Ochre Health Pty Ltd
ABN: 79 101 069 452

Sydney Office
Suite A, Ground Floor
140 William Street
Woolloomooloo NSW 2011
T: 02 8356 3100
F: 02 8356 3199
E: admin@ochrehealth.com.au
www.ochrehealth.com.au

Submission from Ochre Health to the Senate inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

Contact details: Matthew Chudley (National GP Recruitment & Engagement Manager)

Ochre Health was founded in Bourke, NSW in 2002 by Procedural GPs Dr Hamish Meldrum and Dr Ross Lamplugh. We now operate over 50 Medical Centres across Australia, with the scope of these encompassing MM1 through MM7 Rural Classifications. A large focus remains Rural and Remote Australia with us contracted by the Tasmanian Health Service and three NSW Local Health Districts to provide Medical Services to 15 Rural Hospitals in towns where we also operate the GP Clinics. With a workforce of over 300 GPs and a presence in many locations of critical Primary Care workforce shortage we would like to highlight a number of key issues that have impacted our ability to attract and retain GPs in these key areas for Rural Australians.

Ad eundem gradum FRACGP/FACRRM awards

Prior to mid September 2018 fully qualified GPs from comparable healthcare systems overseas where able to seek specialist recognition with the appropriate qualifications. Under the new Specialist Recognition Program - Substantially Comparable Entry, these doctors now require prescribed, structured supervision for a minimum period of 6 months to achieve Fellowship and Vocational Registration. This has ruled them out for highly rural areas predominately staffed by locums as there is not the long term supervision they require and has generally made their overall process of relocating to Australia a lot less straightforward and more ambigious. With thorough onboarding and induction to the Australian Healthcare System before starting, these prospective overseas doctors would be able to offer immediate continuity of care to the greatest areas of need under the pre 9/2018 structure or similar. With the widening gap and under supply of GPs in Australia this group of overseas doctors are uniquely placed to help bridge the shortfall. The Western Australia Hospital system have recently brought over hundreds of doctors from the UK and Ireland to cover their shortfall, the Australian Government must ensure that Primary Healthcare is given the ability to do so too. Suggested outcomes:

- FRACGP/FACRRM awards for doctors holding Specialist GP Qualifications by examination and approved residency, who have at least 1 year post specialist experience and good standing in a comparable Healthcare system.
- FRACGP/FACRRM awards for doctors holding Specialist GP Qualifications by examination and approved residency, who have at least 3 years post specialist experience and good standing in a largely comparable Healthcare system.

Ochre Health Pty Ltd
ABN: 79 101 069 452

Sydney Office
Suite A, Ground Floor
140 William Street
Woolloomooloo NSW 2011
T: 02 8356 3100
F: 02 8356 3199
E: admin@ochrehealth.com.au
www.ochrehealth.com.au

- Schedule of stringent induction modules for introduction and acclimation to the Australian healthcare system required for AHPRA in principal status for doctors in this stream

Outer Metropolitan MMM & DPA Classifications

Our Medical Centre in Bonnells Bay is currently classified as MMM1 and Non-DPA and despite ultilising all possible means of recruitment advertising, external agencies etc is losing GP numbers to the point of becoming unviable. The location sits outside commutable range of most of the Central Coast and Newcastle which are smaller metropolitan areas themselves so is essentially a rural location on Lake Macquarie in its own right. As referenced earlier, the impending shortage of over 9,000 GPs earlier (as per Deloitte's 2019 GP Workforce Report) in addition to the intended measures of DPA/MMM to steer the workforce out of "classified" metropolitan areas means that locations such as Bonnells Bay are fishing in an extremely small pond of available GPs who have freedom to work anywhere at that stage. No existing incentives or government support such as the RDN and other workforce agencies are able to assist either. Medical Centres disadvantaged by classifications who suffer attrition without assistance or rectifiable means must be given respite in the forms of greater access to DPA exemptions and other incentives. Suggested outcome:

- Increased scope to provide DPA exemptions in all areas (MMM) based on loss of doctor headcount and unmet patient demand.

Automatic DPA for MMM4 Locations

Our Parkes based Medical Centre has suffered considerably from a cycle of gaining and losing DPA designation. A town of little over 11,000 people more than 350km from Sydney with a dwindling GP workforce has largely been Non-DPA over the last 7-8 years and is really suffering the consequences still despite a recent reversal of this status in July from the Department of Health. Our Senior doctors are reaching retirement age and the workforce at our short staffed clinic will fall even further over the course of the year. We are now left with no one to supervise less experienced overseas doctors with the years of attrition and both privately run clinics in the town are in danger. This scenario can be expected to play out in any MMM4 location subjected to Non-DPA status and it completely defies the intention of applying restrictions to move the workforce to shortage areas. Suggested outcome:

- Blanket DPA designation for all MM4+ locations

Ochre Health Pty Ltd
ABN: 79 101 069 452

Sydney Office
Suite A, Ground Floor
140 William Street
Woolloomooloo NSW 2011
T: 02 8356 3100
F: 02 8356 3199
E: admin@ochrehealth.com.au
www.ochrehealth.com.au

MDRAP Supervision

The More Doctors for Rural Australia Program should allow a wider scope and more flexibility of circumstances to do the purpose it was created for. If a doctor has fulfilled their supervision requirements to attain General Registration in the Hospital system either as an Australian graduate through experience or as an overseas graduate through the AMC they should no longer be subjected to Level 1 supervision. While structured competency outcomes and inductions to General Practice are critical for both patients and the doctor themselves, the locations most in need are often staffed by locums and FIFO doctors or fully booked doctors who are in huge demand by the local population. So a balance must be found to allow the incumbents and the doctor filling a critical workforce need to work with a degree of flexibility that will allow them to service that need rather than greater impinging it or not being able to at all. Suggested outcome:

- Level 1 supervision to be eliminated from MDRAP requirements

Greater Financial Incentives for Supervision

Fully qualified Rural GPs should be provided greater financial rewards and incentives for supervising Non VR GPs and junior doctors. We cannot expect to expand our Rural GP workforce with our experienced GPs taking hits on their earnings by spending considerable time helping out the next generation of GPs. While some training pathways do provide teaching payments not all Programs sufficiently reward experienced GPs. In areas such as MDRAP and remote AGPT supervision we must find an equitable payment model to greater encourage a willingness to upskill and impart knowledge on the next generation of GPs. Otherwise years of hard earned wisdom and skill will be lost and not enough doctors coming through will have access to these learning opportunities. Suggested outcome:

- Supervisors to be paid to oversee doctors on MDRAP and Remote AGPT in a manner consistent with RVTS and the ACRRM independent pathway.

Further suggestions

- Allow IMGs to enrol in PEP (MMM2-7) irrespective of locations DPA status
- Extend DPA replacements to 24 months instead of 6-12 months, and allow DPA replacements to factor in to MDRAP and PEP pathway applications
- Health Workforce Certificates to be granted for all locations MMM2-7 irrespective of DPA status with reference to the Visas for GPs scheme
- Streamlined state border exemption process for doctors and nurses providing rural clinical work
- Escalation/prioritisation of Medicare Provider number applications for urgent Rural Generalist / GP VMO locum work