

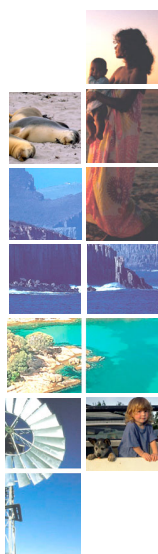
# Community building medical service capacity

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## INTRODUCTION

Australian rural communities traditionally wait passively for doctors to come and establish practice like rain from the medical workforce market heaven. But for most, the skies are cloudless. Rural communities lack doctors. Why? What can be done?

This paper responds to these questions. It offers the hypothesis that active engagement of the medical workforce market by rural communities is superior to the traditional passive stance. The paper describes a rural community building its medical service capacity – a pilot of a program called “Communities Building Capacity” (CBC) in Kingaroy and the South Burnett.



## WHY CHANGE?

Why should rural communities change the traditional passive stance in the medical workforce market? Because it is evidently unproductive for most and increasingly so. Why? For many reasons including the evident fact that the medical workforce market isn't what it used to be – and it continues to change rapidly.

Rural communities no longer receive doctors from a local market, based in the state of the doctors' training. The medical workforce market is now national and increasingly, international. Australian medical graduates are now highly mobile, as are their overseas-trained colleagues. This market is now competitive – increasingly so. In the English speaking world, the market is bullish. It is slipping into significant excess demand.

The Commonwealth and State jurisdictions also regulate the medical workforce market to provide advantage for medically under-served rural communities. These effective and valuable interventions fail to gain their full potential however in the absence of active local rural community engagement of the market.

Few rural communities actively engage the market. They have no knowledge of the opportunity and no strategy. They are not building their own medical service capacity. Instead, they remain victims of current market conditions that disadvantage them. This is an avoidable tragedy. Rural communities carry considerable latent capacity to influence the market's impact. Failure to realise this capacity merely compounds their aggrievement, disadvantage and hopelessness. They fall victim yet again to the social, professional, technological and economic systems threatening their future sustainability.

What can be done? A great deal I propose. To turn around its lack of doctors and build its medical service capacity, Community Building Capacity recommends a rural community must:



- Accept its problem.
- Accept responsibility to act.
- Establish leadership for community action.
- Mobilise the community for action.
- Inform itself of medical workforce system – of its elements and how it works.
- Plan systematically to address the problem – a plan tailored to the community’s needs.
- Act decisively to address the problem.
- Strive to improve upon the gains and advantages achieved.

Why? And how did the people of Kingaroy and the South Burnett do it? Please permit me to address my hypothesis to people in a rural community – the residents of “Blackstump”.

## ACCEPT ITS PROBLEM

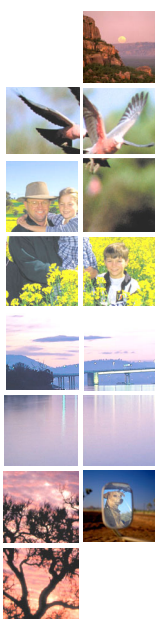
### The justification

To recognise and accept that a problem exists is the first critical step in its solution. Resolution of a problem may only follow its recognition and acceptance. For example, a man with an addictive problem cannot be help himself or be helped until he first grasps the fact that he has a problem. So, if your rural community lacks doctors, the critical first step to address the problem is to accept that Blackstump lacks doctors.

The realisation of an inadequate medical workforce is relatively simple if one or two doctors who once served Blackstump depart, retire or otherwise cease practice. However, if no medical practice previously existed in Blackstump, your tolerance and lowered expectation reduces your capacity to realise the lack.

Reduced accessibility to a general practitioner is often the first trigger of community awareness of a problem. Existing medical practices “closing books” and refusing access by new patients and longer waiting times for a medical appointment signal a community’s medical workforce supply is not coping with demand.

“Medically Underserved Communities of Queensland” (MUCs-Q)<sup>1</sup> and other tools exist to apply a little science to assessment of demand and supply of general practitioners in Blackstump.



<sup>1</sup> A paper providing explanation of the methodology and its application, Medically underserved communities of Queensland, is presented in Concurrent Session B1 – Measuring access and isolation (1).

