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Current State of Outer Metropolitan General Practice

Cornerstone Health's purpose is to increase access to quality primary health care for all Australians. To meet that purpose, we establish large-scale primary healthcare facilities. To ensure accessibility, these medical centres are open until 10pm every day of the year, and all general practice services are Medicare bulk billed. To ensure quality, we have local clinical teams and co-locate general practice with radiology, pathology, pharmacy, allied health, and specialists for end-to-end care. Nine out of the ten medical centres that we currently operate are in outer metropolitan areas of Sydney, Melbourne, Brisbane & the Gold Coast.

Our large-scale medical centres typically require 16 to 24 full-time GPs to function and service the needs of the local community. Recruiting enough quality GPs to ensure that we can provide access to quality healthcare has been the number one challenge for our organisation over the past few years. A challenge that we will explain further and hope to address in this submission.

We are pleased that the Senate has commenced this inquiry, and explicitly included outer metropolitan areas in its terms of reference. Outer metropolitan areas are some of the fastest-growing, most diverse populations and areas of unmet need for health services in Australia (from Melbourne's outer west to Sydney's south-west to Brisbane's north). It is critical that primary healthcare services are available to support these growing communities and ensure we reduce the burden on the expensive hospital system.

To address the first term of reference - current state of outer metropolitan, rural, and regional GPs and related services;

There is a continuing and significant unmet need for GP services in outer metropolitan, rural and regional areas. With each passing year the unmet need for GP services, combined with the inability to recruit GPs to outer metropolitan areas, becomes more acute. This flows directly from a combination of a shortage of GPs, and misaligned policies concerning the GP workforce. Outer metropolitan is routinely considered as "urban" areas and does not recognise the different features and needs of outer metropolitan areas. To date, the policymakers have assumed that the issues facing the outer metropolitan areas are the same as those of

the inner metropolitan urban areas. Given the rate of population growth and the demographics of outer metropolitan areas, this is untrue.

This is borne out in the 2019 Cornerstone Health commissioned Deloitte Access Economics 'General Practitioner Workforce Report 2019' (Deloitte Report – see Appendix A). A key trigger for this was policy changes that were making it increasingly difficult to recruit GPs into outer metropolitan areas. The report found that under the policy settings at the time (which haven't changed significantly since) there was projected to be a shortfall of 9,298 full-time GPs by 2030. 7,535 of these will be in urban areas or 31.7% by 2030. The projected deficit of general practitioners was *more pronounced and more extreme in urban areas compared to regional areas.*

While the number of graduate doctors has been a focus, *the number of these graduates choosing general practice as their specialty will not keep pace with the increasing demand for healthcare*. Another determinant of the shortfall was the limitations to the number of overseas trained doctors permitted to work in urban areas (and thus outer metropolitan areas). Since 2019, both the issue of low numbers of GP registrars and minimal access to overseas trained doctors have been exacerbated.

The primary healthcare needs of all Australians have also been exacerbated. Demands on primary healthcare have escalated at a rate greater than anticipated due to a combination of COVID-19 vaccinations, an increase in mental health issues, addressing the worrying number of cancer screenings that have been delayed, and the unknown impacts of 'long COVID' in the community.

What's more, outer metropolitan areas in Sydney and Melbourne, where our medical centres are located, have been disproportionally affected by COVID-19 due to their proximity to hotspots or areas of concern.

To address the second term of reference - current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs

The Stronger Rural Health Strategy (SRHS)

In 2019, the Deloitte Report found that "While the Stronger Rural Health Strategy (SRHS) policies will result in a smaller deficit of supply in regional areas, the SRHS restrictions to the supply of overseas trained doctors (OTDs) in urban areas will exacerbate the urban supply deficit. Additional action is needed to increase the supply of GPs, particularly in urban areas." (Appendix A Page iv)

"The forecasting undertaken for this report has identified that both urban and rural areas will become progressively undersupplied over the ten years to 2030. Implementation of the SRHS policy to restrict OTD practising in urban areas will exacerbate the underlying supply shortfall in these areas." (Page iii)

An unfortunate by-product of the SRHS and the targeted focus on rural and regional areas is that despite the re-directing of overseas trained doctors to rural and regional areas, the shortage of GPs and GP services in outer metropolitan areas will not abate but will worsen.

