

WAPHA

WA Primary Health Workforce

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WA Primary Health Workforce

Why is Primary Health Care important.

- Provides community first contact with early intervention to prevent disease and promote good health.
- More effective and cost effective way of keeping our community healthy.

In WA the absence of effective primary health care means....

- High rates of preventable admissions
- High rates of hospitalisation
- Lower access to Medicare per capita – valued at an estimated \$433m pa basically shifted into the hospital system.

WA Primary Health Workforce

Background

Key findings from the review of the primary health workforce.

- Discipline specific issues impact on primary health care commissioning:
- General Practice
- Nursing
- Allied Health

WA Primary Health Workforce Key findings

- No good clean data available on the total workforce delivering primary health care.
 - No clear accountable authority ensuring an adequate and appropriately distributed workforce.
 - Little modeling work describing the ideal primary health care team for the Australian conditions.
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- Sufficient allied health and nursing workforce.
 - Shortages and mal-distribution in General Practice when compared nationally.
 - No clear pathway or service model for nurses or allied health in primary health care.
 - Insufficient primary health focus in undergraduate programs.
 - Few direct graduate opportunities in nursing and allied health.

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General Practice

- Fewer GP's per capita than all other states (shortage).
- Heavier reliance on International Medical Graduates (57% FSE in WA).
- Data from Department of Health General Practice Workforce Statistics based on Non Referred Attendances. 2004/6-2014/15
- Mal-distribution.
- Fewer direct practice hours. GP's in WA work less than half time on direct patient contact.
- 2.2 GP's trained to provide one FSE

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Opportunities

- New Curtin Medical School
- Increased GP training places transition plan to reduce reliance on IMG
- Reinvigorated Rural Practice Pathway

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Nursing

- Reasonable supply of nurses for the next five years.
- Turnover has slowed.
- Nursing already a key, but under-utilised participant in primary health care.
- Poor perceptions of working in primary health care and General Practice.
- No clear career paths and structures.
- Few opportunities for direct entry.
- Pay differential

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Opportunities

- Nurses well placed to provide coordination of care and long term patient relationships as key areas of support to General Practice.
- Support for more complex and difficult primary health care cases.
- Clearer articulation needed on the role of nurses should play to support the primary health care effort.
- Address the real and imagined perceptions of working in primary health care.

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Allied Health

- None of the professions are in under supply, except audiology
- Fewer employed in the State public Hospitals
- Strong hospital focus in education and training programs while large part of the future is in primary health care
- Little clinical exposure to primary health care practice.
- The ageing population and growth in chronic disease requires many of the services that Allied Health Practitioners are well placed to deliver.

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Opportunities

- Allied Health well placed to provide coordination of care and long term patient relationships as key areas of support to General Practice.
- Support for more complex and difficult primary health care cases.
- Clearer articulation needed on the role allied health practitioners should play to support the primary health care effort.
- Address the real and imagined perceptions of working in primary health care.
- Stronger focus on primary health care and advanced learning in higher education.

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Actions to improve Primary Health Care workforce

- Provide support and advocacy for a significant increase in General Practice Training posts, especially focused on the new graduates from the Curtin Medical School.
- Key agencies including the Colleges to further understand why WA GP's work fewer practice hours.
- Support the gradual reduction in the reliance on international recruitment as locally trained graduates emerge.
- Support the current initiatives by Rural Health West, WAGPET and Rural Clinical School to address the mal-distribution between metropolitan and rural areas.
- A transition plan GP training is needed to ensure that as IMG recruitment is reduced it is replaced by sufficient locally trained graduates and inroads continue to be made into the shortages in WA.

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- Commission modeling of alternative and ideal primary health care team within a General Practice framework to assess patient outcomes and cost effectiveness.
- Commission a consortium of agencies supported by Chief Medical Officer, Chief Nurse and Chief Health Professions Officer to develop a plan for the implementation of pathways for nursing and allied health into primary health.
- Develop and support clear pathways for Nurses and Allied Health Professionals into Primary Health Care.