

**Murray Medical Workforce- - the 4 Pillars – future proofing the medical workforce.
We need a GP!**

The Murray Medical Workforce has been meeting since December 2017 to attempt to address the GP shortage and need for proceduralists in rural communities, in particular in Kerang and Cohuna. Since then Boort and other rural areas have joined the group. The group has been well supported by peak bodies such as the Rural Doctors Association Victoria and Rural Workforce Agency Victoria, along with Department Health Human Services and Murray Primary Health Network, local health services, medical clinics and Local Government Areas (Gannawarra and Murray Shires).

With a focus on collaboration, innovation and technology and an acknowledgement of the importance of building a workforce that supports wellbeing, quality training and work/life balance, the group have come up with the '4 Pillars'- a long term solution for future proofing the region. Bendigo Health and Monash University have also indicated broad support for the 4 Pillars.

- Pillar 1 Murray Pathways: Develop pathways that link medical graduates to a comprehensive intern training program that focuses on developing procedural skills and rural GP experience.
- Pillar 2 Supervision: Develop a supervision model unique to the Murray region. Employ experienced GP's to provide a combination of face to face supervision and virtual supervision to rural GP clinics who do not have Vocationally Registered GP's to provide supervision to registrars.
- Pillar 3 After Hours: Continue to invest in telehealth options for small rural health services for after hours and during business hours support.
- Pillar 4 Nurse Practitioners: Explore the development of a funded Nurse Practitioner model in the Murray region that supports supervision and delivery of services in small rural communities no longer able to access GP services. Currently the Commonwealth Medical Benefits Scheme only covers 4 items for NP's and this translates to the NP model not being affordable for health services and medical clinics. Yet the NP is able to provide services and practice within a much larger scope in primary care or emergency care.

Northern District Community Health, Cohuna District Hospital, Boort District Health, Echuca Regional Health, Murray Primary Health Network, Gannawarra Shire Council and Swan Hill District Health Services have agreed to advocate for the 4 Pillars to be considered by both Federal and State governments in planning for the future medical workforce of the Murray region.

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MURRAY RURAL GP SOLUTIONS

THE FOUR PILLARS



CONTEXT

The Murray Medical Workforce has been meeting since December 2017 to attempt to address the GP shortage and need for proceduralists in rural communities, in particular Kerang and Cohuna. Since then Boort and other rural areas have expressed interest in joining the group. Well supported by peak bodies Rural Doctors Association Victoria, Rural Workforce Agency Victoria and Murray City Country Coast, along with Department Health Human Services and Murray Primary Health Network, local health services, medical clinics and Local Government Areas (Gannawarra and Murray Shires) have been discussing how we can collaborate and use innovation and technology to change the current situation for the long term. We aim to provide excellent support to our rural medical workforce acknowledging the importance of wellbeing, quality training and work/life balance.

PILLAR 1

MURRAY PATHWAYS



PILLAR 2

SUPERVISION



PILLAR 3

AFTER HOURS



PILLAR 4

NURSE PRACTITIONERS



PILLAR 1

MURRAY PATHWAYS

Develop pathways that link medical graduates to a comprehensive intern training program that focuses on developing procedural skills and rural GP experience. Leveraging off Echuca Regional Health's successful rural generalist training program and building on the successful Murray 2 Mountains Program, which now has good evidence that graduates are staying in the Hume region, the investment in a Murray Pathways Model is a viable and desperately needed solution to the long term challenge of GP recruitment. The model would also address 'grow your own' philosophy and develop supportive infrastructure ie housing and social support and GP Professional development networks as wrap around elements.

Support for the program can be leveraged off the existing Loddon Mallee Rural Community Intern Training Program (5 positions) based at Echuca Regional Health and Bendigo Health, with additional interns (5 positions) introduced at:

- Swan Hill District Health (with PMCV accredited emergency medicine and general surgery terms);

- Bendigo Health (with PMCV accredited general medicine terms); and
- GP clinic's attached to a small rural health service for the broad based rural GP experience (subject to PMCV 'non core' term accreditation). strengthening rural generalist pathways in the region to include:
- Expanded PGY 2,3 opportunities, e.g. paediatrics/obstetrics at ERH
- Expand rural generalist proceduralist skills training opportunities, e.g. Emergency Medicine (ACEM certificate) training at Bendigo, Echuca and Swan Hill; Advanced Diploma in Obstetrics (Advanced DRANZCOG) at Echuca; Joint Consultative Committee on Anaesthesia (JCCA) certification at Echuca.

These positions can then connect to the Loddon Mallee Hospital Medical Officer Year 2 Rural Generalist Program currently undergoing accreditation (and due to commence in February 2019), followed by the MCCC GP training program.

PARTNERS: Monash University, MCCC, Northern District Community Health, Echuca Regional Health, Swan Hill District Health, Bendigo Health, Cohuna District Hospital, Kerang District Health, Mallee Track Health & Community Services, Inglewood & District Health Services, East Wimmera Health Services and Boort District Health.



PILLAR 2

SUPERVISION

Develop a supervision model unique to the Murray region. Employ experienced GP's to provide a combination of face to face supervision and virtual supervision to rural GP clinics who do not have Vocationally Registered GP's to provide supervision to registrars. To work with peak GP bodies to ensure the model meets the supervision requirements.

PARTNERS: Northern District Community Health, Boort District Health, Mallee Track Health & Community Services.



PILLAR 3

AFTER HOURS

Continue to invest in telehealth options for small rural health services for after hours and during business hours support. The 'my emergency doctor' application is an example of using innovation to support health services, and mitigate the pressure on rural GP's to be 'on call'. Other examples are being operated out of Bendigo Health Emergency Department, with the most comprehensive model operational from Northeast Health Wangaratta Emergency Department supporting multiple Urgent Care Centres in the Hume Region.

PARTNERS: Echuca Regional Health, Swan Hill District Health, Bendigo Health, Cohuna District Hospital, Kerang District Health, Mallee Track Health & Community Services, Inglewood & District Health Services, East Wimmera Health Services and Boort District Health.



PILLAR 4

NURSE PRACTITIONERS

Explore the development of a funded Nurse Practitioner model in the Murray region that supports supervision and delivery of services in small rural communities no longer able to access GP services. Currently the CMBS only covers 4 items for NP's and this translates to the NP model not being affordable for health services and medical clinics. Yet the NP is able to provide services and practice within a much larger scope in primary care or emergency care. This would be implemented collaboratively with a GP clinic or Emergency Department to fulfil the nurse practitioners' requirement for a collaborative practice arrangement with medical practitioners.

PARTNERS: Northern District Community Health, Boort District Health, Mallee Track Health & Community Services, Cohuna District Hospital, Kerang District Health

