

# AUSTRALIAN DIVISIONS OF GENERAL PRACTICE LTD

Federal Budget 2002-2003

## *More Doctors for Outer Metropolitan Areas Measure*

### **Alternative Proposal**

#### **Executive Summary**

The Australian Divisions of General Practice (ADGP) is pleased to provide the Department of Health and Ageing (the Department) with an alternative proposal to the *More Doctors for Outer Metropolitan Areas Measure*, announced in the 2002 Federal Budget.

The Divisions Network (ie. Divisions of General Practice, State Based Organisations and ADGP) was encouraged by discussions held with the Department on 18 December 2002, in which the Department acknowledged the concerns about the parameters underpinning the measure, and the difficulties associated with implementing its three components, ie. the Outer Metropolitan Workforce Shortage (Specialist Trainees and Medical Researchers) Program, the Outer Metropolitan Registrars Program, and the Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program.

The Department was particularly interested in receiving an alternative proposal from the Divisions Network that presented different models that could deliver more general practice services and/or doctors through the *Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program*, without adversely impacting on current rural workforce initiatives.

ADGP consulted with grass-roots general practitioners (GPs) and practice staff, Divisions of General Practice and State Based Organisations in order to develop an alternative proposal that would deliver outcomes that were responsive to both local and national needs. Many of the issues discussed have been consistently raised by the profession, and include:

- there is a genuine shortage of doctors to meet community needs, demonstrated through: the inability of practice principals to attract GPs to their areas, even when offering lucrative financial packages; long wait times for appointments; practices closing their books and new residents being unable to access a GP; the increased pressure on hospital emergency departments, and the continued reliance on overseas trained doctors to work in areas of need;
- access to the current A1 Medicare items is not a sufficient incentive to attract non-VR GPs to re-locate to outer metropolitan areas, particularly when one of the conditions is a commitment to undertake an alternative pathway leading to vocational recognition (VR), ie. Fellowship of the Royal Australian College of General Practitioners (RACGP);
- it may be more appropriate to offer a package of incentives that would encourage a doctor to re-locate, and/or a practice support package that would subsidise the costs of increasing the capacity of a practice;
- concerns about the methodology used to identify a “district of workforce shortage” for the *More Doctors for Outer Metropolitan Areas* initiative overall;

- the need to improve workforce data collection and analysis processes so that initiatives and incentives to address workforce shortages are more equitable across the community, and to ensure workforce planning will better meet the needs of the Australian community in the future;
- the importance of retaining doctors, who currently provide an ongoing commitment to their communities, through targeted incentives and support structures;
- an extension of the practice nurse initiative so that GPs are genuinely supported to manage their patient load and, thereby are able to provide more services;
- allowing permanent resident overseas trained doctors, who have demonstrated they would not re-locate to rural and remote areas, to work in outer metropolitan communities under strict conditions, including a commitment to achieve vocational recognition;
- increasing the number of training places in the General Practice Training Program;
- increasing medical school intakes for Australian students, as well as boosting financial assistances packages so that more Australian students are encouraged to pursue a career in medicine;
- resourcing the Divisions Network to participate in workforce planning activities and to support the roll-out of workforce initiatives; and
- exploring solutions to the medical workforce shortage in broader terms, to ensure that strategies deliver a sustainable medical workforce in the long term.

In the context of looking more broadly at workforce issues, ADGP considered it prudent to raise the anomalies and inequities that commonly occur by aiming to resolve workforce issues on a specific regional basis, ie. rural and remote, and now outer metropolitan. Under current initiatives, there are communities experiencing a medical workforce crisis that are unable to access any of the incentives due to being classified as RRMA 3 (large rural), these include such regional centres as Townsville, Mackay, Tamworth, Wagga Wagga, and Albury-Wodonga.

Further, as the seat of NT government, Darwin is a capital city and ineligible for national GP rural recruitment and retention programs. Darwin GPs are treated as Sydney and Melbourne GPs; however, consideration of population size, distance, infrastructure costs and economic resources all confirm that Darwin is similar to a medium/large sized rural centre (RRMA 3), except more remote. In any case, Darwin still does not qualify for incentives.

