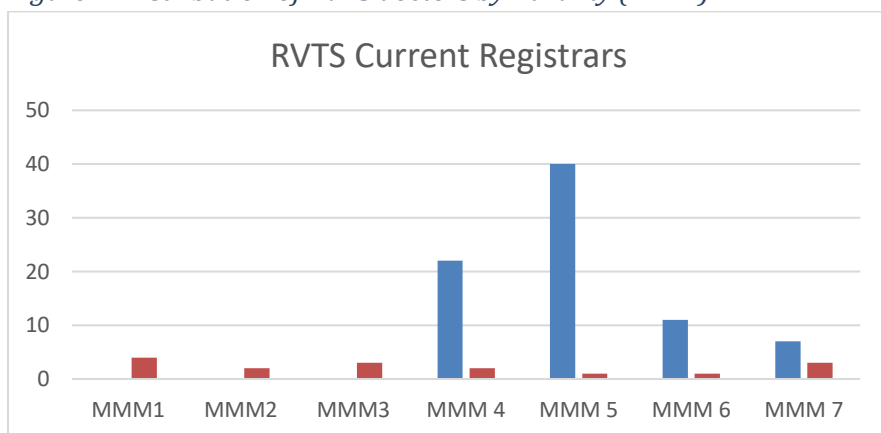


RVTS doctors receive GP Fellowship training via distance education and remote supervision while working in rural and remote communities (Modified Monash Model (MMM) 4-7) and Aboriginal Medical Services (AMS) (MMM 2-7) over 3-4 years.

As a result, the program provides much needed workforce stability for the medical practice, career progression for the doctor to GP Fellowship to FRACGP or FACRRM, and continuity of care for patients in the community concentrated.

The RVTS program also boasts high rural retention rates with 40% of our doctors remaining in their training location 2 years post GP Fellowship (Giddings 2012), with the majority of RVTS doctors concentrated in remote towns in MMM5 locations (Fig 2).

Figure 2: Distribution of RVTS doctors by Rurality (MMM)



Blue – RVTS Doctors distributed across Remote communities

Red – RVTS Doctors distributed across Aboriginal Medical Services

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Sustaining the Rural Hospital Workforce

While all RVTS doctors provide continuing comprehensive whole-patient medical care to individuals, families and their communities, approximately half of all RVTS doctors are also providing a significant workforce to regional hospitals and small rural Multipurpose Services (MPS).

Of the 44 RVTS doctors currently working in NSW, 21 (47%) concurrently provide VMO services at their local hospital or MPS.

Supporting the Aboriginal Community Controlled Health Services

Since 2014 RVTS has operated the RVTS AMS Stream with 10 training places available each year for doctors working in Aboriginal Community Controlled Health Services (ACCHSs) in MMM 2-7 locations. Doctors in the AMS Stream receive 1:1 Cultural Mentoring for the first 3 years of their training from a local Aboriginal or Torres Strait Islander Cultural Mentor selected by the ACCHS. RVTS doctors in the RVTS Remote Stream also receive extensive Cultural Education for the duration of their training.

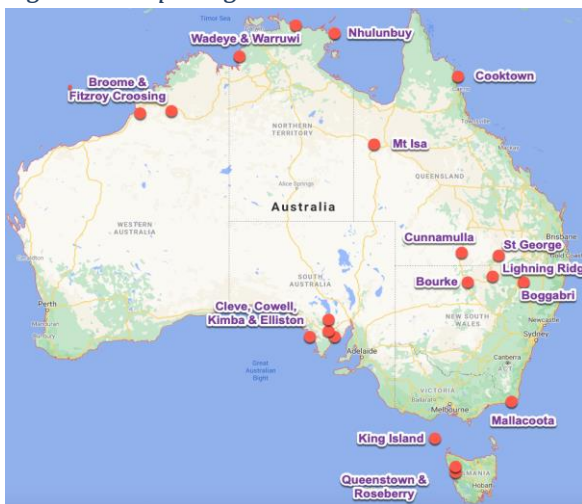
Overall, 29 doctors including 7 NSW doctors have obtained GP Fellowship via the RVTS AMS Stream, completing all their GP Training in an ACCHS. There are currently 5 RVTS AMS Stream doctors training in ACCHSs across NSW.

RVTS Targeted Recruitment Strategy for Remote Communities

Until recently, the RVTS model has only been utilised in communities that already have a doctor to retain and has been unable to support communities seeking to recruit or expand their medical workforce. Given the success of the RVTS program as a medical workforce retention strategy, the RVTS model was recently extended as a recruitment strategy to targeted communities with high medical workforce need, known as the RVTS Targeted Recruitment Strategy.

Since 2018 RVTS has partnered with the Rural Workforce Agencies (RWAs) such as NSW RDN and State Health Departments to identify rural and remote communities with high medical workforce need. This initial pilot has successfully secured the services of 15 full-time doctors to 20 of the hardest to fill posts across Australia (Fig 3), including Bourke, Lightning Ridge and Boggabri in NSW. Significantly, the distribution of doctors recruited via Targeted Recruitment has been concentrated to remote communities in MMM 6 & 7 locations (Fig 4).

