

7 December 2021

Committee Chair and Committee Secretary
Senate Standing Committees on Community Affairs
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Dear Chair and Secretary,

We write to the Committees on Community Affairs regarding evidence presented at the Public Hearings of the Inquiry into the Provision of General Practice and Related Primary Health Services to Outer Metropolitan, Rural and Regional Australians. We would like to thank the Committee for its focus on this issue, in particular in highlighting the need for clear data that provides a nationally consistent picture of current general practice workforces and current and future community health care needs.

The lack of nationally consistent data to measure the performance of organisations such as General Practice Training Queensland and the AGPT program generally has been cited as a reason to reform the delivery of General Practice Training and now the demise of this 20-year-old system. The issue of national data collection is beyond the scope of the AGPT program and the Regional Training Organisations that deliver it and can only be appropriately and consistently obtained and collated in a timely manner by the Commonwealth.

Without nationally consistent, measurable and transparent data, the rural primary health care crisis in this country will remain. The general practice training system has been calling for better data for some time in order to plan and focus the necessary resources on the issue of recruitment and retention. Unfortunately, without better data, the crisis will not be fixed, no matter what program is being delivered to train General Practitioners and by whom.

Evidence presented at the Committees' Public Hearing on November 4 appears to establish that the Commonwealth has no clear or consistent way of identifying primary health care needs of any particular community or region in Australia at any particular point in time or provide a clear understanding of current workforce numbers in that area. This means there can be no clear way of planning for future workforce needs.

Without this fundamental understanding of community need, any reforms to the system for general practice recruitment and training will continue to face the same challenges. This includes the

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various examples of reform tabled to the Inquiry, including the vertically integrated training models presented by James Cook University and The University of Queensland. Those institutions are seeking to consolidate the training of GPs within the University setting and The University of Queensland is also seeking to expand its funding for Commonwealth Supported Places for Regional Medical Pathways. Interestingly, if successful, this approach will be in direct conflict with the Government's proposed College-led system, where the two GP Colleges will deliver the training.

As providers of general practice recruitment, training, supervision and support, we are all too aware that the lack of transparent data has meant a gap in national planning and the allocation of funded places and resources deployed to promotion and recruitment. Making matters worse is that the AGPT contractual requirements allow very little scope for a national approach to promotions to drive recruitment or capacity to cross refer from regions of high supply of recruits to regions of low supply.

A live inventory of workforce requirements that is transparent for all stakeholders, including communities and the ability to plan for future need, should be the first goal of the reform of general practice training delivery.

The Public Hearing process revealed consistent support for the Rural Generalist model. However, this model also presents challenges in that privately employed GPs are generally paid considerably less and have less attractive remuneration packages than State Government-employed Rural Generalists. This reduces the attraction to practitioners to work or spend a substantial amount of their time in general practice, with flow-on effects including high work loads for the GPs in practice and lengthy wait times for patients seeking to get an appointment with their general practitioner. This two-tier system may also contribute to a feeling of a lack of respect as was identified in evidence to the Inquiry.

We wish to make clear that General Practice Training Queensland is totally committed to the delivery of as smooth a transition as possible to the College-led system, providing our knowledge and experience to the provider of our services in the future.

However, despite widespread evidence of the importance of training in delivering primary health outcomes for regional and remote areas, no clear picture of the current pace of the transition to a new training delivery model is yet available, nor in our view, have the potential risks this change in service delivery might pose been outlined or addressed.

This is concerning given the fragility of the system in regional areas as was expressed by a number of witnesses to the Inquiry. As experienced providers who have been through the reform process on a number of occasions, we know that significant structural change leads to a drop in recruitment numbers of junior doctors and a loss of experienced supervisors and supervising practices in

regional, metropolitan and outer metropolitan areas. Our submission to the inquiry shows the national drop off of junior doctors to the recruitment pipeline in recent years with the 2021 numbers particularly concerning. The system is too fragile not to address these issues.

Thank-you again for the opportunity in tabling our original submission. We hope our further thoughts on the evidence presented to the Inquiry helps provide some insight and clarity to your deliberations.

Yours sincerely

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