## What did Kingaroy do?

Kingaroy, two hours north-west of Brisbane, is the major centre of Queensland's South Burnett region, with a district population of around 35,000 in Kingaroy and surrounds.

In late 1999, faced with declining medical services and seven-hour round trips to access medical services in Brisbane, the community accepted it had a problem and met it head on.

The South Burnett Times, 29 September 1999, carries the heading on page 5, "Anxious resident concerned over medical services crisis" and reports,

Claims of people refused medical treatment, doctors not taking on new patients, and fears of hospital closures in the South Burnett has prompted an anxious Yarraman resident to seek answers to these urgent concerns.

On 5 October, 1999 the same local newspaper carries the headline, "Kingaroy councillors among the concerned about loss of doctors."

Kingaroy and the South Burnett accepted it had a problem.

## ACCEPT RESPONSIBILITY TO ACT

### Justification

Once the medical service problem is recognised, Blackstump "has two options for dealing with the changes it faces: The first option is no response at all.<sup>2</sup>" But nothing is destined to dishearten and disillusion the people of Blackstump more than acceptance of its problem followed by conspicuous inaction.

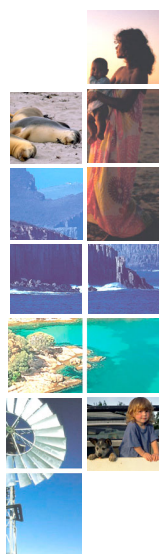
Lack of action builds a defeatist attitude. It disempowers your community. It risks Blackstump becoming a "professional" victim of its circumstances expecting that someone outside the community (at Regional, State or Commonwealth level) should solve the problem for you. This depressing outlook is avoided when Blackstump accepts responsibility to act. ("The second option is to become proactive."<sup>3</sup>)

"There must be something we can do!" plants the seed of acceptance of responsibility. A determination not to be a passive recipient of an inferior level of general practice services germinates acceptance. A drop of traditional Australian resourcefulness in the face of hardship and calamity waters the seedling. Visionary leadership develops it into a hardy sapling. It draws support from the community to band together behind a realistic enterprise.

Now Blackstump is ready to act. But can it really do anything worthwhile? The reality is – Blackstump has greater capacity than anyone else to influence the medical workforce market's impact upon itself.

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<sup>2</sup> Christie Pamela K, Rheinhardt Becky, Doss Libby, Bloomfield Denise(2000) p 2, The Arkansas Community of Excellence Process, 32<sup>nd</sup> Annual Conference Proceedings, Community Development Society, Available [URL:http://www.comm-dev.org/St.%20John/Christie.htm](http://www.comm-dev.org/St.%20John/Christie.htm) {Accessed 16 February 2001}  
<sup>3</sup> *ibid.*



Certainly the Commonwealth and State Governments make policy decisions and legislate to manage the medical workforce market. They and other peak professional and education organisations manage policy in the market but they do not manage its day to day impact Blackstump.

The greatest potential to influence the medical workforce market impact upon your community rests with Blackstump. How attractive do you imagine it is for a doctor exploring practice opportunities in your locality to find your community working together with enterprise, initiative and spirit to build medical workforce capacity?

Upon receiving more detailed information about how the medical workforce system works, your community will quickly realise the power it has to build medical workforce capacity and quality.

With this knowledge about the medical workforce system, Blackstump may utilise two valuable resources to recruit and retain appropriately qualified doctors:

- *Blackstump's human capital.* You have skills and knowledge embodied in the people of Blackstump, which are unique.
- *Blackstump's entrepreneurial social infrastructure<sup>4</sup>.* You would be wise to include everyone, accept controversy and depersonalising politics, be willing to invest collectively and adopt broad, inclusive decision making. It includes familiar networks within your community and with like communities. It also includes new networking with public and private resources outside your community.

## What did Kingaroy do?

Jeannette Morrison in a special article in the South Burnett Times of 29 September 1999 reports,

The South Burnett needs more doctors, and cannot afford to lose associated medical services.

Concerned resident Mr John Bjelke-Petersen said now was the time to act.

These concerns have been taken up (by) him, hoping for a groundswell of support by urging the community to sign petitions at Kingaroy pharmacies and St Aubyn's Hospital, and write letters to urge governments to give the area some future security of medical services.

He said the South Burnett was facing a tragic breakdown of medical care as four doctors prepared to leave the town.