The uniqueness of the composition of such communities highlights the need to considered medical workforce issues in the broader context, rather than by generic regional classifications.

ADGP has taken the opportunity to present a range of innovative, viable and sustainable strategies that would be responsive to the needs of the medical workforce and local communities within outer metropolitan areas in the short-term; as well as exploring ideas that could provide a basis for a national strategic framework aimed at addressing medical workforce issues in the broader context, including improved data collection and analysis processes on which to base workforce planning in the future.

## **Background**

In the 2002-2003 Budget, the Federal Government allocated \$80m over four years to the *More Doctors for Outer Metropolitan Areas Measure* to increase the supply of doctors working in designated outer metropolitan areas of the six State capital cities by 150. The Budget initiative has three components:

- *Outer Metropolitan Workforce Shortage (Specialist Trainees and Medical Researchers) Program* that will allow specialist trainees and medical researchers to access Medicare providers numbers in outer metropolitan areas;
- *Outer Metropolitan Registrars Program* – Registrars participating in the General Training Pathway of the General Practice Training Program must undertake a mandatory supervised placement in a designated outer metropolitan area; and
- *Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program* – Non-Vocationally Recognised General Practitioners (Other Medical Practitioners), who agree to work in a designated outer metropolitan area and register to undertake an alternative pathway to achieve vocational registration, will be eligible to access the higher VR Medicare rebate.

Although the profession is pleased the Government has recognised the problems being experienced by outer metropolitan communities in attracting and retaining GPs, there have been serious concerns expressed about the ability of these three initiatives to deliver significant or sustainable change.

As a result, the General Practice Representative Group, comprising the ADGP, the Australian Medical Association, the RACGP and the Rural Doctors Association of Australia, has agreed to submit a written response to the Government outlining its position on the *More Doctors for Outer Metropolitan Areas Measure*.

It is understood the Department is continuing its negotiations with the relevant professional organisations over the parameters of the *Outer Metropolitan Workforce Shortage (Specialist Trainees and Medical Researchers) Program* and the *Outer Metropolitan Registrars Program* in order to present programs that meet professional standards around education and training, while providing participants with a worthwhile experience in general practice, that is not perceived to be merely a solution to the workforce crisis.

The Divisions Network believes the Government must work with the profession to develop a strategic framework to address medical workforce issues in the broader context, including improved data collection and analysis processes on which to base workforce planning in the future. The Divisions Network is also concerned that the current policy of exploring solutions for specific regions only serves to fragment the medical workforce further.

## **ALTERNATIVE PROPOSAL : MORE DOCTORS FOR OUTER METROPOLITAN AREAS MEASURE**

Australian communities are diverse in nature and, therefore, health needs will vary considerably from one community to another. In exploring strategies to address workforce shortages there must be recognition that “one size will not fit all”; strategies must be flexible and responsive to local needs.

Strategies put forward in this proposal aim to address the workforce shortage issue in the short, medium and long-term. It is recognised that the current Budget of \$80m over four years is insufficient to fund the suite of initiatives proposed; however, this should not preclude the Divisions Network from identifying the potential that exists to work towards a solution to the medical workforce crisis.

### **Outer Metropolitan Workforce – Short-Term Strategies**

#### **Retaining the current GP workforce**

The importance of retaining the current general practice workforce in outer metropolitan communities, both VR and non-VR GPs, cannot be overstated.

Retention of GPs currently working in outer metropolitan communities is a major problem for these communities. The average age of GPs is increasing<sup>1</sup>, and the trend towards retirement is likely to increase over the next ten years; combine this with the rising cost of medical indemnity premiums, the continuing struggle to deal with the “red tape” associated with population health initiatives and the lack of access to support measures, and it is likely that more GPs will leave the workforce.

