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To the Committee Secretary,

Submission to The Federal Parliamentary Inquiry into the Provision of General Practitioner and Related Primary Health Services to Outer Metropolitan, Rural, and Regional Australians

The Northern Eyre Peninsula Health Alliance (NEPHA) is a cross-jurisdictional alliance formed in 2019, seeking to redress the critical shortage of medical and health professional services in the Northern Eyre Peninsula catchment, which includes Streaky Bay, Wudinna, Elliston, Kimba, Cleve and Cowell.

NEPHA comprises of representatives from:

- Eyre and Far North Local Health Network (EFNLHN)
- District Council of Kimba
- District Council of Franklin Harbour
- District Council of Cleve
- District Council of Elliston
- Streaky Bay and Districts Medical Clinic

NEPHA welcomes the opportunity to contribute a submission to the Federal Parliamentary Inquiry into the Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians.

The current state of outer metropolitan, rural, and regional GPs and related services

The Eyre Peninsula has a critical shortage of medical services and other health services are available at a much lower level than like communities across Australia. With the example of General Practitioners, some towns have no General Practitioners located in their communities and rely solely or predominantly on locums, and other towns have services that are difficult to sustain and are at risk of having insufficient general practitioner coverage in the near future.

Eyre and Far North Local Health Network is South Australia's most remote region, with small towns separated by considerable distances with no easy access to any tertiary referral centre. Currently, the Northern Eyre Peninsula has general practitioner coverage of 4.3 full time equivalent (FTE) resident general practitioners to cover an estimated resident population of 8662, an area of 31,511km², and afterhours on-call services for six hospitals. This is a rate of 1 FTE general practitioner per 2014 people. To address the demand for GP services and supplement the lack of resident general practitioners, the region employs locums, a model which is expensive and unsustainable. There is considerable dissatisfaction and burnout experienced by the existing resident GPs working in the Northern Eyre Peninsula. There is great concern that if the shortage of resident GPs is not addressed promptly, the existing resident GPs will leave, worsening the situation.

In recent decades, India has been able to double its number of doctors qualified in modern medicine and is expected to achieve the World Health Organisation standard of 1 doctor per 1,000 population by 2024.¹

According to World Bank data, in 2018 India had 0.9 doctors per 1000 population, and Bangladesh had 0.6.² That same ratio for the Northern Eyre Peninsula is 0.49 Doctors per 1,000 population.

The seriousness of this situation gains more perspective if you consider that Australia ranks 12th in the world on the key World Bank measure of Gross National Income per capita (53.7K USD), while Bangladesh ranks 141st (2.0K USD), and India 143rd (1.9K USD).³ Australia is one of the wealthiest countries in the world, and the Northern Eyre Peninsula region is a significant contributor to Australia's Gross Domestic Product, yet our current level of General Practitioner cover is well below that of countries with 27 times less income per capita.

There is shared frustration amongst NEPHA Members and other regional stakeholders about the ongoing challenge to provide their communities with local health services, despite the demand for GP services supporting the viability of at least one FTE GP in each of the communities. Our current situation is not only putting lives at risk; it is putting at risk the viability and future of our towns and communities.

Local and State Government have contributed considerable time and resources to attracting GPs to the Northern Eyre Peninsula Region, including undertaking the ownership, operation and funding of many general practices in the region and engaging in extensive advocacy on the issue. Despite these considerable efforts, the Northern Eyre Peninsula region has not seen progress towards the creation of a long-term and sustainable GP workforce that is commensurate to the cumulative efforts of various Stakeholders.

Current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs:

While the Australian Government has invested in some very worthy initiatives in recent years to address the shortage of GPs in regional and remote areas, such as the Stronger Rural Health Strategy, and the implementation of Distribution Priority Areas based upon the Modified Monash

¹ R Kumar & R Pal, "India achieves WHO recommended doctor population ratio: A call for paradigm shift in public health discourse!", in *Journal of Family Medicine and Primary Care*, vol. 7, 2018, 841-844, <<https://pubmed.ncbi.nlm.nih.gov/30598921/>> [accessed 9 September 2021].

