Friday, 25 March 2022

Additional Information for the Community Affairs Reference Committee

Thank you the opportunity to appear at the Senate Inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians.

As there were five people representing two other organisations questioned at length during the session, I did not have the opportunity to provide some important information and am happy to do so in writing now.

Regarding the issue of General Practices not remaining viable, closing down and not being able to open anew

The consequences of closures are enormous with the state HHS being required to take on the often enormous workload once provided by the GP practice, but in a facility and with teams not suited to the job, at a much greater expense to the tax payer. Patients suffer.

The reasons are multiple, but fundamentally relate to private GP no longer being financially viable in some, especially smaller, rural areas. There isn't the economy of scale or market forces. Medicare which once bridged the gap has not been indexed to match rising costs.

GPs are private businesses, but cannot be directly compared to other small businesses.
GPs are part of a national health service aiming to provide universal heath care.
Without government support (to patients via Medicare, and to practices via various incentives) a GP practice *could* still operate, but only through charging adequate fees to cover costs. This would provide GP services to the wealthy, but not provide anything like universal care for everyone.

Government support to General practice is not about propping up a failing business, it is about creating a system in which the essential services of GP can thrive. This does not mean large handouts. What is required is reasonable indexing of Medicare rebates for patients, reinstating items that encourage efficient use of resources such as Telehealth, and innovative models of hybrid funding to move funds to where it will do most good.

If General Practices fail, if we allow General Practice itself to fail, not only will patients no longer benefit from comprehensive, holistic, efficient continuity of care, but the cost of hospital health services will increase exponentially.

Regarding encouraging more doctors to work in General Practice, and especially rurally:

Early experiences and exposure by students and junior doctors - this works, we see that it works.
The programs that are working should be expanded.
This includes:

- Rural Junior Doctor Innovation Fund (John Flynn Program)
- National Rural Generalist Program

Supporting Overseas Trained Doctors, who have been and remain a major contributor to rural GP.
Investigating "single employer" models to provide security of salary and benefits for registrars moving form hospital practice to GP.
Encourage integrated models of employment allowing qualified GPs and rural generalists to hold partial hospital positions while also working in community general practice.

Many thanks for taking this advice into consideration as you prepare this very important report.

Yours faithfully

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