

# Review of Area of Need

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General Practices in Greater Darwin & Alice Springs

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Office of the Chief Medical Officer

**July 2015**

## Acknowledgements

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- Meredith Sullivan – Project Lead
- Pamela Stagg – Workforce Data Analyst

Office of the Chief Medical Officer

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## 1. PURPOSE

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To review Area of Need (AON) provisions in relation to General Practice services in the Greater Darwin (including Palmerston and Litchfield) and Alice Springs and to identify improvements to existing AON processes.

## 2. BACKGROUND

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### Area of Need provisions

The AON provisions of the *Health Practitioner Regulation National Law* (National Law) are designed to address medical workforce supply in areas experiencing difficulties in recruiting Australian registered medical practitioners by providing for limited or provisional registration for medical practitioners who would be otherwise not able to practice.

### Legislative Context

According to *section 67* of the National Law, the Northern Territory (NT) Minister for Health may decide that there are insufficient medical practitioners practicing in the NT, or part of the NT, and declare a locality an area of need (AON). The Minister for Health has delegated this responsibility to the Chief Medical Officer (CMO) who may declare a specific practice or a specific locality, as an Area of Need Location.

Once a practice or locality is declared an AON, an individual, who is medically qualified but unable to register as a General Practitioner (GP), may apply to the Medical Board of Australia for Limited or Provisional Registration to work in the Area of Need locality.

The CMO also has a responsibility for assessing health practitioner supply to ensure Territorians have access to appropriate levels of medical services. This responsibility complements the Medical Board of Australia's responsibility for warranting the suitability to practice of an individual on Limited or Provisional Registration Area of Need (Area of Need General Practitioner).

## 3. METHODOLOGY

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The review conducted two surveys across practices in Darwin, Palmerston and Alice Springs to understand current capacity and distribution of General Practitioners.

1. Survey 1 was designed to capture a broad range of information relating to the functioning of the AON provisions. All practices in the post code areas were given an opportunity to undertake the survey. A total of 16 medical practices completed the survey:
  - 8 AON and 8 Non-AON practices
    - i. 4 AON and 8 Non-AON practices in Darwin,
    - ii. 2 AON practices in Palmerston and
    - iii. 2 AON in Alice Springs
  - Three of the Non-AON and four of the AON practices surveyed were group practices operating from 2 or more locations.
2. Survey 2 was completed to determine actual GP numbers, Full Time Equivalent (FTE) numbers and registration type. This was completed for all medical practices in

Darwin, Palmerston, Litchfield and Alice Springs. This number comprised 20 AON and 16 Non-AON practices.

3. The review also undertook consultation with key stakeholders including the NT Board of the Medical Board of Australia (the Board), Australian Health Practitioners Regulation Agency (AHPRA), Royal Australian College of General Practitioners (RACGP), NT General Practitioner Education (NTGPE) and NT Medicare Local.

## 4. FINDINGS

### 4.1 Population Distribution

According to the NT Treasury<sup>1</sup>, in June 2014 the populations in the five areas considered by this review were as follows:

- o Darwin CBD (postcode 0800, 0804 & 0820) population of 26,300
- o Darwin Suburbs (postcode 0810, 0812 & 0813) population of 58,500
- o Palmerston (postcodes 0829, 0830 & 0832) has a population of 33,900
- o Litchfield (postcode 0836, 0837 & 0838) has a population of 21,700
- o Alice Springs (postcode 0870) has a population of 28,605.

To determine the number of GPs that are and will be required we took the estimate population in 2015 and increased it by 1.7% each year for the years 2016 to 2020

**TABLE 1:** Population in Greater Darwin and Alice Springs

Suburb	2015	2016	2017	2018	2019	2020
Darwin CBD	26,747	27,202	27,664	28,135	28,613	29,099
Darwin Suburbs	59,495	60,506	61,535	62,581	63,644	64,726
Darwin CBD & Suburbs	86,242	87,708	89,199	90,715	92,257	93,826
Palmerston & Litchfield	56,545	57,506	58,484	59,478	60,489	61,518
Alice Springs	29,091	29,585	30,087	30,598	31,118	31,647
<b>Total</b>	<b>171,878</b>	<b>174,799</b>	<b>177,770</b>	<b>180,791</b>	<b>183,865</b>	<b>186,990</b>

<sup>1</sup> Northern Territory Department of Treasury and Finance, Northern Territory Population Projections, 2013: Darwin