² "Physicians (per 1,000 people) | Data", in Data.worldbank.org, , 2021, <<https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>> [accessed 9 September 2021].

³ "GNI per capita (constant LCU) | Data", in Data.worldbank.org, , 2021, <<https://data.worldbank.org/indicator/NY.GNP.PCAP.KN>> [accessed 9 September 2021].

Model 2019, these initiatives will take time to achieve traction and the situation in the Northern Eyre Peninsula has continued to deteriorate.

Government initiatives to redistribute the GP workforce would be more effective if they were more specifically targeted. Currently, apart from the very broad Distribution Priority Area classification, there is no nationally standardised workforce benchmark for the required number of general practitioners to supply the rural and remote primary health care sector. Attempts have been made at developing such benchmarks⁴ and different approaches have various advantages and limitations.⁵ However, there has been no Commonwealth endorsement or use of these benchmarks.

A standardised national benchmark is critical to identifying which geographical areas are most in need and responding accordingly with policy and investment. It is significantly more difficult to recruit GPs to a rural and remote area when the mass of GPs in the area falls below a critical level, because prospective GP recruits do not want to work alone, unsupported and overworked in an isolated rural environment. The Northern Eyre Peninsula is now at this point. Had there been more geographically targeted investment when the Northern Eyre Peninsula's GP workforce fell below a standardised benchmark, the situation may not have spiralled to its current point.

The Commonwealth is the only body with both the capacity and access to granular data to determine systematically and accurately which areas are the most critically short of GP workforce. Therefore, it must be the Commonwealth who undertakes this exercise. The Distribution Priority Area Classification covers most of rural South Australia and hides the most critical GP shortage areas within a singular, far too broad classification. Rather than being a simple 'yes' or 'no' classification, the Distribution Priority Area should be graded in a similar format to the Modified Monash Model based on the criticalness of the shortage of GPs in each of the 829 non overlapping geographical GP catchment areas. A geographical GP catchment area falling into the most critical Distribution Priority Area classification along such a gradient should trigger rapid targeted investment in the recruitment and retention of GPs in that catchment area.

Alternatively, there is a strong case for the Commonwealth articulating and encapsulating what is an accepted minimum baseline of GP workforce in terms of GPs per 1000 population in its 829 geographical GP catchment areas and making this the trigger point for targeted investment in the recruitment and retention of GPs in that catchment area.

The impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia:

The Northern Eyre Peninsula's primary health care services and afterhours hospital emergency services are largely reliant on locum GPs, many of whom are sourced from interstate. Repeated state border closures and quarantine requirements as a result of the COVID-19 pandemic have compounded the difficulty of finding locums to service the Northern Eyre Peninsula's medical practices and hospitals. For example, there have been periods of time when the region has been unable to recruit locums to supplement two resident general practitioners who cover GP services at three medical practices and afterhours on call for four hospitals in Elliston, Cleve, Cowell and Kimba, for a population of 5151 people spread across 20,213.4km².

⁴ Australian Institute of Health and Welfare, Australian Medical Workforce Benchmarks, in , Australian Medical Workforce Advisory Committee 1996, 1996; Rural Health West, Rural and Remote Primary Health Care Workforce Planning - What is the Evidence?, in , Perth, Rural Health West, 2014.

⁵ Rural Health West, Rural and Remote Primary Health Care Workforce Planning - What is the Evidence?, in , Perth, Rural Health West, 2014.

Between June 2021 and August 2021, the overall demand for Medical Practitioners grew by 15% in Australia and in August alone, Australia saw an 18% rise in demand for General Practitioners.⁶ Much like employers in the rest of Australia, general practices in the Northern Eyre Peninsula are “fighting over a limited talent pool” due to COVID-19 related border closures.⁷ Australia’s national border closures as a result of COVID-19 have also precluded a potential supply of rural general practitioners from overseas.