The Distribution Priority Area and the Modified Monash Model (MMM)

Given the unintended consequences of the SRHS, we call for the District of Workforce Shortage (DWS) method of priority determination to be reinstated to ensure that overseas trained doctors (OTDs) can practice *in all areas* where they are needed most. By practising in outer metropolitan locations in large-scale

medical centres such as Cornerstone Health operates, OTDs are being mentored within a team of healthcare professionals, which acts as the perfect training ground to understand Australia's high-quality model of general practice.

Under the previous DWS model, we were able to place GPs in areas of high need, such as Penrith in Sydney's outer west and Cranbourne in Melbourne's outer south-east, and more importantly those OTDs were able to be mentored and supervised by experienced VR and fellowed GPs. This was positive for the OTD and for the community of patients. Since these locations are no longer considered a priority area under the DPA / MMS model, it has become increasingly difficult to recruit new overseas-trained doctors that are under moratorium. This issue is worsened where we have existing OTDs that need to move to a new location due to their moratorium constraints, however we are unable to place them at other medical centres in our network. Again, because they are not considered DPA, where they were previously DWS. Often in this situation we are not even permitted a DPA replacement by the Department of Health. The result is that we cannot recruit new overseas trained doctors, and we are also losing the ones that are already within our network. These are often multi-lingual practitioners, providing essential healthcare service to the diverse communities of outer-metropolitan Australia.

Many doctors that are overseas-trained are already in the metropolitan areas with established homes and families and won't move to rural or regional DPA locations – however, we may be able to encourage them to move to outer metropolitan areas were there a mechanism within the DPA to program to allow it. While we support the DPA and what it delivers for regional areas, we are proposing that the model re-introduce outer-metropolitan areas previously allowed for under the DWS.

The reinstatement or reconsideration of the previous DWS maps would ensure that OTDs are able to practise in outer metropolitan areas where there is the need and would immediately address GP shortages. Alternatively, the reconfiguration and redesignation of outer metropolitan areas as a priority area would also address this issue. By incentivising GP registrar enrolments, particularly in the outer metropolitan areas, we can also plan to deliver better and fairer geographical alignment of the GP workforce to meet demand.

GP Training Reforms

Over the medium to long term, creating better incentives to increase GP registrar enrolments, particularly in urban and outer metropolitan areas, will assist with delivering a better geographical alignment of the GP workforce to meet demand.

There are currently two key issues that we are experiencing in relation to GP registrar training:

1) Access to training programs. We are uniquely placed to offer mentorship from a group of highly experienced GPs in a contemporary medical centre with pathology, radiology, treatment rooms and allied health co-located so that GP Registrars can develop in an environment that provides end-to-end care. The clinical presentations in those settings offer attractive and enriching training experiences for GP registrars. However, in some locations, we are locked out of GP Registrar training programs by training providers on the basis that there are not enough GP Registrars applying for positions. This prevents us from even being an option for existing GP Registrars. Firstly, we need to provide GP Registrars with greater choice in where they train.

2) The current GP training places are not being filled. We need to make the choice of specialising in general practice more appealing to young doctors. Providing greater incentives to young doctors to choose general practice should also be considered. To achieve this, we must provide access to

training places in contemporary medical centres located in aspirational outer metropolitan suburbs. Ultimately, we need to reward young doctors generously for choosing general practice as their profession. The award salary for a GP registrar is just above the average salary in Australia ($1918 per week vs $1737 per week according to the ABS in May 2021). We need to do more to incentivise the pathway for essential doctors within Australia.

Medicare Rebate Freeze

While we commend recent changes to the Medicare rebate for GPs that practice in rural and regional areas, we do not believe that they go far enough. Based on discussions with older GPs that chose a rural placement decades ago, we believe that there needs to be a greater incentive for quality Australian-trained general practitioners to choose to practice in our regional towns. Tiered Medicare rebates according to geography, time and workforce shortage and modest increases is the most efficient way to invest in the GP and patient relationship and ensure the viability of general practice in Australia across all locations. For instance, a GP located in an outer metropolitan or regional area where there is a workforce shortage, working unsociable hours, would be paid more than a GP working weekdays 9am to 5pm in an urban setting. This targeted approach will attract GPs to outer metropolitan and regional areas as GPs would be incentivised to do so and fairly remunerated for that investment in the health of the community. We know from experience that GPs alter their work patterns to meet incentive models and patient demand.

