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Australian Government Productivity Commission
PO Box 80
Belconnen ACT 2616
Australia

12 May 2005

Dear Mr Henderson,

Re: Submission to the Health Workforce Study

I am writing on behalf of the Australian Rheumatology Association, Victorian Branch to alert you and your research team to workforce issues relating to the management of musculoskeletal disease in this State, and which we believe are reflected nationally.

By way of background, a rheumatologist is a specialist physician who is involved in the diagnosis and management of musculoskeletal disease and inflammatory conditions, including arthritis. You will no doubt be aware of the increasing burden of arthritis and other musculoskeletal diseases in our community.

As a result of our concerns regarding expanding waiting lists and increasing workloads of our members, our organisation undertook a survey in 2004.

This survey of the rheumatology workforce in Victoria was conducted in order to:

- Provide up-to-date information on the composition and practices of the Victorian rheumatology workforce;
- Guide policy making in the provision of rheumatology services in the State and guide resource allocation;
- Identify more accurately areas of need in both location and type of services; and
- Act as template for a nation-wide survey if found to be useful.

The survey design was developed with the input from the Australian Medical Workforce Advisory Committee (AMWAC) so that it might generate comparable data to that gathered by other specialty groups.

Achieving a response rate of 85.5%, the survey has enabled useful analysis of the current rheumatology workforce.

This survey describes the nature of Rheumatologists in Victoria and how they work. It reflects both gender and generational trends in Rheumatology practice (refer survey enclosed). In planning for the future Rheumatology workforce, the challenge remains to identify the factors contributing to these trends, to ensure the appropriate levels of rheumatology service and ensure the options for service delivery are compatible with the needs of the workforce.

In terms of coverage of the State, the results show the breadth of coverage to be reasonably satisfactory, perhaps with the exception of the west of the State, but that service provision remains inadequate to meet the demand in rural areas. This is reflected particularly in the higher waiting times in rural areas.

Waiting times overall were very variable and this is an area where further evaluation is warranted. Initiatives to support members in establishing systems for triage etc have already been identified as a priority for the organisation and will be supported by further evaluation in this area.

In terms of perceived workload and workforce requirements, over half of the respondents felt their workload was excessive and 80% felt there was a need for more rheumatologists to serve the need in their local area. Even more (86%) felt there was a need for more rheumatologists nationally. Key factors influencing the future rheumatology workforce were identified as the ageing workforce and increasing consumer demand.

Despite trends to the contrary in other specialty areas, the majority of rheumatologists tend to remain in solo practice. Just over a third practise in group practices and only one practises in a multidisciplinary practice.

Practice processes such as provision of patient information and practice information, and management of referrals and pathology testing, were also touched on briefly in the survey. Results revealed considerable variability but will be helpful in identifying needs and therefore guiding existing projects to support improved and more consistent approaches in these areas.

Overall satisfaction with current rheumatology practice was reasonably high at 67.3%.. The results provide a valuable overview of the Victorian workforce and a sound basis for comparison with other medical workforce studies, and for further evaluation of workforce issues.

The results have also been helpful in guiding ongoing activities of our organisation, particularly in the areas of:

- Expanding training positions available for rheumatology training;
- Facilitating alternative practice models, including group practices, multidisciplinary practices and establishment of practice nurses;
- Supporting members through the development of patient information, and practice systems;
- Facilitating succession planning within the Victorian workforce; and
- Promoting job flexibility.

These and other initiatives are managed through our Training and Workforce Committee. We also actively liaise with other groups working in this area including the recently formed workforce committee of the Royal Australian College of Physicians.

We are only a small group, but are committed to ensuring that adequate services are available to support those with musculoskeletal disease and would welcome the opportunity to contribute to the wider discussion and resolution of these issues.

I enclose for you information a copy of our workforce survey report. Also enclosed is a report from the Institute of Clinical Evaluative Sciences in Toronto Canada, which examines the issue in considerable detail and may serve as model in this regard.

Yours sincerely

President,
Australian Rheumatology Association Victorian Branch