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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

INTRODUCTORY COMMENTS

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 we have deep and serious concerns.

We, therefore, welcome the opportunity to submit this inquiry and can advise that we will confine our comments specifically to term of reference "b iii) GP training reforms."

BACKGROUND - GENERAL PRACTITIONERS IN TASMANIA

- **Workforce**

The Tasmanian Department of Health^[1] provides a snapshot of the 2018 GP workforce in Tasmania. The State had a headcount of 631 GPs (or 576 full-time equivalent GPs). The trainee headcount was 143.

The number of medical graduates has been increasing in recent years, but more medical graduates are choosing non-GP specialties as a profession, and

the growth of GP registrars has slowed.

- **Profile**

In the period 2013-18, there was a 12% increase in the headcount of general practitioners in Tasmania. The average age of Tasmanian GPs is 54 years old, and there is an almost even gender split (48% female, 52% male).

Tasmania has an ageing general practice workforce. In 2018, 27% of GPs in Tasmania were over 60 years old. In 2018-19, 29% of full-time equivalent Tasmanian GPs were aged 55-64 years old, compared with 25% for the Australian total.

- **Distribution**

Data for 2019 [\[2\]](#) shows that the Australian rate of full-time equivalent GPs per 100,000 population is 117.7 (including vocationally registered GPs, non-vocationally registered GPs and trainees).

In Tasmania, the rate is lower at 106.0 per 100,000. The rate in Tasmanian inner regional areas is 112.2 (c.f. 114.9 for all Australian inner regional areas). The rate in Tasmanian outer regional, remote and very remote areas is 90.8 (c.f. 100.6 for all Australian outer regional, remote and very remote areas).

Data on employed headcount per 100,000 shows a marked difference in distribution across the three Tasmanian health regions. The employed headcount rate in the South is 139.7, the North 99.3, and 96.5 in the North West.

THE ROLE OF GENERAL PRACTICE TRAINING TASMANIA (GPTT)

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; and, importantly, that rural Tasmania has an adequate number of General Practitioners serving their local communities.

It's not generally well understood, but doctors need to complete specialist training and receive practice supervision for three years to become vocationally registered general practitioners. These university-qualified medical doctors undertaking post-graduate vocational training are referred to as "registrars".

Each year, GPTT recruits then place up to 38 GP registrars. This means, at any one time, there are at least 120 general practitioner registrars being trained by GPTT in Tasmania - that's approximately 20 per cent of the current Tasmanian GP workforce

Of our registrars just over half are based in southern Tasmania, a further third in the north, and the remaining 13 per cent in the north-west.

This year, 34 general practitioner registrars began training with GPTT in Practices around the State.

This intake is spread across locations, including Scottsdale, George Town, Longford, Latrobe, Sorell and New Norfolk.

Notably, 75 per cent of the General Practitioners we train choose to live and work in Tasmania after graduation, creating a more robust 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 us, 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

We are extremely concerned about the proposed changes to the general practitioner training model, which we believe can negatively affect general practitioner accessibility across Tasmania.

As a training organisation (one of nine nation-wide), we are currently funded directly by the Australian Government Department of Health through the Australian General Practice Training (AGPT) program. Our annual funding through this program is around \$6 million per year.

The Australian Government have announced that they intend to transfer the administration and delivery of the AGPT program to the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP).

The Department has convened a Transition to College-Led Advisory Committee to consult stakeholders as work devolves and finalises the College-led model.

However, even at this stage, it is not clear how this new system will work.

Indeed, it was only earlier this month that we received further informal communications about the proposed structure of GP training from 2023, and this had again changed to what had been previously proposed.

From our regular discussions with Department of Health representatives and the GP colleges regarding the Transition of the AGPT programme, it is abundantly clear that the transition work streams have barely begun and are well behind schedule. Of most significant concern is the lack of a well-defined future delivery model.

By March next year, in the ordinary course of events, we would be “in-market” seeking applications for future GPs to join our program for the following year.

But with the model for 2023 not finalised, at this stage, it is challenging to see how a successful GP training course can be delivered after next year.

As a result of the uncertainty and poor transition management, we see a genuine risk that applicant numbers next year will be deficient. This is due to the uncertainty about the training program applicants are considering to enter. We see that applicant numbers will be potentially low in subsequent years also until any new College-led programs have been tried and tested.

Over the past nine months, we have been advised (not consulted) that the existing RTOs will be able to contract directly with the Colleges; then that the Department prohibited the Colleges from contracting the existing RTOs; and now the latest iteration looks set to fragment GP training funding into different funding buckets and providers.

Under the latest proposal for significant change, there is also a risk that any funding for Tasmania will be shared amongst several organisations and not necessarily controlled within the State. Splitting the various aspects between multiple providers is also likely to lead to inefficiencies of delivery and inferior training outcomes. This potential separation of workforce needs assessment and placement distribution away from the Colleges adds significant risk to the currently stable GP training environment.

Under the current training arrangements, RTOs have established networks and knowledge within their areas of distribution. We know our communities, our practices, and we get to know our registrars. We have a complex process for registrar placements that considers community and regional needs and practice, and registrar needs to address all needs as best we can.

We know for sure that if the changes go ahead in the timing currently proposed, it will upend GP training in Australia and cause significant dislocation and confusion.

GPs and their 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 the practices, communities, and future GP applicants.

RECOMMENDATIONS - DEFER CHANGES TO GP TRAINING FOR A FURTHER 24 MONTHS

In our view, building a whole new GP training system from scratch when you have a system that is currently working makes no sense, particularly if it happens at the same time as you are battling the biggest global pandemic in a century.

From our perspective, we have great respect for both ACCRM and the RACGP (indeed, GPTT adheres to the training standards set by the RACGP and the ACRRM) and have no objection in principle to them taking a greater role in GP training.

We believe that the number of GPs in rural Tasmania is stabilising. In large part, we believe that this stabilisation of rural GP numbers is because of our deep local knowledge of Tasmanian General Practice (down to an individual GP and registrar level), our training program and our very high general practitioner retention rate.

Unfortunately, many other parts of rural Australia are not so successful in recruiting and retaining general practitioners. It, therefore, makes sense for the Government to consider ways that this can be improved in those areas.

However, as outlined above, we are extremely 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 training, at least in Tasmania.

Concerningly the uncertainty beyond the end of 2022 is already beginning to negatively influence registrar recruitment (this is particularly so given

the three-year length of their training placements). The morale of RTO programme delivery and medical education staff, who are making decisions about their continuance in the GP training sector, is also at significant risk. These valuable staff who hold years of specialist knowledge and experience in GP training and education in Tasmania need assurance that their jobs, GP Training and the profession will be protected in this transition.

For these reasons, GPTT is calling on the Federal Government to defer the proposed changes until early 2025 (or 24 months) to allow for proper consultation, detailed preparation work, and the worst of the COVID pandemic to have passed before this significant change is undertaken.

Yours sincerely,

CHAIR

[\[1\]](#) Department of Health (2020). Health Workforce 2040: Medical. Tasmanian Government.

[\[2\]](#) Department of Health (2020), General Practice Workforce Statistics, Calendar Year 2012-2019 (<https://hwd.health.gov.au/CalendarYear.html>) Australian Government.