## 4.2 Workforce distribution

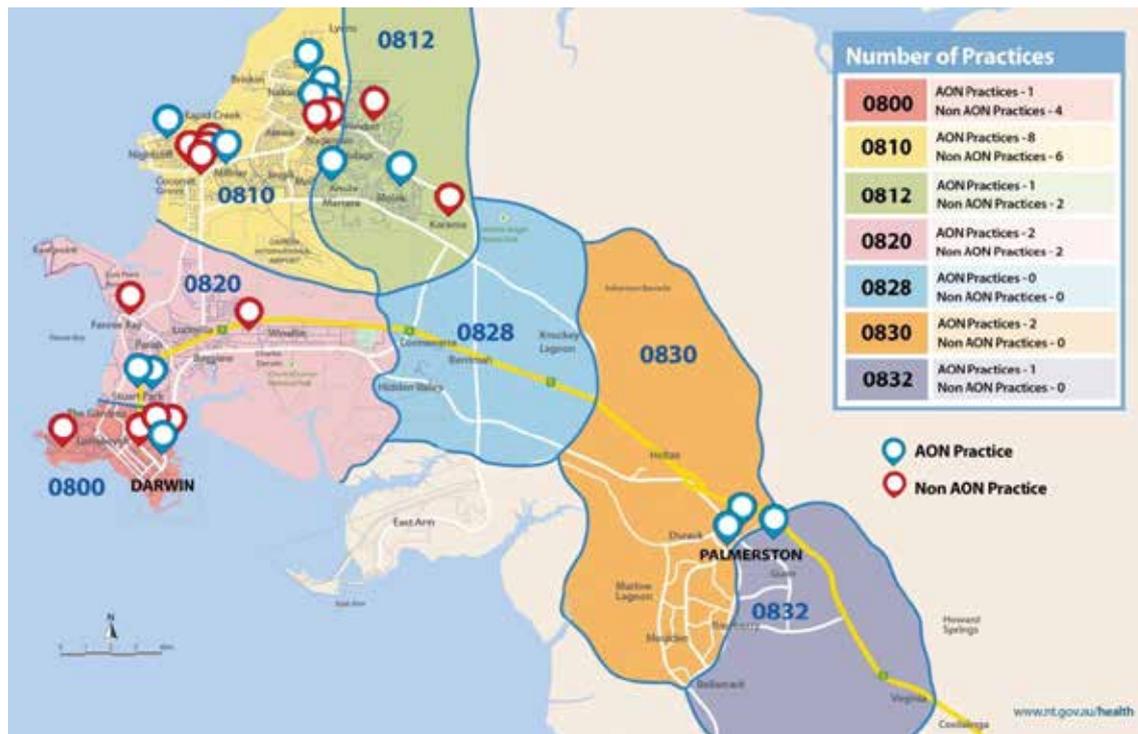
### Distribution of GPs by geographical location

There is significant variation in the distribution of GPs across the post code areas identified for review.

**TABLE 2** Current number of GPs (headcount) and FTE GPs at March 2015 (Survey 2)

Suburb	Postcodes	Headcount	FTE	GP/1000 population
Darwin CBD	0800, 0804, 0820	64	48.4	1.81
Darwin Suburbs	0810, 0812, 0813	79	63.4	1.07
Darwin CBD & Suburbs	0800, 0804, 0820 0810, 0812, 0813	143	111.8	1.30
Palmerston & Litchfield	0830 to 0839	43	33	0.58
Alice Springs	0870	34	29.3	1.01
Total		220	174.1	1.06

## 4.3 Practice locations



**Figure 1** Distribution of Medical Practices in Darwin and Palmerston by postcode

\*Litchfield post codes 0836 to 0839 are not included in Figure 2.



**Figure 2** Distribution of Medical Practices in Alice Springs

#### 4.4 Vacancies

In the survey of practices in Darwin and Palmerston, 26% of medical practices reported an existing unfilled vacancy, a figure which is comparable to other jurisdictions<sup>2</sup>.

While Non-AON practices in Darwin and Palmerston reported that they are able to successfully recruit Doctors in a reasonable period of time, some AON practices in the same postcode reported that they experienced difficulty filling vacancies. Of the two practices that responded to survey 1 in the Alice Springs postcode area (0870), one reported an unfilled vacancy while the other reported being able to fill vacancies within a reasonable period of time.

#### 4.5 Supervision

The purpose of supervision is to ensure provision of high quality and safe health care. For Area of Need Practitioners (AONP), supervision arrangements are specified by the Board as part of registration. Currently the Board monitors compliance with supervision arrangements through a regular reporting process.

During the consultation phase, some stakeholders raised concerns about the quality of supervision for AONP. There was also a suggestion that professional practice supervision may have been confused with clinical oversight and some AONPs may not be receiving an adequate level of supervision. The Medical Board has undertaken an audit and identified AON practices that were not compliant with the supervision requirements specified by the Board.

<sup>2</sup> Rural health workforce retention: strengthening the evidence base: Deborah Russell, Marita Chisholm, John Humphreys, John Wakeman. Monash University School of Rural Health, Bendigo, Centre for Remote Health, Flinders University & Charles Darwin University

## 4.6 AON Declarations

In addition to understanding the need for AON declarations in the NT, the scope of this review also included identifying areas for improvement within the current AON declaration process. During consultation the following issues were identified.

### Locality

Some locations have AON declarations but have not appointed or needed to appoint AONP to these positions

The existing process of declaring a 'locality' an Area of Need allows a practice to then employ an unlimited number of Limited and Provisionally registered practitioners.

### Time Limits

The Northern Territory is currently the only Australian jurisdiction that does not place a time limit on Area of Need declarations. Time limits in other jurisdictions vary between 12 months to 5 years.