Note the call for governments rather than the local community to provide medical service security to the community. Under its heading "Kingaroy councillors among the concerned about loss of doctors", The South Burnett Times, 5 October 1999 reports,

Mayor Cr Roger Nunn met with doctors and other health professionals on 29 September to discuss what could or should be done.

On 5 October, Jeanette Morrison also ominously reports in the South Burnett Times, the closure of St Aubyn's obstetrics unit.

So, Kingaroy accepts responsibility to act.

<sup>4</sup> Flora C B, Flora L J, (1993) Entrepreneurial social infrastructure: a necessary ingredient, Annals of the American Academy of Political and Social Sciences, 539, 48-58.

## LEAD FOR ACTION

### Justification

In taking action on medical services, Blackstump travels new country – strange and unfamiliar to most residents. To some it seems contrary to long-held orthodox doctrine. Local communities and their local governments should not interfere in private commercial enterprises, or have a role in medical services should they? Specifying to a medical community the nature, disposition and supply of medical services required is “not the done thing, is it?” How will Blackstump manage such challenges?

An effective community-based medical workforce plan demands the input of all opinions and perspectives in Blackstump. How will the wide community be mobilised? How will differing opinions be managed to avoid de-railing conflict?

Beyond the formulated medical workforce plan, who in Blackstump will provide the authority, commitment and energy to action the plan? The task requires a competent, visionary leader. Without a vision, the people perish...<sup>5</sup> What are the options in your community?

- *Shire Mayor.* Blackstump Shire Mayor has distinct advantages for the task. She/he:
  - occupies perhaps the most significant leadership position in Blackstump
  - is democratically accountable to the community
  - is an experienced leader
  - may carry the support of the Blackstump Shire Council
  - has a network of valuable contacts
  - may lead the Shire to an appropriately significant role in the plan
  - is an authoritative spokesperson for the community at Regional, State and Commonwealth levels.
- *Other competent community leader.* Preferably this will be someone:
  - without a business interest in the medical industry, so as to avoid the appearance of conflict of interest
  - experienced in community leadership
  - respected by the community
  - with a demonstrated passion and vision for medical services in your community
  - with an established network of contacts throughout the community.
- *Ordinary member of the community.* If no established community leader is available for or willing to accept the role, the one or more people accepting responsibility to

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<sup>5</sup> Proverbs 29:18, King James Version of the Bible.



take action should not despair. It would not be the first time an “ordinary” member of Blackstump with:

- integrity,
- passion,
- vision,
- tenacity and
- courage,

accepted a leadership responsibility and achieved brilliantly.

## What did Kingaroy do?

South Burnett Times, front page 1 October 1999,

The area’s impending medical crisis hit home in the South Burnett, Kingaroy mayor Cr Roger Nunn said.

He said there had been a groundswell of support for urgent action after revelation that four of the Kingaroy’s seven doctors were leaving by Christmas.

Cr Nunn said people were realising that they would have great difficulty seeing a doctor. This would impact on whether specialist services could still be offered in Kingaroy and at St Aubyn’s, the district’s only private hospital, in doubt.

So Kingaroy Shire Mayor Cr Roger Nunn took the lead.

## MOBILISE THE COMMUNITY

### Justification

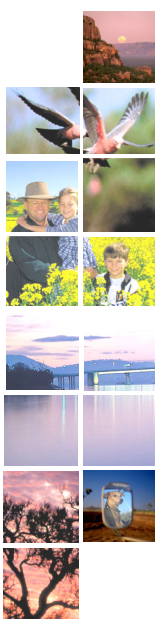
Mobilising a broad cross-section of Blackstump residents to participate in the development of its medical workforce is crucial to the task’s success. This step is “arguably the most important of all because, unless it’s done well, the rest of the process may not be worth doing. Without a mobilised community, expect delay, distrust, controversy, litigation, or inaction.”<sup>6</sup>

Your community’s strength is its capacity to work together for its own good. “This capacity is often referred to as “social capital” ... Unlike other forms of capital, the more you give away, the more you get back<sup>7</sup>.” What value is gained from mobilising your community?

- Acceptance that the problem is a shared community problem.
- A leader with the community behind her/him – building potency for action. A mobilised community builds goodwill, commitment, and empowerment to accomplish the task.

