

Additions to statement:

I believe Senator O'Neill was interested in receiving further clarification regarding the General Practitioner who left the clinic to pursue Emergency Medicine.

The General Practitioner who left advised the directors that there were two primary reasons for resigning from his position. Firstly, the demanding nature of general practice, particularly during Covid. The second was that he was more interested in the acute nature of emergency medicine. He also advised that financially, it was not in his best interest to see complex patients, when the Medicare rebate did not provide an incentive.

The Medicare system is well overdue for a review of the structures and needs of the population it is meant to be providing a service too. Consultation rebates reflect acute issues, 'standard consultations' and the gathering of a short history, quick examination of the patient, and recommendations and management. This does not reflect the higher, more realistic demand of patient's with multiple, chronic health conditions, requiring continuous monitoring and/or support.

Senator Hughes queried the RACGP and, in her opinion, it's determination, to prevent the Pharmacy Guild from assisting General Practice. As I advised, I was not representing the RACGP at the inquiry, therefore it was an inappropriate query. In saying this, I advised that Pharmacies are currently assisting by providing Covid Vaccines and Flu Vaccines. They also offer Blood Pressure and Blood Sugar services to patients and Medication Management. This makes very little difference to the overall impact they have on General Practice.

Senator Hughes also questioned whether the Pharmacy would be able to assist General Practice by 'providing repeat prescriptions' freeing up appointments for General Practice. I strongly feel this statement ignores the underlying issue. This would merely transfer the burden from one provider to another. This statement reflects a lack of insight into the ongoing issues in the health sector. As above, General Practice has been restrained by the Medicare system, reflecting 'acute' issues as the most prominent when in fact, the case is the opposite. The assumption that Pharmacists are able to provide repeat prescriptions assumes that the patient does not have additional questions, multiple co-morbidities, and has no questions about their health and management. Senator Hughes stated 'if it was just the Oral Contraceptive Pill' - I am unsure as to whether Senator Hughes has a medical background however, this highlights the issue. The Oral Contraceptive Pill (OCP) needs to be explained to a patient, Blood Pressure readings need to be taken every couple of months, the OCP does not work for everyone, nor is it only used as a contraceptive. There are also multiple forms of Contraceptive medicine that may be more suitable to the patient, but they are unaware of.

Without structural and financial investment in the health sector, you will continue to see the closing of clinics, burn out amongst medical practitioners of all facets, as well as the ongoing impact of 'Code Brown' in the ambulance and hospital sector.

While I believe the additional incentives and higher rates of pay provided to Nurses who are working in the hospitals and vaccination/testing hubs are well deserved, it is clear that Nurses have been poached from Primary Health care settings, offered incentives and wages that cannot be met by struggling clinics, and consequently, left our workforce even more depleted. This, along with the lack of Rapid Antigen Tests (RATs) available to Primary Health/Frontline Workers created a perfect storm. With Nurses leaving General Practice, Medical Practitioners leaving General Practice, Receptionists leaving General Practice, staff unable to work due unavailability of RATs and having to isolate, I am unsure what more explanation is needed.

This in turn, led to the resentment and rage of our patient cohort. This is not an individual case. Patients became frustrated that they could not book an appointment to see a GP. They were frustrated that our Nurses were leaving or isolating. They did not believe that GP's were isolating, as 'doctors don't get sick', and told Reception that they were 'probably just playing golf'. Patients would, and continue to abuse our Reception staff due to the lack of clear information provided about Covid, Covid Vaccines, lack of appointments, 3-7 day wait times, the inability to answer their call quickly enough due to the high volume of calls received on a daily basis. The aggression of patients has become a daily struggle. It has been a daily struggle, for 24 months.

I do thank the committee for their time spent in listening and considering our feedback.