

Friday, 18 July 2008

## *Debra Lee discovers how sea change GPs are thriving in their coastal havens.*

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AUSTRALIA'S coastal towns and fishing villages are experiencing rapid-fire growth, with populations increasing twice as fast as the rest of the country.

And the pace is not about to slow. The Australian Bureau of Statistics estimates sea change populations will rocket by about 60% over the next 15 years.

For coastal GPs, that prospect is complicated by a high concentration of elderly residents and regular, massive tourist influxes.

One key challenge is "how to get already stretched doctors supported so they can provide those services", according to RDAA president Dr Peter Rischbieth.

So how can GPs considering a sea change prepare their new practices for these considerable demands?

Who better to glean tips from than GPs well ensconced in coastal towns who have managed to run their businesses efficiently and still provide high-quality patient care?

Tasmanian husband-and-wife team Drs Andrew Grove and Camilla Byrne have worked smarter, hired cleverly and sprinkled plenty of ingenuity into the mix to keep patients content and find the right work/life balance.

Neither works full time at Swansea General Practice on Tasmania's east coast, but they have upscaled their hours in recent times to cope with patient demand from a growing population, surrounding towns and a tourist trade on the up.

Six years after they took over the practice, Dr Byrne now works two days a week and Dr Grove three days one week and three and a half the next, so they can enjoy an idyllic seaside lifestyle.

"The half day I do at [nearby] Coles Bay," Dr Grove says. "I see patients in the morning and then I either do a bike ride to Friendly Beaches or go for a run."

They regularly recruit advanced registrars to share the load, but only "those who know their stuff fairly well". And in a master stroke, they hired a practice nurse whose local knowledge has proved invaluable.

"She has lived in the town for 30 years; she knows everyone and everything about everyone, and that's an enormous asset to us because just knowing the social situation, particularly for the ageing, means we can know what services they will need.

"The nurse does some of the assessments before we see the patients. With the aged-care patients, she does a lot of the groundwork in their homes", which saves the couple an hour-long consultation, he adds.

"If we have an influx of emergency cases, which often happens in the high tourist season, [our] nurses can now step in and take on some of the load. They are very flexible and if they can't do something one day, they'll do it the next.

"It ensures that things run efficiently and that waiting times are kept to a minimum – you can still get in to the doctor the next day here."

The couple has thought outside the square to secure precious specialist access, turning the enticements of the popular beachside town to their advantage.

"An increasing number of specialists have purchased weekend shacks [here]... We've been successful at co-opting many to see patients whenever they weekend at their shacks," Dr Byrne says.

"We now have a general surgeon who sees patients pre- and post-op, which saves them travelling to Hobart or Launceston. We've got an optometrist, two physiotherapists, a geriatrician who comes once a month – which is essential for our ageing population – and a psychiatrist."

Even the local council has come to the party, introducing a \$25 per household healthcare charge on the rates. This helps "cover GPs' vehicle and/or household costs", according to former Glamorgan Spring Bay Council mayor Howard Harris.

## **PLANNING CRUCIAL**

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Other sea changers agree that restructuring your working week and careful forward planning are major assets.

"You've just got to be prepared to change the way you work," says Dr Brian Bowring, a fellow Tasmanian GP in George Town on the Tamar River in the state's north-east.

"Plan ahead," he advises. "Get kids in for check-ups before the holiday influx."

"[The doctors in my practice] each work a four-day week to make it easy to work late in the busy times," he says. "If it's quiet you can go home at 6 pm and, if it's not, you don't mind staying late."

Jarrod Bramble, a partner in accounting and financial services firm Cutcher & Neale's medical practitioner division, has helped many GPs through the transition to a boutique practice.

"GPs have to become business people and look at how they can leverage themselves better off their practice nurses to be more efficient," he says.

Mr Bramble says this involves establishing proper admin systems, improving infrastructure, hiring a practice manager and making the price right.

"Bulk-billing might not be the answer for all patients," he says. "Charging more than a bulk-billing fee to some will free up funds to cover things like staff costs and training."

## **Case study: Dr Jim Hounslow Shirley Street Family Clinic, Byron Bay, NSW**

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Dr Jim Hounslow adores working in a small practice in northern NSW, but in true Don Quixote style, would rather focus on being a "nice doctor not a nice businessman".

"I've never known what I charge for a consultation," says Dr Hounslow, who seachanged to Byron Bay in 1985.

Dr Hounslow spent his first seven years in the tourist mecca in a busy group practice before opening a small clinic where he could do "good quality country GP work".

Over the next decade the practice thrived on distinctive seasonal separations of tourist hordes and full-time residents.

"But we don't have seasons anymore," Dr Hounslow says. "This sleepy little backwater is chock-a-block all the time."

Like many practices in sea change communities, Dr Hounslow has been unable to attract enough doctors to meet the demand.

And while consult dollars don't concern him, he has had the good sense to enlist practice nurses and admin staff to help ease the workload.

"We've adapted to the rapid growth using a team approach," he explains. "The nurses sit in on consultations and get all the screening information and then we come in."

The practice now has a full-time equivalent nurse who oversees women's health and well baby checks.

"A part-time nurse manager and two administration staff help keep the madness at bay," Dr Hounslow says.

"And we use the ancillary skills [of allied health professionals] such as psychiatrists, psychologists and paramedics, as necessary."

## **Quantifying the coastal boom**

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Australia's non-metropolitan coastal population:

- ? totals 6.26 million people
- ? represents 30% of the population and 82% of the regional population
- ? exceeded the number of people moving to capital cities in 2006/2007
- ? has an average annual growth of 2%, 50%-60% above the national average
- ? will double in the 65+ and 85+ age groups over the next 15 years.

Source: [National Sea Change Taskforce](#) & [Australian Bureau of Statistics](#)