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'THE LONG AND WINDING ROAD': BUILDING A NEEDS-BASED APPROACH TO PLANNING THE GENERAL PRACTICE WORKFORCE IN SOUTH AUSTRALIA

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Objectives:

The study aims to develop and apply a needs-based simulation model for general practice that can be applied at regional and local level.

Methods:

The simulation model is based on estimating and comparing provider supply with provider requirements. The modules which form the model are training, supply, work and productivity, and need. National datasets will be used to build a simulation model for general practice that take into account provider supply (eg graduate entry rates, in and out migration, training places, program attrition, hours worked and productivity) and population needs (population characteristics, health status, service requirements). South Australia will be used as a case study.

The model will determine the gap between provider supply based on the projected population needs for a reference year and from this, predict future workforce requirements and be used to simulate the impact of various policy scenarios.

A stakeholder consultation process has been established through a Research Reference Group comprising of workforce planners, training providers, academics and discipline experts.

Emerging findings:

Defining most of the supply components of the model is relatively straightforward and in Australia we have reasonable datasets on medical school graduates, GP training positions and numbers and characteristics of the GP workforce. However, in and out migration of GPs and graduates is more difficult to determine when applied to a region such as South Australia, particularly as a national identifying number for medical practitioners has only been introduced recently.

Determining the measurements of the population's health needs and GP productivity has been more problematic. This relates in part to the complexity of the measurements and to limitations of the data available. Initially, self-reported health status was used to determine need by population level, but this did not account for risk factors within the population and the likely impact on future health needs. We are in the process of incorporating risk factors into the need variable. Service requirements have been based on past utilisation rates, i.e. number of visits to the GP and other health providers.

For productivity, data are available on hours worked by GPs and number of services or number of consultations provided. However, this basic approach does not accommodate other influences on productivity such as new technologies, role substitution, use of health care teams or new models of care or link it to outcomes.

The poster will outline how this study has addressed these issues.

Conclusions:

Taking a needs-based approach to workforce planning is complex and has not been applied to general practice in Australia. It will complement and build on similar approaches that have been applied to the hospital workforce in the Northern Territory, and national projects such as Health Workforce 2025. The developmental work on better measurements of need and productivity will contribute to health workforce planning research in Australia and will potentially provide a more relevant framework to forecast the future health workforce requirements than more traditional approaches.