### Progression

During consultations the Board advised that some AONPs were not progressing to full registration in reasonable timeframes.

### Remuneration

While remuneration rates in general practices vary, the survey revealed a general trend for remuneration rates in AON practices to be approximately 10% lower than those in non-AON practices. Only one of the 14 practices surveyed in Darwin and Palmerston reported offering any additional incentives to attract GP's. Both practices surveyed in Alice Springs offer incentives to attract GP's.

### Advertising

The existing AON provisions do not specify the duration or location of advertising activity required to substantiate that a vacancy is unable to be filled by a General or Conditionally registered medical practitioner. The resulting confusion as to how much advertising is sufficient to verify an Area of Need can result in inconsistency and delays in determining an AON location.

## 5. ANALYSIS

### 5.1 Supply projections

The supply side of doctors in Australia may be changing. In its report 'Health Workforce 2025', Health Workforce Australia (HWA) identified that Australia has moved into a period of oversupply of Doctors, which will continue until 2017<sup>3</sup>. Health workforce modelling undertaken by the NT Department of Health in 2010 (Figure 1) supports this view<sup>4</sup>.

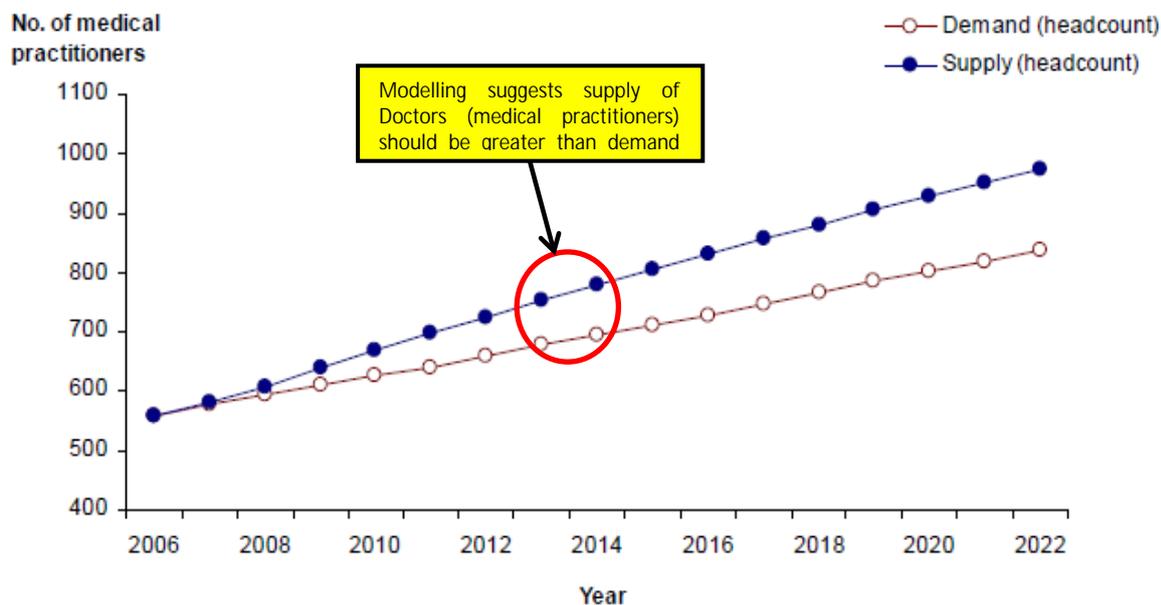


Figure 3 Health Workforce Modelling 2006 to 2022

#### Doctors in training in the NT

The number of training places for doctors in Australia has more than doubled since 2010, including the establishment of 24 medical student places in the NT through the Flinders University NT Medical Program. Additionally, the number of GP practices accredited to train GP Specialists in the NT has doubled in the period 2011 to 2015, with NTGPE accepting a record number of 59 new GP trainees in 2015. This rate of increase needs to be treated with caution as other evidence suggests that the ratio of GP to Specialist trainees is slowing (AFHW data).

### 5.2 General Practitioner (GP) to population ratios

According to the Australian Bureau of Statistics (ABS) Census data 2012 that average ratios of GPs to population are:

- Australia wide 2.02 GPs per 1,000 population (or 1:495 people);
- In major cities 2.28 per 1,000 population (or 1:438 people);
- In remote areas 1.13 per 1,000 (or 1:885 people);
- In regional areas 1.45 per 1,000 (or 1:690 people).

<sup>3</sup> Health Workforce Australia 2012: Health Workforce 2025 – Doctors, Nurses and Midwives – Volume 2

<sup>4</sup> Malyon R, Zhao Y, Guthridge S. Health Workforce Modelling, Northern Territory 2006 – 2022, Department of Health and Families, 2010

A District of Workforce Shortage (DWS) is broadly defined as a geographic area identified as having a below average access to services attracting a Medicare rebate. This is determined using population data and Medicare billing information to get a GP to population ratio. In the past, the Commonwealth Department of Health (CDoH) has used the FTE GP ratio of 0.71:1000 population as the doctor-to-patient ratio which defines (DWS).