#### **Retention grants/incentives extended to existing VR GPs**

1. While the *Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program* now includes a *Retention Component*, ie. non-VR GPs currently working in outer metropolitan communities may access A1 Medicare items provided they undertake an alternative pathway to attain vocational recognition, the Program does not acknowledge the ongoing commitment and valuable contribution of VR GPs also working in these communities.
2. A retention grant, similar to that available to rural GPs, as well as access to other incentives that may be implemented to increase the number of general practice services and/or GPs in outer metropolitan communities, must be made available to VR GPs. To do otherwise is inequitable and may influence more GPs to leave the workforce.

#### **Increasing the GP workforce pool**

The Divisions Network and grass-roots GPs remain unconvinced that the *Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program* will attract doctors to work in these communities. Practice principals in outer metropolitan areas continuously advertised for doctors, offering lucrative financial arrangements as an incentive to re-locate, however they receive little or no response, particularly from Australian trained doctors.

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<sup>1</sup> Presentation to National Divisions of General Practice Network Forum November 2002, *Strengthening General Practice*, L.Smith, Department of Health and Ageing.

In October 2002, the Australian Bureau of Statistics highlighted the urgent need to increase the numbers of GPs in Australia and to do more to support GPs working in areas of need.<sup>2</sup>

Therefore, in looking to address the outer metropolitan medical workforce shortage problem in the short-term, a range of strategies should be explored to deliver more general practice services, without diverting GPs away from other areas, thereby creating a medical workforce problem for those communities.

### **Encouraging GPs back into the workforce**

3. Anecdotal evidence from Divisions of General Practice suggests that there are a number of non-practising GPs within their communities that could be encouraged to re-enter the workforce on a part-time basis. These include female GPs who have left the workforce to have children and to care for the family; and GPs, both male and female, who have taken early retirement or for other reasons have left the workforce.
4. A national media campaign to encourage non-practising GPs back into the workforce, with the focus on how their local Division can support their re-entry into the workforce could be undertaken by the Department, with Divisions provided with resources to campaign within their local community.

### **Overseas Trained Doctors**

5. Many of the outer metropolitan areas share the disadvantage of shortages of GPs, nurses and allied health professionals.
6. Often the only available trained medical professionals in outer metropolitan areas are Overseas-Trained Doctors (OTDs). While some OTDs will elect to work in a rural or remote area of need and undertake an alternate pathway to VR; most, due to language difficulties, cultural sensitivities, family constraints and confusion about how to enter the system will not re-enter medicine at all.
7. The cost of inner and middle urban housing means that the outer metropolitan areas tend to have concentrations of low income Australians including large numbers of refugees and recent arrivals, who frequently have significant care needs and additional personal and structural barriers to care.
8. Most recent arrivals naturally prefer to obtain medical and other services from practitioners with a knowledge of their beliefs, culture and language, though very few services of this type currently exist; therefore, they tend to rely on hospital based services for their primary health needs or do not seek treatment until their illnesses require emergency attention.
9. Existing GPs often find themselves struggling with the complex care needs of these communities in already demanding circumstances.

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<sup>2</sup> Australian Bureau of Statistics, *Private Medical Practitioners, Australia*, 29 October 2002, cat.no.8689.0  
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10. Serious consideration should be given to exploring exemptions under the *Health Insurance Act (1973)*, including a review of the “ten year moratorium” legislation, to allow permanent resident OTDs to enter the general practice workforce. In doing so, strict criteria would need to be established to protect rural workforce initiatives involving OTDs.

## **Support Measures**

It is one thing to offer financial incentives to attract doctors to an outer metropolitan district of workforce shortage; it is entirely another to then retain these doctors. One of the many factors contributing to the inequity in primary health service delivery is the lack of professional support for doctors working in communities where there is a demonstrated medical workforce shortage.

The long term sustainability of the medical workforce in outer metropolitan communities will only be assured if measures are also implemented to support both the recruitment and retention of these GPs.