<sup>6</sup> Michael J Kinsley (1997) Economic Renewal Guide, Rock Mountain Institute, p 12, Available URL: <http://www.rmi.org/store/p385pid2121.asp>, {Accessed 31 January 2001}

<sup>7</sup> ibid p 10.



- Generation of local knowledge and local innovative solutions tailored to fit the specific needs of your community.
- Capacity, expertise and skill necessary to tackle the action planned. A strategy or plan is but the beginning.
- A process kept accountable. Accountability to the community completes a cycle to affirm Blackstump's empowerment. It also gains value in keeping local health professionals accountable to Blackstump residents who support their business/industry as patients/clients/consumers.

How does Blackstump do it?

Mobilisation starts with the one or more people who have accepted responsibility to act. Step two is to organise the first public community forum/meeting/. Advising a local community how to do this risks "teaching grandmother to suck eggs." So I won't.

## How did Kingaroy do it?

The front page article of the South Burnett Times of 1 October 1999, reported,

South Burnett citizens, Kingaroy council, service clubs, members of the medical profession and providers of services, the Australian Medical Association and State politicians were uniting in their efforts to bring about a solution, he (Cr Nunn) said.

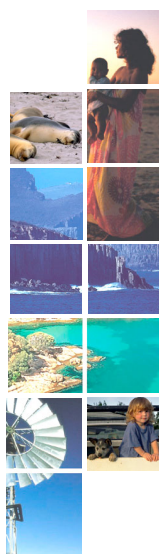
In November 1999, the Queensland Cabinet met in Kingaroy on its Community Cabinet circuit. Cabinet members were flooded with representations regarding the medical service crisis. Health Minister Ms Wendy Edmond requested Queensland Health to assist. The Director General assigned the Medical Advisor for Rural Health Services to the task. He travelled, met, listened, learned and recommended the Mayor convene a community workshop to learn about the medical workforce system and develop a plan for action. On Saturday in March 2000 the Mayor lead the community workshop.

## PLAN ACTION SYSTEMATICALLY

### Justification

The axiom, "if you fail to plan, you plan to fail" says it well! I speak of "plan" as a verb rather than noun. A plan printed on paper is not the real objective. Too many of these gather dust on shelves. The process has greater value than the paper. So...Blackstump plans to act. But how do you do this?

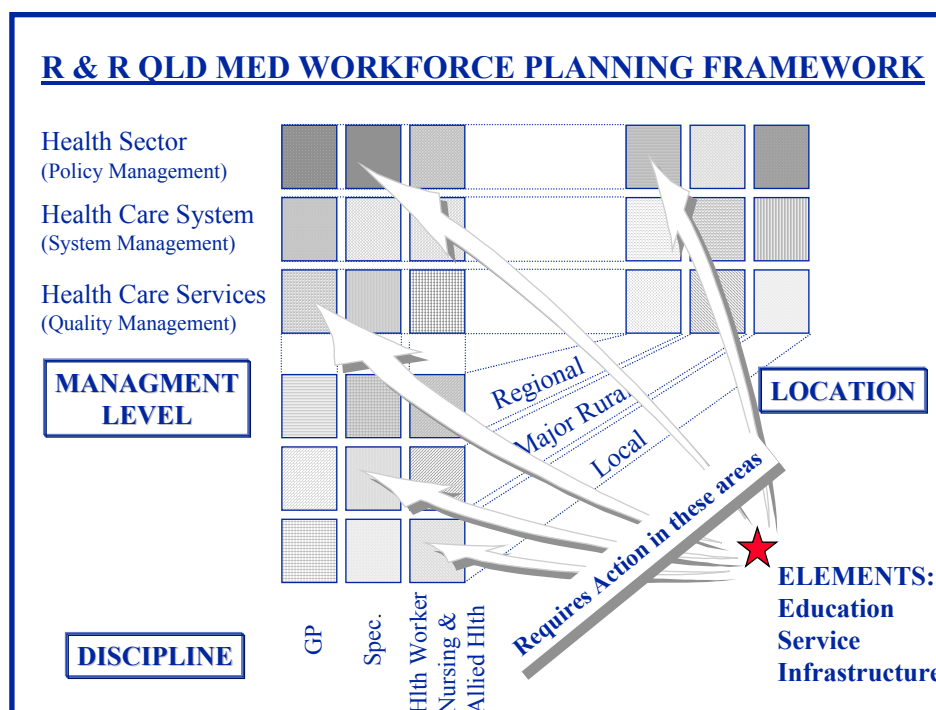
Doctors choose to practice and remain in practice in Blackstump as the consequence of the operation of a complex social system. In consequence, Blackstump's medical workforce supply problem is a complex one. Complex problems have no simple solutions!



