GP PROCEDURALISTS: The hidden heart of rural and regional health in Australia

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Our research objectives

• What’s actually going on in our region?
  – Understanding GP procedural practice in our region

• Implications for future planning
  – Estimating the demand for and supply of the GP proceduralist workforce in the future.

• Mapping our training needs
  – Implications for GP proceduralist training in Bogong
Definition of procedural medicine

A procedural GP was defined as a GP actively practicing one or more of the following:

- **Obstetrics** (NVD, instrumental, operative)
- **Anaesthetics** (General, neurolept, regional, spinal)
- **Surgery** (Requiring more than LA)

(Dunbabin, 2002)
Our research questions

• What procedures are being performed by GP proceduralists in the Bogong region?

• What procedures are no longer performed and why?

• What is the likely future of GP procedural practice in the next 5-10 years?
What we knew

- Socio-demographic town profiles
- Community infrastructure
- Epidemiological trends
- GP demography and location
- Health service priorities
What we did not know

1. **Who were the GP proceduralists?**
   - Little academic research about GP proceduralists
   - Divisions of General Practice do not differentiate between procedural and non-procedural GPs

2. **Where were they?**
   - GP practice profiles do not specify who are the GP proceduralists

3. **What were they doing?**
   - AIHW labour force surveys do not count GP proceduralists as a distinct cohort of GPs

* This led to our first sense that GP proceduralists are invisible in the system.
Method

- Qualitative case study methodology
- Team approach
- Comprehensive literature review
- Structured interviews
- Electronic survey
Sample

- 70 GP proceduralists identified (via Practice managers)
  - 38 GPs interviewed (13 towns)
  - 21 electronic surveys (10 usable responses)
  - 11 excluded from survey
  - Response rate 81%

- Regional Health services
  - 7 hospitals

- Department of Human Services
The results
1. GP proceduralists - who they are?

- Attracted by diversity, challenge and passion
  - “... the main reason I came to this town was because I could do obstetrics ... I came to practise medicine. It’s really enjoyable”.
  - “… we did it because it was a true vocation and we did it knowing we’d get less money”.

- Enjoy a mix of general practice, procedural work, education and mentoring roles
  “... it adds another dimension. You still get that camaraderie of the hospital ward and the interactivity and other levels of health care ... that is for me, a really positive thing about my workload that I enjoy”
2. The changing landscape of GP procedural practice

1. Gradual but sustained decline in the volume and complexity of all categories of procedural practice.
2. The decline is due to a complex combination of social, political, technological and economic factors.
3. Decline in the workforce as GP proceduralists age and retire.
4. Substantial demand for GP procedural medicine in small rural and regional communities.
The implications
Changes in the volume and complexity of procedural work impacts on:

- GP proceduralists
- GPs
- Patients
- Emergency departments
- Specialists
- Larger hospitals
- Students & registrars
- Community economics & sustainability
Where are we going? 2010 and beyond

- Recognise that GP proceduralists are vital to the rural health care system
  - Until they are counted as a distinct cohort of highly trained general practitioners, GP proceduralists will remain hidden in the system.
Where are we going? 2010 and beyond

• **Address the demand for procedural medicine in rural areas**
  
  – Provide sufficient elective lists to ensure GP proceduralists have sufficient work to maintain their skills
  
  – Examine the feasibility for GP proceduralists being trained to assume responsibility for minor procedures currently being performed by visiting specialists.
Where are we going? 2010 and beyond

- **Maintain a critical mass of GPs and GP proceduralists in rural practice.**
  - Break down the barriers that discourage students from undertaking GP procedural practice and registrars and doctors locating in rural practice.
  - Increase the number and type of procedural training posts
  - Create new strategies for succession planning
Questions ?