### **Extension of the Practice Nurse Initiative**

11. The Practice Nurse initiative supports a multidisciplinary team approach to the provision of primary care services. The practice nurse can play a key role in facilitating integrated service delivery to meet the needs of patients with complex needs. The practice nurse is able to provide a complementary role to the GP to enhance health care outcomes.
12. The introduction of the Practice Nursing initiative to rural and remote practices has been well received, and is recognised as a key strategy to reducing the workforce pressures experienced by GPs in rural and remote communities.
13. Health Insurance Commission data to May 2002 indicates that 60% of eligible PIP practices have registered for the initiative. Early data also indicates that nearly one in three participants did not previously employ a practice nurse.<sup>3</sup> Anecdotal information received from Divisions of General Practice indicates a high level of GP support and interest in the program.
14. Extension of the Practice Nurse initiative to eligible practices in outer metropolitan areas should provide similar relief to workforce pressures and result in greater patient access to their GP, as well as providing a practical incentive for other doctors to re-locate.

### **Specific clinics conducted by Practice Nurses**

15. It is argued that, given current Budget limitations, consideration should be given to establishing a scheme that employs nurses to conduct specific clinics for patients with chronic illnesses, such as diabetes and asthma. These schemes would genuinely free up GP time, and may encourage GPs to increase the number of sessions they work each week.

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<sup>3</sup> *National Networks*, Issue 36 October 2002, Department of Health and Ageing, Pg 9.  
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### Medicare items for Practice Nurse procedures

16. The real value of employing a practice nurse would be realised if changes were made to Medicare Benefits Schedule (MBS) that enabled GPs to claim for:
  - an agreed group of procedures for which the GP does not need to see the patient unless requested by the practice nurse; and
  - a longer consultation that covers the time taken for both the GP and the practice nurse to provide care to the patient, eg. immunisations, complex dressings etc.
17. Establishment of such MBS items would significantly increase community access to primary health care by freeing-up GP time, and would contribute to the wellness of the general practice workforce by taking the pressure off GPs who care for patient populations that may be two to three times the recommended size.

### Training and support for nurses working in general practice

18. Funding should be directed to extending training and support for nurses seeking to work in general practice in outer metropolitan areas, such as the Practice Nurse Re-entry and Up-skilling Scholarship Scheme.
19. Through the National Steering Committee on Nursing in General Practice, much work has already been undertaken to define the role of the practice nurse and to develop training programs to meet the skill needs and requirements of practice nurses. The Committee would need to be consulted on any additional skill needs that may be required should specific MBS items be introduced.
20. Divisions of General Practice are seen as integral to the success of the Practice Nurse initiative; many Divisions already have support structures in place and are active in fostering the links between nurses and other primary health care providers.

### Re-entry support for GPs

21. Doctors seeking to re-enter the general practice workforce may require up-skilling in a variety of areas. Divisions of General Practice are in an ideal position to be able to offer non-practising GPs support to re-enter the workforce. This may include assessing up-skilling needs and facilitating access to training providers, continuing medical education programs, practice management advice, logistical support, etc. However, additional resources would need to be provided to Divisions to tailor re-entry programs for GPs within their communities.

### Financial Support to attain Vocational Recognition

22. One of the conditions of non-VR GPs accessing A1 Medicare items under the *Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program* is a commitment to undertake a pathway to vocational recognition, ie. Fellowship of the RACGP (FRACGP), such as the alternative pathway offered by the National Consortium for Education in Primary Medical Care or the General Practice Recognition Program.
23. The financial burden of undertaking such pathways may act as a disincentive to OMPs to participate in the Program as this could outweigh the financial benefit of being able to access A1 Medicare items.

24. A subsidy could be provided to help reduce the financial burden of undertaking an alternative pathway to vocational recognition. This could be in the form a scholarship or part reimbursement to cover the cost of an alternative pathway program and/or costs associated with the FRACGP examination or the practice based assessment option.
25. In addition, practice principals could receive a payment to subsidise the cost of employing a locum during the periods the doctor is absent on study leave leading to vocational recognition.

#### **Practice Infrastructure/Support Grant**

26. The Department's own research indicates that there are no general practices in several of the designated districts of workforce shortage.
27. Doctors seeking to relocate to, or establish a satellite practice in an outer metropolitan area could be provided with an infrastructure grant that would be directed towards the costs of setting up a practice, including practice management systems.
28. Similarly, practice principals who have an established practice in an outer metropolitan community could be encouraged to employ a non-VR GP through a practice support grant that could be used to increase the infrastructure capacity by contributing towards renovation costs, and/or additional IT/IM support systems.
29. In cases where a doctor needs to participate in up-skilling sessions to ensure clinical competence, the practice principals could receive an income subsidy to compensate for time lost during the up-skilling/mentoring period.

