Health Workforce Distribution Priority Areas

From 1 July 2019, a new health workforce Distribution Priority Area (DPA) classification system will replace the Districts of Workforce Shortage (DWS) Assessment Areas for GPs and Bonded Doctors. The system will better facilitate placing medical practitioners in communities of greatest need across Australia.

Instead of using a GP-to-population ratio, the new DPA system takes into account demographics (gender/age) and socio-economic status of patients living in a GP catchment area.

The DPA also applies a number of blanket rules:
- o Inner metropolitan areas are automatically deemed non-DPA;
- o MM 5 – 7 are automatically deemed DPA;
- o Northern Territory is automatically deemed DPA;

Benchmarks will be used to determine services required in GP catchment areas and will be fixed for three years to allow areas to stabilise their workforce.

The change provides a more accurate picture of where patients access their health services.

A map of Distribution Priority Areas is available on doctorconnect.gov.au.

What this means for GPs

International Medical Graduates (IMGs) who specialise in General Practice are required to work in a DPA in order to obtain a Medicare Provider Number.

An area that has been classified as a DPA for GPs has been assessed as not receiving adequate GP services for the needs of that population. For GPs the DPA uses Modified Monash (MM) 2 as the benchmark as it provides a more accurate distribution of the GP workforce.

What this means for Bonded Doctors

The Bonded Medical Places (BMP) and Medical Rural Bonded Scholarship (MRBS) Schemes provide students a medical place in return for a commitment to practice in a DPA for a specified period.

An Australian trained bonded doctor with return of service obligations are required to work in a DPA to access the Medicare Benefits Schedule (MBS). If an area is recognised as DPA, local practices can employ these doctors to increase the workforce and improve the community's access to medical services that are subsidised by MBS fees.

The methodology for DPA bonded doctors is the same as for DPA for GPs. The benchmark is set at the national level instead of MM 2 to ensure bonded doctors are not disadvantaged due to their existing contractual arrangements.

Further information can be found at: health.gov.au/internet/main/publishing.nsf/Content/work-st-bmp

Districts of Workforce Shortage (DWS) for Specialists

IMGs who practice in specialities (other than General Practice) are required to work in a DWS for Specialists in order to obtain a Medicare Provider Number.

The DWS system for Specialists will continue to operate. DWS uses population and Medicare billing data to get a Specialist-to-population ratio in each geographical area of Australia. Under the DWS there are eight Specialist classification layers:

- anaesthetics
- cardiology
- diagnostic radiology
- general surgery

- obstetrics and gynaecology
- ophthalmology
- medical oncology
- psychiatry

These DWS Specialist layers will be updated on 1 July 2019 using the current methodology and the latest available population and Medicare billing data.

The Department will establish a Distribution Advisory Group (DAG) later in 2019. The group will be asked to review the Specialist layers and consider whether the GP Catchment area methodology is appropriate. DWS Specialist layers can be viewed at doctorconnect.gov.au.

Distribution Working Group recommendations

The Government established the Distribution Working Group (DWG) to review the current DWS methodology and the Modified Monash Model geographical classification systems. The DWG recommended the implementation of the DPA as it will ensure a more appropriately distributed and well supported health workforce to meet emerging community needs.

GP Catchments – New workforce specific geographical classification

The Department of Health has developed a new custom geography, known as GP Catchments, which forms part of the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.

GP Catchments were constructed using the Australian Bureau of Statistics' Australian Statistical Geography Standard (ASGS) 2016 along with five years' worth of Medicare data, and demographic data such as the ABS Australian Population Grid and Residential Mesh Blocks 2016.

A total of 829 non-overlapping GP Catchments are aggregations of sub-catchments, taking into account a number of factors including:

- patient flows using MBS patient and provider data over a five year period
- population demographics, e.g. population size and distribution
- GP workforce, e.g. location and number of GPs
- GP infrastructure, e.g. location and number of practices
- accessibility, e.g. catchment size, travel distance and road networks
- topography, e.g. mountain ranges, national parks, water bodies, islands
- recognition of other boundaries, e.g. state and territory borders, local government areas.
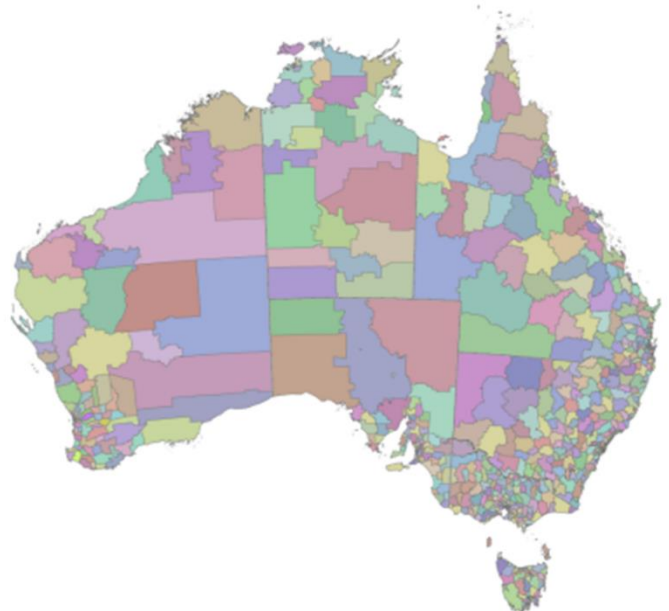
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