

Media release – 1 May 2024

GP pilot program targets health of rural practitioners as cornerstone of community wellbeing

A pilot program launching today in Outback Queensland will deliver high-quality, confidential healthcare consultations to rural and remote health practitioners to preserve the physical and mental wellbeing of the workforce on whom the community's health rests.

Dr Michael Rice, Chair of Rural Doctors Foundation, says the program was developed through research and listening to rural and remote health practitioners across Australia.

“The GPs4RuralDocs program is by rural doctors for rural doctors. The program's design has been shaped by experts in doctors' health and with guidance from doctors serving in rural communities at every stage.”

CEO of Rural Doctors Foundation, Fran Avon, says the rural health workforce, including doctors, nurses and allied health workers, experience the same challenges accessing healthcare as their patients do –

“For some, they might be the only doctor or one of only a few medical professionals in town. Of the more than 120 rural and remote health practitioners we surveyed, 42% said they needed to travel out of town, with 20% travelling more than 800 km to receive independent and confidential healthcare.”

“Rural health practitioners work long hours, often across multiple roles, to meet community needs. As a result, these pressures are overtaking self-care health behaviours such as taking leave and seeking their own healthcare services, leading to burnout, reducing hours, leaving practice and early retirement,” she says.

GPs4RuralDocs program will combine face-to-face visits and telehealth consultations to support health workers' physical and mental health as an upstream, preventative strategy to retain the critical rural and remote health workforce that is persistently in shortage across Australia.

Dr John Douyere, trained in doctor-to-doctor care and mental health, will fly in to deliver the pilot service to Charleville, Quilpie, and Cunnamulla.

“Having lived and worked in Longreach for 23 years, I understand the challenges of accessing healthcare for rural health practitioners,” Dr Douyere says.

Rural Doctors Foundation acknowledges the ongoing dedication of rural doctors, their colleagues, family and community members to provide caring, committed health care in Rural Australia. The Foundation supports and encourages their ability to connect with each other to overcome adversity, focusing on better health outcomes for generations of Rural Australians.

We acknowledge and extend our sincere respect and appreciation to the Turrbal People – the traditional Owners of the land on which our office is located. We also acknowledge the Traditional Custodians of the lands where we implement our programs. We acknowledge their connections to land, sea and community. We pay respect to their ancient and continuing cultures, and to their Elders, past and present.

“Are you going to spend significant time and energy to go somewhere else to seek care, or are you going to seek care from colleagues? Seeking healthcare from colleagues brings a whole set of difficulties if you go that way.”

Dr Michael Rice says it might be surprising to people outside the medical field, but health practitioners shouldn't be trying to diagnose and treat themselves or their colleagues –

“All health providers need privacy and personalised care, just the same care that we deliver to our own patients. Proper care means more than just a script or just a referral, and keeping our rural colleagues physically and mentally well means they shouldn't be DIY doctors,” Dr Rice says.

He believes the program's impact will be felt at an individual level and by the Charleville, Quilpie and Cunnamulla communities as a whole.

All three communities are classified under the Monash Modified Model as MM7 very remote. Survey respondents highlighted that resources were shared between GP services and remote hospitals, meaning there were no independent options for their own healthcare.

Charleville and Cunnamulla were recently inundated by floods that affected south-west Queensland, destroying homes and isolating residents with road closures. Health practitioners take on an extra burden during natural disasters to meet community health needs, but these events are immensely stressful and take a toll.

“Rural Doctors Foundation is funding the pilot, but to reach and retain critical rural and remote healthcare workers across Australia, we need partners”, says CEO Fran Avon.

Avon emphasises, “Without healthy health workers, we cannot have healthy communities.”

About

Established in 2014 after devastating floods affected Australia's eastern states, Rural Doctors Foundation is now a national health charity that improves the access of Australians in rural and remote regions to lifesaving healthcare. It does this by providing medical equipment and emergency relief to rural communities and conducting research to promote the health of rural GPs and health practitioners.

Background

- 28% or seven million Australians live in rural, regional, and remote areas. Despite their number, people in these communities experience many negative health impacts due to poor access to healthcare, which is worsened by critical health workforce shortages.
- The number of employed FTE clinicians in Australia decreases with increasing remoteness – with 2.5 doctors per 1,000 people in rural and remote areas vs. 4.1 per 1,000 in urban areas.
- Changes to Distribution Priority Areas saw a more than 50% increase in the movements of GPs from rural and remote areas to newly included areas such as regional cities in the six months following their implementation.
- GPs working in remote and very remote areas were more likely to indicate they intend to retire in the next ten years than GPs working in major cities.

Rural and Remote Medical Practitioners Survey

Research was conducted by Rural Doctors Foundation with 126 respondents in January 2023 to identify needs.

Key findings

- Almost a quarter of respondents (23%) worked more than 60 hours per week.
- 52% of respondents were working multiple roles to meet community needs.
- 42% of medical practitioners needed to travel out of town to receive healthcare, with 20% travelling more than 800 km.
- Of those in remote and very remote areas (MM6-7):
- 32% of respondents were the only medical practitioner in town.
- 70% received no work relief to attend to their health.

GPs4RuralDocs Program

Objectives

- To provide independent, accessible primary healthcare to rural and remote healthcare professionals.
- To keep rural healthcare professionals in their communities, ensuring access to quality healthcare by Australians in rural and remote regions.

Offering

- From 1 May 2024, health practitioners, including doctors, nurses, and allied health professionals from the Western Queensland communities of Charleville, Quilpie, and Cunnamulla, can receive continuity of care from a visiting independent GP.
- Practitioners receive a combination of regular face-to-face, in-town consultations by the same visiting doctor supplemented by telehealth consultation services between visits.
- The service is delivered by GPs experienced in doctor-to-doctor care and mental health who understand rural practice and are trained in caring for health practitioners and in mental health.

Available for interview

- Fran Avon, CEO, Rural Doctors Foundation (Brisbane)
- Dr Michael Rice, Chair, Rural Doctors Foundation (Beaudesert)
- Dr John Douyere, Treating GP, GPs4RuralDocs Program (Gold Coast before 30 April, Charleville – Thurs 2 May)
- Dr Paul Chang and Dr Katie Chang, Acacia Country Practice, Practice Owners and Hosts (Charleville)

Media contacts

Amanda Bailey 0429 484 632