Submission to the Senate Standing Committee on Community Affairs Inquiry into the Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

SUBMITTED BY: Dr Jerome Muir Wilson

I am a GP, Co-owner and Managing Director of the Launceston Health hub, which incorporates health-related business adjacent to the Launceston General Hospital. I also am the Practice Principal of the Launceston Medical Centre. I have been a Board Director of General Practice Training Tasmania (GPTT) since my appointment in March 2018.

General Practice Training Tasmania

General Practice Training Tasmania (GPTT) is Tasmania's only provider of General Practitioner training.

Each year, GPTT places and trains up to 38 GP registrars within Tasmania from a Federal Government investment of $6 million. As each training placement takes three years, this means that at any one time, GPTT is working with around 120 GPs undertaking their training across the State – that's approximately 20 per cent of the current Tasmanian GP workforce.

As Committee members would be aware, the Federal Government is currently proposing significant changes to how GP training is undertaken from 2023, about which I have deep and serious concerns.

I welcome the opportunity to submit to this Inquiry and can advise that my comments specifically will be to terms of reference "b iii) GP training reforms and iv) Medicare rebate freeze.

The Role of General Practice Training Tasmania

As Tasmania's only Regional Training Organisation for General Practitioners in the State, our mission is to ensure that the number of rural GPs continues to increase. Importantly, rural Tasmania has an adequate number of General Practitioners serving their local communities.

Notably, 75 per cent of the General Practitioners we train choose to live and work in Tasmania after graduation, creating a stronger health system, especially in our rural communities. We believe that this retention of staff and local knowledge is one of our greatest strengths.

It is not an exaggeration to say that without GPTT, there could be no locally trained general practitioners in Tasmania and fewer general practitioners in the state overall.

The Government's reforms to GP Training and impacts on General Practice in Tasmania

I am concerned about the proposed changes to the general practitioner training model, which can negatively affect general practitioner accessibility in Tasmania.

Launceston Medical Centre is an accredited GP training practice. We have several GPTT Registrars, at any one time, undertaking training with us and contributing alongside us to serve our community's primary health needs.

Under the current training arrangements, our medical practice team relies on GPTT's established processes, relationships and critical knowledge within all aspects of registrar placement and training.

As GPs we know our community needs, and we get to know our registrars. The current process for registrar placements considers our community and regional needs and practice, and registrar needs to address these needs as best we can. These changes to GP training that are being proposed can disrupt these critical processes and impact community and regional primary care needs.

I am concerned that if these changes go ahead in the currently proposed timing, it will upend GP training and cause significant dislocation and confusion when our community primary health needs are at their highest.

This is a time where GPs and our practice teams have been and continue to be under immense pressure. Many practices are reporting longer wait times than ever before. Staff are tired. The lack of certainty about training beyond 2022, including practices potentially needing to answer to both colleges instead of one local training organisation, has the potential to result in practices opting out. This would be devastating for GP training, not only for the trainees seeking placements but also for the practices, communities, and profession.

As a Fellow of the RACGP, I have great respect for both Colleges and have no objection in principle to them taking a greater role in GP training. However, I am concerned that the current process is under-baked and a rush to implement it now would do serious short and medium-term harm to GP in Tasmania.

For these reasons, I would like to see the Federal Government defer the proposed changes until 2025 to allow for proper consultation, detailed preparation work and for the worst of the COVID pandemic to have passed before this significant change is undertaken.

Medicare rebate freeze

It has been pleasing to see the MBS review, which aligned the evidence based change in medical practice with those rebates available. General practice for a long time has been undervalued when compared to other medical specialties that involve procedures or the large amount of study required to stay contemporary and evidenced based when seeing patients. I'm not sure however if the medications or forms we now need to sign for patients (secondary to regulation) has grown more.

In rural Australia, similar to the general practice workforce this can also be seen by an almost non-existent private physician and private psychiatry service. Those specialising in that area prefer to work in the public system where the pay rate is far higher than general practice and more than if they worked privately. There is also no incentive in the public system for efficiencies unlike the fee for service environment outside of this area. Hence it takes over a year for a semi-urgent appointment with a physician in Northern Tasmania to happen.

This puts further pressure on general practice as we can't rely on access to specialists. All GPs are into prevention and early intervention as part of our quality training. Many have witnessed the rate of change in medicine over the last 12 months with COVID and this is not new to general practice. When I started GP training with GPTT in 2010 there were around four diabetic medications there are

now 25. Likewise with Asthma when I trained there where 6 medications and now there are 37 medications.

In rural Australia with a lack of specialists, undersupply of GPs the only way to increase supply is to increase the rewards. This is best done via fee for service as it encourages efficiency in a limited resource. Increasing the financial reward through the MBS at a different rate depending on MMM would certainly help shift the supply of city GP's more rurally.

It would also help reward those working in more disadvantaged communities, with less access to subspecialists where the complexity of work is much higher than a doctor that specialises just in the eye or the kidney.

All the reforms I have witnessed in my 12 years around the edges including this latest hasn't solved the problem. With the supply vs demand in rural Australia even the private mining world has realised that to get a cleaner in Tom Price (where I have worked), they need to pay more for one working in the CBD of Melbourne.

As a GP currently running a respiratory clinic seeing respiratory symptom patients every day of the year since the pandemic, providing over 1300 vaccinations a week for the last three months. Grass roots GP's like myself don't have the time/energy to put into a fundamental GP training reform during an ongoing crisis.

These reforms need to be suitable as doctors trained in regional Australia provide crucial health care whilst training and living in these regions. Let's just increase the supply at the funnel end; whoever has the training funding capping the training places also makes no sense. It disincentives efficiencies that could be gained a bit like getting the Medicare rebates in regional Australia right following the mining example.

Yours sincerely,

Dr Jerome Muir Wilson