Any other related matters impacting outer metropolitan, rural, and regional access to quality health services:

The Northern Eyre Peninsula’s inability to recruit and retain GPs significantly inhibits access to primary health care for Northern Eyre Peninsula communities.

In a Needs Assessment conducted by NEPHA in 2021, several barriers were identified in relation to the recruitment and retention of GPs in the Northern Eyre Peninsula. Most barriers related to the structure of the service model, such as the structure of the afterhours on-call system, the lack of collegial support for doctors, and doctor remuneration and working conditions. NEPHA’s Project Officer is currently employed by EFNLHN to design and propose a new service delivery model which addresses these barriers and in turn will better enable recruitment and retention of GPs to the Northern Eyre Peninsula.

While NEPHA is committed to designing and proposing a new service delivery model, it will be difficult for this model alone to provide adequate incentive for general practitioners to work and stay on the Northern Eyre Peninsula. It is equally as important for the Commonwealth to continue providing incentives under the Stronger Rural Health Strategy Initiative such as the Workforce Incentive Program, which greatly benefit doctors in towns of the Northern Eyre Peninsula which are classified as MM6 and MM7.

NEPHA recommends the Commonwealth offer a further incentive by paying for the Higher Education Loan of general practitioners at the annual rate that the general practitioner would have ordinarily been required to repay the loan for during the time the GP works in an MM6 or MM7 location. If a GP earns above \$137,898 per annum, they would be required to repay their Higher Education Loan at a rate of 10% of their repayment income.⁸ The potential to gain back 10% of their income (minus income tax) annually which would have ordinarily been paid to the Commonwealth could be a significant incentive to work in MM6 and MM7 locations.

Barriers to recruitment and retention of general practitioners outside of the service model were also identified in NEPHA’s Needs Assessment. There is a shortage of suitable accommodation to house general practitioners in the Northern Eyre Peninsula Communities. Existing accommodation for general practitioners is deteriorating and the rental market in many towns is scarce, leaving few attractive places for a doctor to live. Regional Development South Australia has also identified the scarce rental market as a barrier to workforce recruitment in regional South Australia, stating that

⁶ Omega Medical, Omega Medical Job Index – August 2021 Q3 2021 Report, in , Sydney, 2021.

⁷ Omega Medical, Omega Medical Job Index – August 2021 Q3 2021 Report, in , Sydney, 2021.

⁸ "HELP, TSL and SFSS repayment thresholds and rates", in Ato.gov.au, , 2021, <<https://www.ato.gov.au/Rates/HELP,-TSL-and-SFSS-repayment-thresholds-and-rates/#HELPandTSLrepaymentthresholdsandrates201>> [accessed 29 September 2021].

there has been a 26.3% decrease of available rental properties in regional South Australia between January 2019 and January 2021.⁹

The lack of childcare services in most Northern Eyre Peninsula communities is also a major barrier for doctors with children to work in those towns, as GPs with a working partner have no one to care for small children during work hours.

Northern Eyre Peninsula communities need support to improve the liveability of their towns by building suitable and attractive accommodation to house general practitioners and support to provide childcare services for general practitioners who are parents. The addressing of these fundamental liveability barriers will support the new service delivery model being designed by NEPHA's Project Officer.

NEPHA thanks the Committee for the opportunity to contribute a submission to this inquiry. We hope that our submission will prove useful.

Kind Regards,

Trevor Smith

Independent Chair

Northern Eyre Peninsula Health Alliance

⁹ Regional Development South Australia, *GROWING OUR REGIONAL WORKFORCE REVIEW SUMMARY*, in , , 2021, <<https://www.rdaadelaide.com.au/wp-content/uploads/2021/06/Regional-Workforce-Policy-Paper-Summary-June2021.pdf>> [accessed 29 September 2021].

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Rural Health West, *Rural and Remote Primary Health Care Workforce Planning - What is the Evidence?*. in , Perth, Rural Health West, 2014.