In relation to this review, for DWS information, following are important considerations:

- Generally, the state and territory health departments do not give an AON determination to a medical practice located in a non-DWS area for the relevant medical specialty.
- Even though the DWS model may inform about the potential lack of access to medical care, it is also important to be cognisant of the fact that AON determinations are made by the Northern Territory Government and relate to a specific vacant medical position that has been unable to be filled over an extended period of time. DWS information is a consideration, but the decision is undertaken independently.

### 5.3 GP to population ratios for Greater Darwin and Alice Springs

The ABS Census data 2012 indicated that the Northern Territory had the highest per capita rate of GPs at 2.67 per 1,000 (or 1:374 people) in Australia. As shown in Table 2, the GP to population ratio in Greater Darwin and Alice Springs is different. Moreover, there may be many other confounding variables affecting these numbers, including:

- Number of visiting and locum GPs
- Seasonal variations at the time of ABS data collection
- Population changes due to tourist population.
- In small datasets, small changes can skew results.

Following four figures were to calculate the number of GPs need to meet various averages

1. District of Workforce Shortage threshold of 0.71 GPs per 1000 population
2. Average for Regional Areas (1.45 per 1000 population).
3. Average for Major Cities (2.28 per 1000 population)

The number of GPs required using the minimum threshold of 0.71 GPs per 1000 population would suggest the Need for GPs as follows (Table 3).

**TABLE 3** Minimum number of GP's required to meet the threshold of 0.71 GPs per 1000 population

Suburb	2016	2017	2018	2019	2020	Current FTE 2015
Darwin CBD	19	20	20	20	21	48
Darwin Suburbs	43	44	44	45	46	63
Darwin CBD & Suburbs	62	63	64	66	67	112
Palmerston & Litchfield	41	42	42	43	44	33
Alice Springs	21	21	22	22	22	29
Total	124	126	128	131	133	174

To achieve the average GP to population ratio of 1.45/1000 (national average for Regional Areas) would suggest the following numbers of GPs in Greater Darwin and Alice Springs (Table 4):

**Table 4** Number of GPs required to reach the average ratio of 1.45 per 1000 population for Regional Areas

Suburb	2016	2017	2018	2019	2020	Current FTE 2015
Darwin CBD	27.55	29	29	29	30.45	48
Darwin Suburbs	62.35	63.8	63.8	65.25	66.7	63
Darwin CBD & Suburbs	89.9	91.35	92.8	95.7	97.15	112
Palmerston & Litchfield	59.45	60.9	60.9	62.35	63.8	33
Alice Springs	30.45	30.45	31.9	31.9	31.9	29
Total	179.8	182.7	185.6	189.95	192.85	174

To achieve the average GP to population ratio of 2.28/1000 (national average for Major Cities) would suggest the following numbers of GPs in Greater Darwin and Alice Springs (Table 4):

**Table 5** Number of GPs required to reach the average ratio of 2.28 per 1000 population for Major cities

Suburb	2016	2017	2018	2019	2020	Current FTE 2015
Darwin CBD	43.32	45.6	45.6	45.6	47.88	48
Darwin Suburbs	98.04	100.32	100.32	102.6	104.88	63
Darwin CBD & Suburbs	141.36	143.64	145.92	150.48	152.76	112
Palmerston & Litchfield	93.48	95.76	95.76	98.04	100.32	33
Alice Springs	47.88	47.88	50.16	50.16	50.16	29
Total	282.72	287.28	291.84	298.68	303.24	174

## 6. AREAS FOR ACTION

### 6.1 Distribution

Since 2006, the medical workforce in the NT has moved from a ratio of GPs to population that was well under the minimum, to one of mal-distribution whereby metropolitan Darwin is relatively well serviced by GP's but shortages are evident in Palmerston, the outer Darwin region and Alice Springs.

The impact on workforce distribution of recent increases in medical workforce training places in the NT is not yet known. However, as graduates from the NT Medical Program and NT

trained GP trainees move into employment, the AON provisions may need to be adjusted to ensure the locally trained workforce is retained.

**Action:** Develop an AON Policy and Procedure that allows the areas of most significant shortage to be targeted, while also monitoring workforce trends across the NT. See Attachment 2 – Draft AON Policy and Procedure.

### 6.2 Professional Practice Supervision

The strengthening of compliance with supervision requirements through the implementation of regular audits of AON practices is needed.

**Action:** Recommend to the Board to consider implementing regular supervision compliance audits for AON practices.

### 6.3 AON Declarations

Measures aimed at improving the functioning of the AON application process are necessary to address the issues identified in paragraph 4.5.