Figure 3: Map Targeted Recruitment Locations 2018-2021

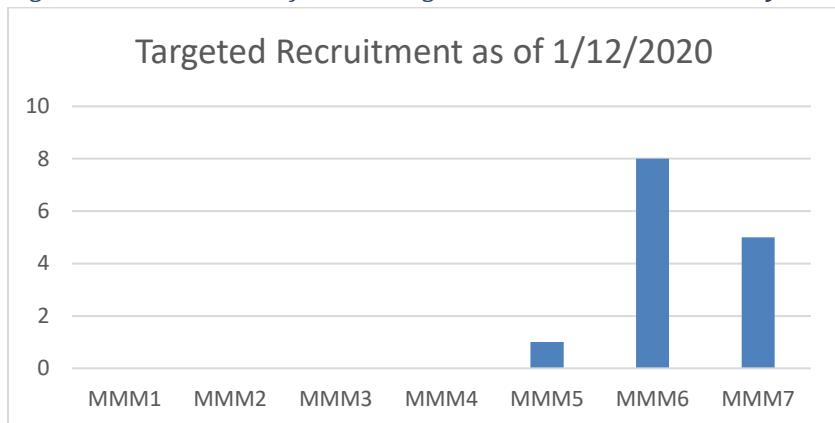


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In addition, the Department of Health (DoH) is now providing additional salary support funding with 19(2) Exemptions to further aid these recruitment efforts which is increasing the viability and market competitiveness of these positions. As a result, the Targeted Recruitment strategy is now attracting significantly more Australian trained doctors from urban hospitals, seeking to train as a Rural GPs or Rural Generalists.

Figure 4: Distribution of RVTS Targeted Recruitment doctors by Rurality (MMM)



Conclusion

*“The assumption that quality medical training only occurs in major centres risks perpetuating Australia’s maldistribution of medical workforce and health care expenditure by location rather than clinical need”
(Wearne 2010).*

Over the last 20 years RVTS has been providing significant medical workforce support for rural and remote general practices, ACCHSs and hospitals across NSW. Overall, 94 rural and remote NSW communities, predominantly in MMM5 locations, have benefited from having a RVTS doctor over their 3-4 years of GP vocational training.

Building on this success, the RVTS Targeted Recruitment strategy has demonstrated that well-supported medical education and training can also be a key driver to recruitment of doctors to remote MMM6 & 7 communities with high medical workforce need. The Targeted Recruitment strategy has recently recruited doctors to 3 NSW locations, Bourke, Lightning Ridge and Boggabri.

Opportunities exist to expand the Targeted Recruitment strategy to additional rural and remote communities across the State, to further support both the rural general practice, ACCHS and VMO workforce across NSW.

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Appendix 1 - NSW Towns served by RVTS doctors since 2000.

No	Town	No	Town
1	Aberdeen*	48	Jerilderie*
2	Adelong	49	Kempsey
3	Airds	50	Kyogle
4	Armidale	51	Lake Cargelligo
5	Balranald	52	Lake Munmorah
6	Baradine	53	Leeton
7	Barham*	54	Lightning Ridge
8	Bateau Bay	55	Lithgow*
9	Batlow	56	Merriwa
10	Bega*	57	Moree*
11	Bellbrook	58	Moruya
12	Berrigan	59	Murrumbateman*
13	Bingara*	60	Nabiac*
14	Boggabri*	61	Nambucca Heads
15	Bombala	62	Narrabri
16	Boorowa*	63	Narromine
17	Bourke*	64	Newcastle
18	Cessnock	65	Oberon*
19	Cobar	66	Orange
20	Collarenebri	67	Parkes*
21	Condobolin	68	Peak Hill
22	Coonabarabran	69	Portland
23	Coonamble	70	Redfern*
24	Cootamundra*	71	Salamander Bay*
25	Dareton	72	Scone*
26	Deniliquin	73	South West Rocks
27	Denman	74	Tamworth*
28	Dorrigo	75	Tea Gardens*
29	Dubbo*	76	Temora
30	Dungog	77	Tenterfield*
31	Echuca	78	Tocumwal
32	Eden*	79	Trangie
33	Forbes	80	Trundle
34	Gilgandra	81	Tumbarumba*
35	Glenfield	82	Tumut
36	Glenn Innes	83	Urana
37	Gloucester*	84	Valla Beach*
38	Grafton	85	Vincentia*
39	Grenfell*	86	Wagga Wagga
40	Griffith*	87	Walgett
41	Gulgong*	88	Warren*
42	Gundagai	89	Werris Creek*
43	Gunnedah	90	West Kempsey*
44	Harden	91	West Wyalong
45	Hay	92	Wyong
46	Holbrook*	93	Yass*
47	Inverell*	94	Young*

*Current RVTS doctor in location

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