#### **Subsidy to achieve accreditation**

30. It is important that eligible practices within designated districts of workforce shortage, or doctors that relocate to these areas, are encouraged to become accredited.
31. Accreditation is the means of measuring, recognising and improving quality in general practice against a set of professional standards and is designed to assist a practice towards continuing quality improvement.
32. Undertaking accreditation is time consuming and places an additional financial burden on the practice, which is on-going; however, the benefits to the GPs of adopting current best practice and use of evidence based clinical decision support systems can be quite substantial.
33. Encouraging the accreditation of general practices in the outer metropolitan area may, in the long term, increase the number of accredited training practices and supervisors available for registrar and medical student placements.

## **Supporting the Divisions Network**

The Divisions Network plays a crucial role in building capacity within general practice through linking and supporting GPs at the local level. Divisions also forge strategic links with all levels of government, service providers, consumers and other professional organisation to develop policy and implement programs that deliver integrated primary health care that meet local, State and national needs.

Divisions support grass-roots GPs through the provision of continuing medical education programs, advice on practice management, business systems and accreditation processes, assistance with the roll-out of government initiatives, access to locums and recruitment of GPs.

The Divisions Network has a proven record in delivering change in general practice, however, participation in workforce planning activities and the implementation of new programs must be appropriately resourced.

### **Divisions of General Practice Support**

34. Divisions of General Practice have local knowledge about health service needs in their community and the expertise to support doctors wishing to re-locate/establish a practice in outer metropolitan areas

35. Divisions are well placed to work with practices to identify their needs and to coordinate and “match” interested doctors with the appropriate practice.

36. Divisions should be resourced to provide local coordination to:

- develop Division capacity to advise on the regulations governing the employment of GPs in Australia including specific initiatives for outer metropolitan areas within Divisional/regional boundaries;
- form a working group of Divisions that cover outer metropolitan areas (see point 38 below)
- perform a community needs analysis and review workforce data to determine regional workforce needs, in collaboration with relevant stakeholders;
- determine availability and qualification of doctors, including OTDs;
- assist with the placement of doctors in outer metropolitan general practices;
- assist with the placement and training of nurses in outer metropolitan practices;
- support accreditation of those outer metropolitan practices not yet accredited;
- design and implement a support program for newly placed doctors and host practices;
- promote training in and attaining FRACGP; and
- promote accreditation as a training practice to general practices in the outer metropolitan areas.

37. The Program should also aim to support Divisions to give as many unaccredited practices as possible the opportunity to become accredited and, therefore, access the broad range of incentive payments currently offered through the PIP.

### Outer Metropolitan Working Group Support

38. Divisions that cover designated outer metropolitan areas should be encouraged to establish an *Outer Metropolitan Working Group* to coordinate the roll-out of the Program within their region.
39. One Division could act as fundholder, and the Group would appoint a staff member to be located within that Division to coordinate the Program. This would ensure maximum use of resources and achieve economies of scale for the implementation of the Program.

### Education and Training

40. The Outer Metropolitan Working Group would provide support for the education and training components of the Program through:
  - liaison with RACGP and training consortia to ensure that educational programs are relevant to Divisions, and to facilitate communication and coordination between Divisions, consortia and the RACGP, to ensure that recruited GPs have access to the training they need;
  - facilitation of on-going support for all Divisional staff involved in education and training, such as establishing an email network and conducting workshops;
  - supporting Divisions in promoting accreditation as a training practice to general practices in the outer metro area; and
  - liaison with metropolitan training consortia to explore options for increasing numbers of GP supervisors.

### Recruitment and Retention

41. The Outer Metropolitan Working Group would provide opportunities for the outer metropolitan Divisions (particularly workforce support staff) to meet and share information about strategies for recruitment and retention.