**Action:** Develop an AON policy and procedure (Attachment 2) which includes the following measures:

- *Locality* – Currently, once a locality in the NT is declared an AON, the number of AONP's that can be employed at that locality is unlimited. Declarations for AON to be changed from a declaration of an 'AON locality' to a declaration for an 'AON position within a locality' to allow for a more controlled approach for declaration of AONs.
- *Time limits* - bring the NT into line with other jurisdictions by time limiting AON declarations to a period of 4 years.
- *Advertising* – develop new protocols for advertising a vacancy including specifying duration and location of advertising campaigns; requirements for evidence of advertising; and requirements to include use of identified recruitment agencies/organisations.

#### Policy & Procedure Implementation Arrangements

Once finalised, all new applications for an AON declaration will be considered in accordance with the finalised version of the AON policy and procedures in Attachment 2.

Practices with existing AON status declared under the old 'locality' system will be granted transitional arrangements to facilitate their move to the new policy. The transitional arrangements include:

1. Practices need to identify the number of AON positions in the locality currently filled by a Doctor on Limited or Provisional Registration.
2. The CMO will issue an AON Certificate for the number of positions specified in 1.
3. Once an AONP filling an AON position achieves General registration, the need will be considered to have been met and that AON position will no longer exist.
4. Any new positions or recruitment to an existing position will require a new application to the CMO, providing evidence in accordance with the new policy.

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## 7. FURTHER INFORMATION

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Additional information can be obtained by visiting the Office of the Chief Medical Officer's website at: [http://health.nt.gov.au/For\\_Professionals/Area\\_of\\_Need\\_Declarations/index.aspx](http://health.nt.gov.au/For_Professionals/Area_of_Need_Declarations/index.aspx)

Comments, suggestions and feedback should be directed to the Office of the Chief Medical Officer. P: 08 8999 2669 E: [ocmo.doh@nt.gov.au](mailto:ocmo.doh@nt.gov.au)

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## ATTACHMENTS

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Attachment 1 – Draft Area of Need Policy & Procedures  
Attachment 2 – Survey 1 & 2

## ACRONYMS

ABS	Australian Bureau of Statistics
AHPRA	Australian Health Practitioners Regulation Agency
AMC	Australian Medical Council
AON	Area of Need
AONP	Area of Need Practitioner
ASGC- RA	Australian Standard Geographical Classification System Remoteness Areas
CDoH	Commonwealth Department of Health
CMO	Chief Medical Officer
DWS	District of Workforce Shortage
EDMS	Executive Director Medical Services
FTE	Full time equivalent
GP	General Practitioner
GP RTP	General Practice Registered Training Provider eg NTGPE
HWA	Health Workforce Australia
NTGPE	NT General Practitioner Education
PHN	Primary Health Network
RACGP	Royal Australian College of General Practitioners

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## ATTACHMENT 1 - Draft Area of Need Policy & Procedure

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### Area of Need Policy

#### Policy Purpose

This policy outlines the process employers must follow to apply for Area of Need status for provision of medical services and the assessment criteria that applications must satisfy.

#### Policy Statement

The Area of Need (AON) Program assists in the provision of medical services to locations in the NT that have limited access to medical services.

#### Legislative Basis and Related Documents

*Health Practitioner Regulation (National Uniform Legislation) Act 2010*

*Health Practitioner Regulation (National Uniform Legislation) Act 2010 Delegation*

#### Objectives

The objective of the AON Program is to provide temporary assistance to locations and services experiencing medical workforce shortages. The AON Program assists employers to recruit suitably qualified Area of Need Practitioners (medical practitioners on limited registration) to vacant positions that have been approved by the Chief Medical Officer as Area of Need positions.

#### Principles

The priority remains on continued efforts to attract medical practitioners with General and Conditional Specialist registration to vacancies in the NT.

Area of Need is an interim measure designed to ensure Territorians have access to appropriate levels of medical care during periods of medical workforce shortage.

#### Target Group

Area of Need status can be obtained by health services and providers.

This policy applies to all health services and providers including NT public health facilities, Private Hospitals, Day Procedure Centres, Aboriginal Medical Services, and General Practices.

#### Limitations

Requests for prospective approval of Area of Need status (for example, for a practice not yet open) will not be considered.

**Authorising Officer Name:** Professor Dinesh Arya  
**Authorising Officer Position:** Chief Medical Officer

**Effective:** July 2015

**Review Date:** July 2018

## Area of Need Procedure

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#### 9. WITHDRAWAL OF AREA OF NEED STATUS

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## 1. BACKGROUND

### 1.1 About this document

The Area of Need program is a strategy to provide temporary assistance to locations and services experiencing medical workforce shortages because of unavailability of medical practitioners with general or conditional specialist registration. The objective of the Area of Need Program (the Program) is to assist in the provision of general practice and specialist medical services to locations in the NT that have limited access to such services.

The Program assists employers in the NT who are experiencing difficulty recruiting medical practitioners with General or Specialist registration to recruit suitably qualified Area of Need Practitioners (AONP) without general or conditional specialist registration to vacant positions that have been approved by the Chief Medical Officer as Area of Need positions.

If a position is declared an Area of Need position, the Medical Board of Australia (Medical Board) can register a suitable AONP into that position under the *Health Practitioner Regulation (National Uniform Legislation) Act 2010* following assessment of the medical practitioner by the Medical Board or relevant Specialty College as suitable for the position and provided they meet all other registration requirements required by the Medical Board.

