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Urgent call for Victorian Government action as worsening doctor shortage threatens more rural hospitals

A major survey released today by the Rural Doctors Association of Victoria (RDAV) has again shown that, without urgent State Government intervention, the worsening shortage of rural GP proceduralists across Victoria will result in further reductions in emergency and other procedural services provided by rural hospitals across the State.

Rural GP proceduralists provide obstetrics, anaesthetics, emergency care and general surgery at hospitals in rural and remote towns across Australia, as well as providing local general practice care. However, in most states of Australia—including Victoria—the number of these much-needed proceduralists is declining as more of them retire and few new proceduralists are being trained or are moving to rural locations.

“Worryingly, RDAV’s latest survey of rural doctors in Victoria shows a 50% drop in the number of under-45 year old GP obstetricians and anaesthetists in this State since 2006, with these doctors now representing only 16% of the 176 GP obstetricians and anaesthetists working in rural Victoria—put simply, the GP proceduralist workforce in Victoria is ageing” said RDAV President, Dr Mike Moynihan.

“Retirement of rural proceduralists occurs especially after the age of 55 years and there will be a rapid fall-off in numbers of these essential doctors over the coming years, threatening the viability of obstetric and anaesthetic services at rural hospitals across Victoria unless the Victorian Government acts urgently to correct the shortfall.

“A similar ageing pattern is present in the wider rural Visiting Medical Officer workforce of about 550 doctors, which includes rural GP proceduralists who undertake advanced emergency care and general surgical services.

“There is steady closure of services, with 56 out of 93 (or 60% of) rural hospitals in Victoria ceasing to provide obstetrics, theatre services and advanced emergency care since 1983. Most of these now only offer low level care. While the remaining 37 hospitals still provide these essential services, the future of many of them is under significant threat. Already one large hospital, Portland, only intermittently offers obstetrics and other rural Victorian hospitals are having to alternate on-call services with hospitals in other towns.

“Collaborative rural maternity services do not survive without on-call obstetricians. Additionally, anaesthetists—as well as keeping rural operating theatres open—are able by virtue of constant practice to give advanced emergency care and stabilisation, providing critical early care which is otherwise delayed until patients arrive in tertiary hospitals, often many hours later.

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“The State Government has provided a small number of training positions for GP proceduralists in larger hospitals but these are proving totally inadequate to maintain the rural GP proceduralist workforce. Also, lack of recognition of the GP procedural workforce in Victoria, as opposed to other States like Queensland, means there is very little interest in rural medicine as a career amongst doctors training in Victoria’s four regional training programs.

“Due to new entry requirements, the State can no longer rely on a supply of overseas doctors with procedural training. Hospitals require rosters of proceduralists to maintain 24/7 cover whether specialist or generalist. The State has to generate its own workforce to maintain these critical services—it is not doing this.

“On present trends we will see obstetrics services retained (at most) in Bairnsdale, Traralgon, Warragul, Wonthaggi, Geelong, Warrnambool, Hamilton, Horsham, Ballarat, Bendigo, Swan Hill, Mildura, Echuca, Shepparton, Wangaratta and Wodonga, but they are by no means guaranteed in all of these locations. Rosters are already inadequate in some locations and increasingly depend on older, less fit doctors who should be retiring from on-call work.

“Research released today by the Bogong GP Training Consortium demonstrates the efficacy of GP proceduralists in rural and remote settings. The cost of, and limited scope for, specialist services and resident hospital doctors in smaller populations means that full-time hospital rosters are not feasible at small rural hospitals. Doctors who can combine general practice and hospital work offer by far the most suitable model for country areas.

“The window of opportunity for the Victorian Government to take effective action to get and keep more of these much-needed doctors in the State’s rural and remote communities is getting distressingly small, however” Dr Moynihan concluded.

Available for interview: Dr Mike Moynihan on tel: 0427 331 370.

RDV’s survey can be read in full at www.rdav.com.au (see 2009 RDV survey of rural procedural Generalist Obstetricians and Anaesthetists on the front page).

Rural Victorian Anaesthetic and Obstetric Proceduralists

	‘06	‘09
Under 45y	59	29
Age 45-54y	96	93
Over 55y	36	54
Total	191	176

(Dual proceduralists –
those GP proceduralists
who undertake both anaesthetic
and obstetric work:
61 in 2006, 45 in 2009)