Organisational issues are like onions. As you peel away one problem or layer, another problem or layer emerges. Just when you've found a solution, another difficulty surfaces. Although the idea of a quick fix or panacea is seductive, it is illusionary – since as in the law of physics, for every action there is a reaction.<sup>8</sup>

Complexity science suggests that problems that cannot be solved can nevertheless be moved forward, that small changes can have big effects and that effective solutions can emerge from minimum specification.<sup>9</sup> So... Blackstump plans systematically to do something.

Figure 1



Key resources personal and various publications provide information and sources of information about the medical workforce system and its component parts. Action to improve the outcome of the system's operation as it impacts upon your community needs to address appropriately, each of this system's components.

Planned action is more likely to succeed if it addresses all appropriate elements of the system. Figure 1 models an approach that integrates elements into a systematic plan of action.

### What did Kingaroy do?

The Kingaroy Shire Mayor used this approach during the Kingaroy community's medical workforce workshop to produce actions such as that demonstrated in Table 1.

<sup>8</sup> Dorothy J del Bueno, Karen S Ehrat, Rita Snyder Halpern, 1993, Manager Survival, in Organizational Politics, presented at the Leonard Davis Institute Advanced Management Program, Hobart 1993.

<sup>9</sup> Sarah W Fraser, Trisha Greenhalgh, 2001, Complexity Science, Coping with complexity; educating for capability, BMJ vol 323, p 799

Table 1

Number	Page	Action Description	Action Facilitator	Timeframe	Resources	Impact <sup>10</sup>	Urgency <sup>11</sup>	Managt level <sup>12</sup>	Discipline <sup>13</sup>	Location <sup>14</sup>
27	41	Medical Services Committee to advise, co-ordinate and facilitate collaboration on procurement, disposition, operation and maintenance and where appropriate to establish systems of accredited use for significant medical equipment for the public and private health sectors of Kingaroy and the South Burnett.	Consortium of Kingaroy Shire Council, SBHSD, SQRDGP, St Aubyn's/Uniting Church facilitated by a Medical Service Committee.	Dec2001	Existing resources	M	M	C	All	K & SB

Note also how Kingaroy determined the potential impact of its planned action as well as its priority. Having planned, now Blackstump is ready for action.

## ACT

### Justification

The planning process is complete. Blackstump planned actions that avoid the trap of the “quick fix” and systematically address the whole complex system, particularly its inter-relationships. It determined the impact of its planned actions and their priority. Now... Blackstump acts!

As you proceed, it is important to initiate action at all the management levels necessary to progress it. Similarly, both discipline and location dimensions of the planning framework require co-ordination of action by the network of external and local agencies brought together by your planning process.

Table 1, a sample from the Kingaroy and South Burnett Medical Workforce Strategy demonstrates how the planning process prepared for action. It describes the action, nominates an action facilitator as well as a time frame. It specifies resource sources and expected impact and urgency of the action. The plan nominates the management level at which the action is required – in this case at community level. It identifies the professional groups involved in the action and the location of the action – in this case involving medical, nursing and allied health and occurring locally.

Some actions require resources – funds, people, skills etc. If necessary, determine a funding source. In experience, many tasks may be performed within existing resources

<sup>10</sup> Code: L = Low; S = Significant; M = Major

<sup>11</sup> Code: L = Low; S = Significant; M = Major

<sup>12</sup> Code: C = Community Level; HS = Health Service Level; P = Policy Level

<sup>13</sup> Code: M = Medical; GP = General Practice; S = Specialist; All = All health professionals

<sup>14</sup> Code: K = Kingaroy; SB = South Burnett

of key organisations such as the Shire Council and health services. Nominate, select or recruit as appropriate, the right people for the job, with the right skills and enthusiasm. If Blackstump is without the necessary skills, obtain these from elsewhere – some of the network contacts made during the planning process will assist. How is the planned action organised?