### 1.2 Key definitions

**AONP: Area of Need Practitioner.** A graduate of a medical school other than those medical schools accredited by the AMC in Australia or New Zealand who has been granted limited registration to practice in the Area of Need position.

**CDoH:** The Commonwealth Government Department of Health.

**AHPRA:** Australian Health Practitioner Regulation Agency.

**AMC:** Australian Medical Council.

**Applicant:** An employing health service or provider who is applying for Area of Need status for a specific position.

**CMO:** The Chief Medical Officer of the Northern Territory.

**DWS:** District of Workforce Shortage. DWS status is determined by the CDoH. For GP positions, this can be found by visiting the [doctorconnect](#) website. For specialist positions please email [DWS@health.gov.au](mailto:DWS@health.gov.au).

**EDMS:** Executive Director Medical Services, of the Top End or Central Australia Health Service, depending of the location of the Practice.

**GP:** General Practitioner.

**GP RTP:** General Practice Registered Training Provider eg NTGPE

**PHN:** Primary Health Networks are primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps. Currently known as Medicare Locals, the PHN's will undergo a name change from July 2015.

**Medicare Provider Number:** Enables medical practitioners to participate in the Medicare Program and to provide a method of identifying the place from which a service was provided.

**The Medical Board:** The Medical Board of Australia.

**The Program:** The Area of Need program.

**Specialty College:** An AMC accredited training organisation whose specialist medical training programs lead to qualifications for practice in recognised medical specialties. For the purposes of this document, currently these are:

- Australian and New Zealand College of Anaesthetists
- The Australasian College of Dermatologists
- Australasian College for Emergency Medicine
- The Royal Australian College of General Practitioners
- Australian College of Rural and Remote Medicine
- Royal Australasian College of Medical Administrators

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Ophthalmologists
- The Royal College of Pathologists of Australasia
- The Royal Australasian College of Physicians
- College of Intensive Care Medicine of Australia and New Zealand
- The Royal Australian and New Zealand College of Psychiatrists
- The Royal Australian and New Zealand College of Radiologists
- Royal Australasian College of Surgeons
- Australasian College of Sports Physicians

### 1.3 Legal and legislative framework

The *Health Practitioner Regulation (National Uniform Legislation) Act 2010* came into effect on 1 July 2010. Section 67 of this legislation allows limited registration to be granted to enable a health professional to practise in an Area of Need. This section also prescribes that the function of determining an area of need is a function of the responsible Health Minister in each state/territory and that the Minister may delegate this power to an appropriately qualified person. The NT Minister for Health has delegated this authority to the NT Chief Medical Officer.

The Medical Board of Australia is responsible for deciding whether an individual applicant is eligible, qualified and suitable for limited registration for an approved Area of Need, to practise in a particular position. On the basis of the application and any additional information requested, the Board will decide whether an AONP has the necessary skills, training and experience to safely meet the particular need for health services in that position. This includes compliance with a supervision plan, a professional development plan, satisfactory performance and satisfactory progress towards gaining general or specialist registration.

## 2. AREA OF NEED ASSESSMENT CRITERIA

This assessment criteria is applicable to new positions and to extension of previously approved positions.

Please note that all documentation supplied in support of an Area of Need application will be verified with external sources.

### 2.1 Criteria 1 – Labour Market Testing

All applications should provide documented evidence of labour market testing, demonstrating genuine attempts to recruit to the position within the previous 6 months.

The duration of advertising required to satisfy this criteria is:

1. Within a six month period, two cycles of genuine advertising for a minimum of two weeks each. Rather than being prescriptive about where a vacancy must be advertised, employers should take every reasonable step to advertise/publicise the vacancy. This may include:
  - in the major employment advertising section of a relevant national and local newspaper
  - national careers website e.g. Seek; Career One or My Career;
  - relevant health related website such as a Specialist College or Society website or Australian Doctor website

### AND

If the response from the first cycle of advertising is inadequate, assistance with the second advertising cycle must be sought from:

- Northern Territory Primary Health Network & General Practice Regional Training Provider who may have suitable GP trainees, for recruitment of General Practitioners.
- .Office of Chief Medical Officer for positions based in Health Services.

Documented evidence means

- Copies of the published advertisements from both cycles including evidence of the date and name of the newspaper/website where they were placed. Please do not submit invoices and/or copies of booking forms.
- Evidence that Northern Territory Primary Health Network & General Practice Regional Training Provider (for General Practitioners outside of hospitals or health services) or Office of CMO (for positions in Health Services) have been consulted.
- All advertisements should show the position title, name of the facility and town, qualifications, skills, duties, remuneration range and other benefits of the position to try and attract a maximum response from medical practitioners. These details must be consistent with the application being made.
- Advertisements calling for or referring to “Area of Need doctors” or “AONPs”, or that limit the available pool of applicants in any way, are not considered adequate forms of labour market testing and will not satisfy this criterion.