### State Based Organisation Support

42. State Based Organisations (SBOs) are the key organisations to work with State/Territory governments on workforce issues for the whole state/territory.
43. The state-wide role to support the implementation of the Program includes activities to lead to short-term outcomes (delivering more GPs to target areas in the immediate future), and activities that will lead to longer term outcomes (eg. building practice capacity to retain GPs in the area, and continuing to encourage new GPs to work in the area). In support of short-term outcomes, SBOs can work in the following ways.

### Recruitment and Retention

44. Support for the workforce recruitment and retention components of the Program through:
  - bringing together the State/Territory and Commonwealth regulations and programs covering registration, areas of need, districts of workforce shortage etc, in order to advise Divisions; and

- negotiating with State/Territory Health Departments, and having input to the Commonwealth Department and national organisation of registration/medical practitioners' boards through ADGP, to streamline processes for recruitment.

### Issue

45. If the workforce programs that operate in rural areas were to be adapted and replicated for outer metropolitan areas, consideration would need to be given to establishing one state-wide workforce agency, as has occurred in Tasmania. Some of the activities above are similar to support functions carried out by Rural Workforce Agencies for rural Divisions, and it would seem inefficient to have two separate organisations supporting the Divisions' role in recruitment and retention, ie. one metropolitan and one rural.

### Workforce planning

46. SBOs could support workforce planning through:

- contributing to the development of local/state/national information which will provide useful data for GP workforce analysis and management;
- mapping Divisions' needs and issues in GP workforce database development and implementation;
- working with ADGP, the Department, the Australian Rural and Remote Workforce Agencies Group, RACGP and the Australian College of Rural and Remote Medicine to develop consistent approaches to workforce data collection in which Divisions can participate;
- collaborating in the analysis of current databases and determining their adequacy and limitations;
- promoting to Divisions standard ways of collecting data on local GPs and practices across metropolitan as well as rural Divisions, to allow for accurate and up-to-date measurement of GPs working in local areas; and to inform workforce planning initiatives;
- IM support for use of databases recording practice and GP information; and
- working with other stakeholders (including the State Health Department) in developing and implementing a state-wide workforce plan.

## **Increasing the Medical Workforce Supply – Medium to Long-Term Strategies**

Australia is experiencing a chronic and inherent shortage of doctors, which is evidenced by the Commonwealth Government's willingness to allow State and local governments, hospitals and private providers to recruit OTDs to areas of medical workforce shortage.<sup>4</sup>

Australia has an obligation to observe the tenets of the Melbourne Manifesto endorsed by WONCA 2002. The Melbourne Manifesto presents a code of practice for the international recruitment of health care professions, and has put the onus of responsibility on every country to train enough health professionals to meet their own needs.<sup>5</sup>

Current workforce initiatives, both for rural and remote, and now outer metropolitan communities, are seeking to increase doctor numbers by drawing from the same pool. While there may be opportunities to encourage non-practising GPs back into the workforce, and others to re-locate, or provide incentives for graduates to choose a career in general practice; it is paramount that strategies are put in place to increase the size of the workforce.

### **Workforce data collection, analysis and planning**

47. The profession has long questioned the robustness of data used to measure the medical workforce supply, and the methodology used to determine "areas of need", as well as eligibility criteria for GPs to access the various initiatives introduced to address workforce shortages.
48. The General Practice Strategy Review Group outlined the difficulties medical workforce planners in Australia experience in obtaining accurate information on which to base future projections, and identified the important role that Divisions of General Practice could play in improving workforce planning.<sup>6</sup>
49. To allow for better workforce planning into the future, specific research should be funded to undertake a thorough analysis of the medical workforce supply, including age/gender profiles, emerging trends in work practices, the number of full and part time GPs, changes in access to locums and OTDs, practice ownership structures, and parameters that determine disadvantaged communities, ie. areas of need.
50. The Divisions Network and Rural Workforce Agencies should collaborate on an analysis of current databases and develop systems that would provide more accurate information on such factors as the composition of the workforce, current and future projections of supply and need, monitor workforce movements, changes in population demographics and socioeconomic factors.
51. Data and information management is a role already well established within Divisions and, given their engagement with grass-roots GPs and strategic links with local and regional service providers, they are ideally placed to participate in the collection of workforce data and ongoing workforce planning.