Additionally, we know that adequate incentives for all general practitioners that work evenings and weekends helps reduce the burden on the expensive hospital system and ensure that our communities are accessing the healthcare that they need. We know this from the patients that are sent to our Penrith medical centre from the Nepean Hospital on weekends. Access to primary healthcare Monday to Friday 9am to 5pm, is skewed towards older Australians, and conditions such as chronic disease. Sudden illness in working families, household injuries and mental health conditions don't, unfortunately, keep banking hours!

The ultimate benefit of the direct investment in the GP and patient relationship is reduced unnecessary hospital admissions and readmission risk. In addition, the direct investment in GPs will result in more GPs remaining in the profession longer and more GPs being prepared to work unsociable hours in outer metropolitan, regional and rural areas.

To address the third term of reference – the impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural and regional Australia

The loss of DWS, combined with the severe travel restrictions due to the pandemic has effectively completely closed off overseas-trained GPs from coming to Australia to practice in outer metropolitan areas.

To give a sense of the impact of COVID-19 on doctor shortages in outer metropolitan areas:

- Most of our medical centres see 10,000 – 15,000 GP patients per month. None of these centres have closed their doors, despite half being in hotspots or areas of concern. We have introduced telehealth in response, but always encourage patients to see their GPs, in a COVID-safe way, as much as possible. In-person consults allow for quality medicine – from ensuring patients stay up to date with cancer screening, correctly managing chronic disease, to identifying early signs of mental health conditions.

- Many of our medical centres have offered COVID-19 testing, with a dedicated Respiratory Clinic set up in Penrith as early as March 2020 in collaboration with the Federal Government. This is in addition to usual general practice.

- All of our medical centres offer COVID-19 vaccinations. Our doctors need to run these COVID-19 vaccination clinics *on top of their usual practice hours* to continue to service the everyday primary healthcare needs of the local community as well as prioritise vaccinations.

- With the increased risk and community spread of the Delta strain, at times our doctors have been put at risk. Increasingly we are faced with doctor shortages as GPs that have been deemed a contact of a COVID case are placed in isolation.

Dr Harry Pope has been the Clinical Lead Doctor at Our Medical Penrith for several years and works closely with the local PHN.

Dr Pope said: "As general practitioners we have been at the frontline of the pandemic and have continued to provide a high level of care to the local community, every day. Since the pandemic began, there has been a decrease in patients visiting their doctor face to face for ongoing medical concerns."

"As restrictions ease, we need to be confident that we have enough doctors available to service the local community and address concerns such as chronic disease management, mental health, or ongoing COVID vaccinations," Dr Pope concluded. (For more detail please refer to Appendix B).

Dr Mark Overton is the Clinical Lead Doctor at Our Medical Cranbourne and has 34 years' experience, with 15 years specifically in the local area.

"It was particularly challenging for Cranbourne in mid-2020 with the spread of COVID-19 cases in the local community, when we were only just starting to understand how the virus was being transmitted." Dr Overton said.

"Recently the challenge has been to ensure maximum vaccination rates in the community, despite language barriers and misinformation shared on social media to overcome. Many members of the local community source their information from family and friends, and so our priority has been to maintain an open, COVID-safe medical centre so that we can consult in person whenever possible." Dr Overton said. (Appendix C)

These factors have further exacerbated the need for additional GPs in outer metropolitan areas – GPs that cannot come from the Australian workforce in the short term as they simply don't exist. Just as Australian hospitals are now prioritising doctors from overseas, we need to do the same for general practitioners that are also at the front-line of the pandemic.

I would appreciate the opportunity to present to the senate inquiry and discuss my firsthand experience operating large-scale medical centres in outer metropolitan areas for nearly 25 years. I can be contacted on 02 8311 1100 or via email to enquiries@cornerstonehealth.com.au

Yours sincerely

Henry Bateman
CEO & Managing Director