The Chief Medical Officer may determine that an advertisement does not demonstrate a genuine attempt to test the market if any of the elements included indicate standards and conditions that are generally accepted for that location are not met. After an unsuccessful first round, employers are encouraged to consult with the Office of the CMO to check whether above elements are being met.

In addition to supplying proof of advertising, an AON application will need to indicate the number of applicants who applied for the position and a brief explanation on why they were not recruited.

### **2.2 Criterion 2 – Evidence of Need**

Information must be provided to describe the impact on service delivery if the position is left vacant. For example, information on how the vacancy will impact upon the delivery of medical services to the community or information on the factors the applicant believes are preventing the successful recruitment of a medical practitioner with specialist registration.

In addition, applicants need to demonstrate they have explored alternative ways of addressing the shortage of medical services in their facility prior to applying for Area of Need status. This could include:

- incentive packages (in private practices)
- Australian Government incentives (in private and general practices)
- the provision of services from another location
- outreach services.

### **2.3 Criterion 3 – Evidence of capacity to support an AONP to achieve full registration**

While the supervision arrangements of an AONP are determined by the Medical Board through an individual practitioner's registration, the employer must demonstrate to the CMO that the practice has sufficient resources and capacity to meet the supervision, training and integration support requirements of an AONP. This may include:

- Availability of a supervisor
- Training schedules
- Training resources
- Personal support programs

## **3. HOW TO APPLY FOR A NEW AREA OF NEED POSITION**

Employers wishing to apply for Area of Need status for a vacant Specialist or GP position will need to address all three criteria outlined at section 2 above and follow the application procedures at

[http://health.nt.gov.au/For\\_Professionals/Area\\_of\\_Need\\_Declarations/index.aspx](http://health.nt.gov.au/For_Professionals/Area_of_Need_Declarations/index.aspx)

Applicants are required to submit relevant documentation demonstrating how the above criteria have been met.

Applications should only be for one Area of Need position at one locality at a time. Once a position has been approved, the Chief Medical Officer may approve an application for additional positions at the same location, without the requirement for further advertising, if in the CMO's view the market or recruitment environment has not changed.

If an application is for approval of more than one position at the same location, justification must be provided identifying why more than one position should be approved at the same location. It is unlikely that approval will be given for multiple Area of Need positions at the same facility.

## **4. APPROVAL PERIOD**

Where a practice's application for an AON position is approved, an Area of Need Certificate will be issued granting the position Area of Need status for a period of up to 4 years.

If an approved position is vacated before completion of the 4 year approval period, the CMO may consider an application to extend the approval period to accommodate the needs of a replacement AONP.

## **5. APPOINTING AN AONP TO AN AREA OF NEED POSITION**

At the time of appointment of an AONP, it is the responsibility of an employer to:

- Ensure the period of employment is clearly expressed in the employment contract
- Ensure that the period of employment does not exceed the AON expiry date.
- Ensure an AONP's employment contract complies with Australian employment legislation, including the Fair Work Act, the relevant Modern Award and any applicable Certified Agreement
- Ensure an AONP is informed of the period of the employment and that all relevant terms and conditions of the employment contract are explained to the AONP
- Ensure an AONP is provided with sufficient training and support to achieve registration in the designated timeframe set by the Medical Board.

## **6. HOW TO MODIFY A DECLARED AREA OF NEED POSITION CERTIFICATION**

Area of Need status attaches to a specific position and is NOT transferrable to a substantially different position or location.

Requests for minor modifications (e.g. change in practice name) will be considered.

## **7. HOW TO EXTEND A DECLARED AREA OF NEED POSITION**

A position is not considered filled until a doctor is registered against that position by AHPRA.

Applications for an extension will be considered only in exceptional circumstances as four years is considered sufficient time for Area of Need medical practitioners to be registered under the Competent Authority, Standard or Specialist in Training registration pathways, to achieve General or Specialist conditional registration.

Applications for extensions should be received by the Chief Medical Officer three months prior to the expiration of the current Area of Need certificate. It is the employer's responsibility to ensure this occurs.

Employers seeking to extend an Area of Need position beyond the initial approval period will need to address all assessment criteria outlined under section 2, in the same manner as a request for a new position (including two cycles of advertisements completed in the previous six months), irrespective of whether the position is currently filled or not. The request for extension will be assessed on its own merits.

The fact that the position had previously been successful in obtaining Area of Need status will not guarantee that a request to extend the position will be approved.

An Extension Application must be completed using the process outlined at [http://health.nt.gov.au/For\\_Professionals/Area\\_of\\_Need\\_Declarations/index.aspx](http://health.nt.gov.au/For_Professionals/Area_of_Need_Declarations/index.aspx)

## **8. TIMEFRAME FOR ASSESSMENT**

Completed applications will be processed within approximately 20 working days, provided all necessary information is submitted with the application. This timeframe may vary depending on the meeting schedule of the NT Board of the Medical Board of Australia who provides advice to the CMO on applications for Area of Need.

Incomplete applications will not be assessed and will only be processed when all required information is submitted. The responsibility for addressing all criteria and providing the required information rests with the applicant.