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<sup>4</sup> L Hawthorne and Bob Birrell, *Doctor Shortage and their impact on the quality of medical care in Australia*, People and Place, vol.10, no.3, 2002, pp 56 and 58.

<sup>5</sup> World Rural Health, 1-3 May 2002, *Melbourne Manifesto*.

<sup>6</sup> General Practice Strategy Review, *General Practice: Changing the Future through Partnerships*, March 1998, pp 93 and 99

### **Review of the “Ten Year Moratorium” legislation**

52. In the current environment, and given the lead time required to achieve results from long-term strategies, the Government must be prepared to review the legislation that imposes a “ten year moratorium” on accessing Medicare by Australian trained doctors without postgraduate qualifications who did not complete their intern year prior to November 1996 and OTDs who are Australian citizens or permanent residents and are yet to obtain the FRACGP.
53. Under the ten year moratorium, this group can only access Medicare through an exemption under Section 3GA of the *Health Insurance Act (1973)* that enables doctors to work in “areas of need”.
54. Changes to the legislation could still restrict access by expanding the Rural Locum Relief Program to include a limited number of locum placements in districts of workforce shortage for doctors who have settled in metropolitan areas and have no intention of re-locating to a rural area, provided they agree to undertake an alternative pathway to vocational recognition.

### **Extension of the Rural and Remote Area Placement Program**

55. To increase the pool of doctors willing to work in general practice, consideration should be given to extending the Rural and Remote Area Placement Program (RRAPP) to outer metropolitan areas to allow Resident Medical Officers (RMOs) to experience general practice during PGY2 and 3 hospital rotations.
56. Under RRAPP, one term out of four in the 2<sup>nd</sup> and 3<sup>rd</sup> year hospital years are spent in general practice, with the other three terms (of three months duration) spent in the hospital.
57. RMOs are currently pressured into making choices about their career in medicine, usually within a particular specialty, without the benefit of experiencing general practice.
58. By extending RRAPP to outer metropolitan areas, more RMOs will have the opportunity to gain an appreciation of the skills base needed to work in general practice, and to see general practice as an alternative career pathway.

### **Supported training terms in general practice for specialist trainees**

59. Introduction of the Federal Government’s *Provider Number Legislation* in 1996, and changes that occurred in the General Practice Training Program, has meant that training experience in general practice previously available to specialist trainees, particularly Australasian College for Emergency Medicine trainees, has been lost.
60. There is no doubt that many specialist trainees would take the opportunity to experience general practice in a supported training term. Such training terms would need to be targetted to those specialities that have particular relevance to general practice, including emergency medicine, obstetrics, paediatrics, internal medicine, psychiatry, orthopaedics and surgery.

61. Experiencing general practice in a supported environment may also encourage some specialist trainees to consider a career in general practice, or at least consider a more interactive relationship between their chosen specialty and general practice, which would enhance the community's access to a range of skills.
62. However, such a scheme would need to be developed in consultation with Specialist Colleges and the RACGP to ensure educational, professional and supervisory standards are met.

### **Increasing training places in the General Practice Training Program**

63. The profession has long argued that Australia is not training enough doctors to meet community needs. This view has been confirmed by research undertaken by the Access Economics<sup>7</sup> and the Australian Bureau of Statistics<sup>8</sup> that highlights the decline in the number of GPs providing primary health care in Australia.
64. The RACGP has consistently called for an immediate moratorium on the cap on the number of training places available to registrars in the General Practice Training Program as a long-term solution to the workforce shortage.
65. The disruptions caused by the changes to the General Practice Training Program over the last few years have also contributed to a decline in the number of registrars choosing general practice as a career.
66. The way to ensure the sustainability of the workforce in the long-term is to bring certainty back into the General Practice Training Program. Regionalisation of training is recognised as a valuable structure to prepare registrars with the diversity of skills needed to pursue a career in general practice; however, registrars are being asked to join a training program where mandatory requirements are still under negotiation.
67. Increasing the number of training places, and providing surety that the requirements of the training program will not continue to change to meet workforce needs, would result in more registrars seeking to train in general practice, which will in turn provide communities with greater access to quality general practice services and improve continuity of patient care.

