

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

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I am the director of 2 GP medical centres located in Townsville, a regional area of Australia (MM2) as follows:

Healthlink Family Medical Centre which has been operating for 35 years and currently has 9 GPs which has reduced from 11 GPs in the past year and expected to reduce to 8 GPs next year.

Northern Beaches GP Superclinic which has been operating for 6 years and currently has 7 GPs which has reduced from 10 GPs in the past year and is expected to reduce to 5 GPs next year

The reduction in GP numbers is due to GPs moving to capital cities (eg: Brisbane), retirement, GP registrar rotations required and illness.

The provision of general practitioner (GP) and related primary health services to outer metropolitan, rural, and regional Australians, with particular reference to:

- a. the current state of outer metropolitan, rural, and regional GPs and related services;

The biggest concern and ongoing problem facing us is recruitment and retention of GPs.

We have been reliant on recruitment of overseas trained doctors (OTDs) for the past 20 years to staff our GP workforce.

We are unable to recruit Australian trained GPs as there are none wishing to relocate to Townsville, despite extensive advertising through multiple channels for many years including recruitment agents, Facebook, LinkedIn, personal networking and our own website.

The recruitment of OTDs has become steadily more difficult due to increased government regulation which was prima facie designed to encourage more GPs to locate to rural areas but has had the effect of reducing GPs locating in regional areas and not stemming the departure of GPs to capital cities.

The specific recent legislation affecting us is the requirement for a Health Workforce Certificate (HWC) to enable OTDs to obtain the visa required to work in Australia as a GP. A HWC is no longer granted by Health Workforce Australia if the area is not a Distribution Priority Area (DPA). So whilst we have GPs leaving for capital cities as before, we don't have GPs joining us to replace them. This is eroding our GP workforce.

The other recent legislation affecting us is the requirement for GPs to enrol in the RACGP Practice Experience Program (PEP) to sit the GP exams required in order to gain permanent residence of Australia. This is also not allowed for GPs unless they are located in a DPA which

Townsville is not. This means that those GPs have to move to sit the RACGP exams, further depleting our GP workforce.

This gap in workforce is not being filled by the promise of more GP registrars and as mentioned above there are no Australian trained GPs willing to relocate to Townsville from capital cities.

- b. current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:

- i. the stronger Rural Health Strategy,

As mentioned above, this is having the effect of depleting the GP workforce in Townsville which isn't DPA

- ii. Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system,

Townsville is classified MM2 due to its population but due to Townsville's remoteness, we are unable to attract Australian trained GPs to live and work here long term. At best Townsville is seen as a stepping stone to the capital cities

- iii. GP training reforms, and

As mentioned above, the requirement to be in a DPA to enrol in PEP is depleting the GP workforce in Townsville.

- iv. Medicare rebate freeze;

The Medicare rebate freeze is leading to increased private billing as rebates don't keep up with CPI

Also unfunded costs such as dressings are being privately billed.

The reduction in nurse PIP has reduced funding for nurses.

The cut in telehealth rebate for non VR GPs is leading to that service being removed.

- c. the impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia; and

The COVID pandemic has increased workload and reduced the supply of GPs from overseas due to border restrictions.

- d. any other related matters impacting outer metropolitan, rural, and regional access to quality health services.

The complexity of applications to work as a GP is a huge barrier. There are multiple government departments and agencies to deal with including Health, Services Australia, Immigration, Health Workforce Australia, RACGP, ACRRM and AHPRA. This means the minimum timeframe to recruit from overseas is now around 12 months (it used to be 6 months).

Services Australia and Health are especially time consuming taking 2-3 months to process a provider number for a new registrant from overseas, after all other requirements have been met. During this time the GP can't work and has no income.

OTDs are not covered by Medicare whilst working in Australia as they are required to be temporary residents until they pass the RACGP or ACRRM fellowship exams. This is a terrible way to treat foreign GPs working in Australia.

Recommendations

Allow HWC to be issued for GPs in MM2 areas such as Townsville irrespective of DPA status.

Allow GPs in Townsville to enrol in PEP irrespective of DPA status.

Allow DPA replacement GPs to be issued with a Medicare provider number within 2 years of the previous GP leaving (this is currently 12 months but is not long enough due to extended processing times).

Reduce the complexity of applications to register as a GP ie: reduce the number of departments/agencies involved, whilst retaining the integrity of checking qualifications and capability via AHPRA and ACRRM.

Increase the transparency of ACRRM PESCI outcomes through publication of results.

Provide GPs with incentives to stay in Townsville through the Workforce Incentive Program.

Increase the non VR telehealth rebate for MM2 areas to 80% of the VR rebate (as is this case for face to face consultations).

Ensure the Medicare rebate keeps up with CPI.

Provide a Medicare rebate for dressings.

Provide Medicare cover for temporary resident GPs in Australia.