Incomplete applications will be kept open for a maximum of 90 days from the date the application is received, to enable applicants to provide all required information. Generally, if the required information is not received in this time-frame the application will be closed.

On completion of the assessment process applicants will be advised of the outcome of the application and if successful, be provided with an Area of Need certificate.

## **9. SUSPENSION OR WITHDRAWAL OF AREA OF NEED STATUS**

Area of Need status will be suspended or withdrawn if the employer does not maintain the requirements of a medical practitioner's registration specified by the Medical Board e.g. supervision arrangements.

Area of Need status will be withdrawn when a medical practitioner employed against that position obtains the relevant General or Specialist conditional registration, as the position is then considered filled.

An exception may be granted to employers who can show that the AONP, on obtaining general or specialist registration, intends to leave the facility and therefore Area of Need status is still required to assist in filling the position over the remaining time of certification. In these circumstances, the Area of Need status of the locality will be considered by the CMO on a case by case basis.

## **10. APPEALS**

If an application is declined, the CMO will provide a statement outlining the reasons for the decision. The CMO will only reconsider the decision if the applicant disputes those reasons, based on information that was either not available or not previously considered by the CMO.

All appeals must be received by the Chief Medical Officer within 28 days of receipt of the decision.

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## ATTACHMENT 2 – Surveys

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### Survey 1 (AON Practices)

#### Area of Need (AON) Review Survey Questions for Practices declared an AON locality

Sensitive and personal information will be dealt with in a confidential manner and if relevant to the project this information will be de-identified prior to appearing in the project report.

1. How many patients do you currently have registered in your practice?
2. How many Doctors do you have in your practice?
  - a) Total numbers?
  - b) Full time equivalent number (FTE)?

*Health Workforce Australia (HWA) calculates 1.0 FTE for medical practitioners, as equivalent to 40 hours/week. (Health Workforce by Numbers; Issue 1, 2013, Health Workforce Australia.)*

3. How many Doctors in your practice are:
  - a) Australian trained
  - b) Overseas trained with full general registration
  - c) Limited registration Area of Need
4. In relation to 3 (b) Overseas trained but now with full general registration, how many Doctors in your practice started practicing with Limited Registration Area of Need in:
  - a) Your practice?
  - b) Another practice in the NT?
  - c) Another practice in Australia?
5. When recruiting Doctors for your practice:
  - a) Where do you advertise?
  - b) What other recruitment strategies do you use?
  - c) Which advertising medium is most successful in attracting:
    - i. Fully registered Doctors
    - ii. Limited registration Area of Need Doctors
6. Does your practice currently have an unfilled vacancy?    Y    N  
If yes, how long has the vacancy been unfilled?
7. How many vacancies for Doctors has the practice had:
  - a) in the past year?  
If yes, how long has the vacancy/s remained unfilled? in the past 5 years?  
If yes, how long has the vacancy/s remained unfilled?  
Please provide information about the supervision arrangements you have in place for AON practitioners?
8. Please provide information about Continuous Professional Development and other support/assistance arrangements you have in place to achieve registration.
9. Please provide information about the remuneration arrangements you have in place?
  - a) General
  - b) Special (if any) including incentives or other
10. In your view does the NT need to continue to approve Area of Need practices and practitioners?    Y    N  
If yes, why and for how long do you think this will be needed?

## Survey 1 (Non-AON Practices)

### Area of Need Review Survey Questions for Practices NOT declared an AON locality

Sensitive and personal information will be dealt with in a confidential manner and if relevant to the project this information will be de-identified prior to appearing in the project report.

1. How many patients do you currently have registered in your practice?
2. How many Doctors do you have in your practice?
  - a) Total numbers?
  - b) Full time equivalent number (FTE)?

*Health Workforce Australia (HWA) calculates 1.0 FTE for medical practitioners, as equivalent to 40 hours/week. (Health Workforce by Numbers; Issue 1, 2013, Health Workforce Australia.)*

3. How many Doctors in your practice are:
  - a) Australian trained
  - b) Overseas trained with full general registration
4. In relation to 3 (b) Overseas trained but now with full general registration, how many started practicing in Australia with Limited Registration Area of Need?
5. When recruiting Doctors for your practice:
  - a) Where do you advertise?
  - b) What other recruitment strategies do you use?
  - c) Which advertising medium is most successful in attracting:
    - i. Fully registered Doctors
    - ii. Limited registration Area of Need Doctors
6. On average, how many vacancies for Doctors does your practice have in a year?
7. Does your practice currently have an unfilled vacancy?    Y    N  
If yes, how long has the vacancy been unfilled?
8. Please provide information about the remuneration arrangements you have in place?
  - a) General
  - b) Special (if any) including incentives or other
9. In your view does NT need to continue to approve Area of Need practices and practitioners?    Y    N
10. If yes, why and for how long do you think this will be needed?

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## Survey 2: GP Numbers, FTE and Registration Type

1. Please advise the names of all GP's working in the practice?
2. Please advise what FTE these GP's working?