### *Your community establishes a body specifically for the task*

Kingaroy established a Medical Services Committee. Moura established a Medical Action Group. Miriam Vale Shire Mayor formed a Medical Workforce Advisory Committee. Sarina established the Sarina Region Health Care Committee. Choose your own appropriate title for the group. Select people with a reputation for getting things done for its ideal membership of seven to nine. The leader of your planning process (Shire Mayor or other community leader) chairs the group or appoints a person who gives account to her/him for the task.

### *Your community requires accountability for action.*

Establish an accounting/reporting mechanism for the Blackstump action group. Oversee the allotted time frames for action. Evaluate results.

## How did Kingaroy do it?

As Table 1 explains, Kingaroy established a medical services committee as a committee of the Shire Council reporting to the Council and chaired by the Mayor. It's membership is comprised of community members, Shire Councillors, business leaders, health service providers, members of the nursing and allied health professions.

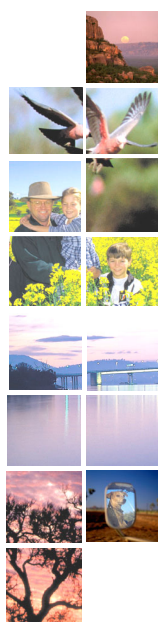
The committee is acting on each of the strategies determined by the community workshop according to its deemed priority. In addressing the key strategy relating to the threatened private hospital which closed in 2001, the Shire Council purchased, commissioned and instituted successful operation of the hospital; opening the South Burnett Community Private Hospital in April 2002.

## STRIVE FOR IMPROVEMENT

### Justification

Blackstump builds itself a well-qualified medical workforce of sufficient capacity to meet its needs. Now what do you do?

The expression sometimes used in sport, "sitting on the lead" is a response often made unintentionally by a sports team that establishes a winning margin over its adversary. Having got to the front, the team now simply holds onto or sits on its lead. It's a deadly tactic! Losing teams, failed businesses, defeated armies and political parties in opposition demonstrate regularly in human experience the foolishness of "sitting on the lead." When an organisation relaxes into maintaining a position, it becomes complacent. Loss follows as inevitably and imperceptibly as death to a frog heated in cold water! So... what do you do?



Blackstump strives for continuing improvement! W Edwards Deming, the American quality management guru is perhaps best known for his work in Japan from 1950. In Chapter 2 of his book, "Out of the Crisis" he offers 14 points for management of improvement. The first is: *"create constancy of purpose toward improvement of product and service, with the aim to become competitive and to stay in business, and to provide jobs."*<sup>15</sup>

The one certainty of the current market is change. A wise community strives to improve its position in the labile medical market. How can you do this?

Blackstump re-appraises at interval, the medical workforce system's operation. Perhaps a two or three year interval is appropriate. Assessment of local risk against developments in the medical workforce system and markets will inform your decision on frequency. Subsequent re-appraisals are unlikely to require the time and effort of the first exercise – perhaps a single evening or half day session. How can this process be organised?

Blackstump (and its action group) plan continuing improvement of its position. Plan for continuing operation of your action group:

- establish terms of reference for the group. Include in the terms of reference a process that:
  - reinvigorates the membership at interval
  - evaluates the group's actions
  - renders regular accountability to the community
  - continually strives for improvement in the community's medical workforce status relative to the national and international markets.

Plan for review at appropriate interval of the medical workforce subject by appropriate community-based institutions, e.g., the Shire Council, Health Service, Division of General Practice (or its local Chapter) or any other local organisation that takes an active interest in the subject.

## How is Kingaroy doing it?

The Kingaroy medical services committee plans a re-audit of medical demand and supply in the community and a review of the medical service strategy. The quality of its work is also demonstrated by the Shire's win in the Rural Section of the 2002 National Awards for Local Government Health Services' Aged Care category.

While Kingaroy's medical services may have improved without market intervention by the community, it is impossible to envision the exciting medical service developments occurring in this rural community without it.

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<sup>15</sup> Condensation of the 14 Points for Management, 2000, Massachusetts Institute for Technology, Centre for Advanced Educational Services, Available URL: <http://www-caes.mit.edu/deming/14-points.html>, {Accessed 1 March 2001}