### **Increasing medical school student numbers**

68. Sustainability of the medical workforce in the long-term must begin with an increase in medical school intakes.
69. Over the last few years research has indicated not only a shortage in the number of GPs, but also in a range of specialties such as rehabilitation medicine, geriatric medicine, intensive care and psychiatry.<sup>9</sup>

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<sup>7</sup> *An analysis of the Widening Gap between Community Need and the Availability of GP Services*, February 2002, Access Economics Pty Ltd, pg9.

<sup>8</sup> Australian Bureau of Statistics, *Private Medical Practitioners, Australia*, 29 October 2002, cat.no.8689.0

<sup>9</sup> Mid-Term Review of Provider Number Legislation, December 1999, p16.

70. This is further evidenced by the continued reliance on OTDs by State health departments, various Federally funded agencies like the Rural Workforce Agencies, local governments and private recruiting agencies<sup>10</sup> to meet community health and medical needs.
71. For Australia to become more self-reliant, universities must be able to offer more Australian students the opportunity to pursue a career in medicine. Given restricted entry into medical school, many secondary school students do not even consider applying.
72. An increase in medical school placements would need to be supported with a boost in assistance programs/scholarship schemes as a means of easing the financial burden on the family so that potential students are encouraged to study medicine. Such schemes could include incentives for recipients to work in general practice.

### **The Future of Practice Principals**

73. Anecdotal evidence from Divisions of General Practice strongly suggests that a real dilemma for general practice is the decline in the number of GPs who are prepared to invest in being a practice principal, and thereby be responsible for all the tasks associated with delivering primary health care, 24 hours a day, seven days a week.
74. Workforce planning for the future should determine what is a viable number of practice principals per population to sustain general practice.
75. Consideration should then be given to developing a package of incentives that will encourage practice principals to stay in a community, as well as providing assistance to full-time and part-time GPs that makes becoming a practice principal in areas where there are no or few GPs an attractive, viable and sustainable option.
76. The Government must also be prepared to explore different models of health care delivery, to ensure that future housing/community developments include health care facilities.

### **Divisions of General Practice – Future Role**

77. The Divisions of General Practice are the facilitators of change in primary health care in Australia, and provide an avenue to explore and implement innovative programs to improve and enhance the availability of health services in their local communities.
78. As a means of supporting and retaining GPs in their communities, consideration should be given to subsidising Divisions to establish and manage a local GP locum service to ensure doctors can plan quality leave with their families, as well as provide some certainty about availability of locums so they can attend CME sessions, conferences and other educational programs.

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<sup>10</sup> L Hawthorne and Bob Birrell, *Doctor Shortage and their impact on the quality of medical care in Australia*, People and Place, vol.10, no.3, 2002, p56.

79. In communities where GPs are looking to retire or re-locate but are having difficulty in attracting a purchaser for their practice, Divisions could negotiate the purchase of the existing practice. This would ensure practices retain a resale value and that the profession, through the Board of Directors of the Division, maintains control of general practice service delivery environment within the community.
80. In areas where there are no existing general practices or access to services within a reasonable proximity, Divisions could be funded to establish and manage best practice multidisciplinary centres that provide general practice services, supported by practice nurses and allied health professionals, as well as access to specialist services that meet the needs of the practice population, thereby enhancing the total health system for their community.

### **Conclusion**

ADGP, through its consultation with grass-roots GPs and practice staff, Divisions of General Practice, SBOs and other professional organisations, is confident that the potential exists within the profession and the community to work towards a solution to the medical workforce crisis facing Australia.

ADGP is keen to see the development of a national strategic framework that delivers a viable and sustainable medical workforce that is responsive to the health care needs of the Australian community now and into the future, and believes this proposal offers a way forward.