20TH SEPTEMBER 2021

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Email: community.affairs.sen@aph.gov.au

Dear Committee Members,

RE: Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

Thank you for accepting our submission.

About the HMS Collective

HMS Collective is a community corporation providing home and community-based support to "Our People" i.e., people with disability, people who are ageing, people requiring palliative care, people with mental health variations, and others who also require individualised support.

The **key objective** of HMS Collective **is to keep People safe/engaged in their homes/communities and out of ambulances/hospital**. Our service is led by **Community Paramedics** (i.e., non-ambulance Paramedics) who are supported by medical practitioners, nurses, allied health and support partners working together within a multidisciplinary team. Our Community Paramedic led approach has been very successful and readily accepted by our team and the people to whom we provide the service.

Terms of Reference

The provision of general practitioner (GP) and related primary health services to outer metropolitan, rural, and regional Australians, with reference to:

a. *the current state of outer metropolitan, rural, and regional GPs and related services;*
b. *current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:*
    i. *the stronger Rural Health Strategy,*
    ii. *Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system,*
    iii. *GP training reforms, and*
    iv. *Medicare rebate freeze;*
c. *the impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia; and*

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d. any other related matters impacting outer metropolitan, rural, and regional access to quality health services.

HMS Collective will address the following terms of reference. We believe innovation is the way forward, rather than re-dressing the past to look like the future.

A. The current state of outer metropolitan, rural, and regional GPs and related services.

The current state of GP services is a mess. GP services are often overwhelmed, appointment times have blown out and some patients wait up to twelve weeks to see their GP. In many rural areas it is nearly impossible to get a GP appointment as GP numbers are limited; GPs then become overworked and will often leave their town or small community.

GP service provision has changed little since the 1970s; a doctor and nurse silo dominated model which has little regard for changes and enhanced scope of practice in the broader health workforce. Current funding models continue to reinforce the GP siloed model by failing to extend Medicare rebates and other funding streams to professions such as Allied Health and Paramedicine.

In Australia, unlike overseas models, particularly the UK, the GP has taken more of a multidisciplinary team leader approach overseeing a range of advanced clinicians such as Prescribing Paramedic Practitioners, Nurse Practitioners and Advanced Clinicians. Our Australian based business supports the GP as the team leader and supports and encourages the expansion of roles of a range of health professionals in providing primary healthcare services, particularly the Ahpra Registered Paramedics.

The model we propose would ensure cost efficiency, ensure GPs are supported, allow greater access to appointments, and increase service to areas without GPs to ensure a set level of healthcare until a new GP is appointed. We very much support the concept of locally recruited professionals who can move through Paramedicine, practice as a Prescribing Paramedic Practitioner and eventually leave paramedicine to complete medicine and become the GP for the town (see Link). This innovation will be discussed in more detail below.

In primary health care, Paramedics are very much the forgotten profession and assumed to only work in ambulances, which is false. Paramedics have been of great value for our business. They can rapidly and independently assess situations, diagnose, make decisions, intervene, manage, develop plans (both short term and long term) and show leadership. Paramedics and GPs communicate well and understand each other. These capabilities, along with collaborative working relationships, have resulted in early interventions that without doubt have avoided ambulance callouts, hospitalisations and redirected Our People back to local primary care.

The benefits of utilising Paramedics in Primary and Community Healthcare and the positive results of improved outcomes are clear. Prior to HMS Collective's Paramedic led service provision to Our People, many of them were regularly and unnecessarily transferred via ambulance to the Emergency Department, which contributed to ambulance ramping and ED access blocks at hospitals as well as disrupting and potentially further risking people's health and wellbeing. Our People can receive care from Paramedics and remain safely in their homes and in their community as they wish.

B. iii. GP Training Reforms

From our perspective we have observed that, overall, the GP training reforms have been positive. However the scheme continues to fail to attract post intern doctors.

We believe any reform must go back to selection into medical school. There needs to be a significant change in the selection models, particularly graduate medicine, which allows a model of people paying thousands of dollars to complete a Bachelor of Biomedical Science and GAMSAT to enter a "Graduate MD program" without any life experience. This model excludes many people who would otherwise make fantastic doctors and leaves many Biomedical Science graduates with an expensive and rather useless degree.

HMS Collective very much supports a model where students undertake an articulated approach to health care education. Entry into medicine would be from the post-graduate practitioner stream. Yes, this is radical, but it would mean that people entering medicine would already have significant patient exposure and experience. Entry into medicine would be based on professional exposure and clinical status rather than financial situation, school attended and the ability to pass examinations.

Such a model would decrease the need for internship and allow the movement of candidates directly into specialities, particularly general practice. A similar model has already been proposed by the Australasian College of Paramedic Practitioners (see Link).

In terms of Paramedicine, we are aware of the Deakin University School of Medicine Advanced Clinical Practice (Paramedic Practitioner) Program (see Link) and the additional primary care skills that it brings to Paramedics. The multiple levels of training and the ability for Paramedics to remain practicing while enhancing their knowledge and skills is perfect for our organisation. The concept of having University educated Community Paramedics, Primary Care Paramedics and Prescribing Paramedic Practitioners would greatly improve access to health care for disadvantaged clientele while redirecting them to primary care. Unfortunately, paramedics seem to be constantly forgotten within primary care. From our corporate experience, Paramedics have made considerable savings in both the Federal and State health budgets by very effectively keeping people out of ambulances and hospitals.

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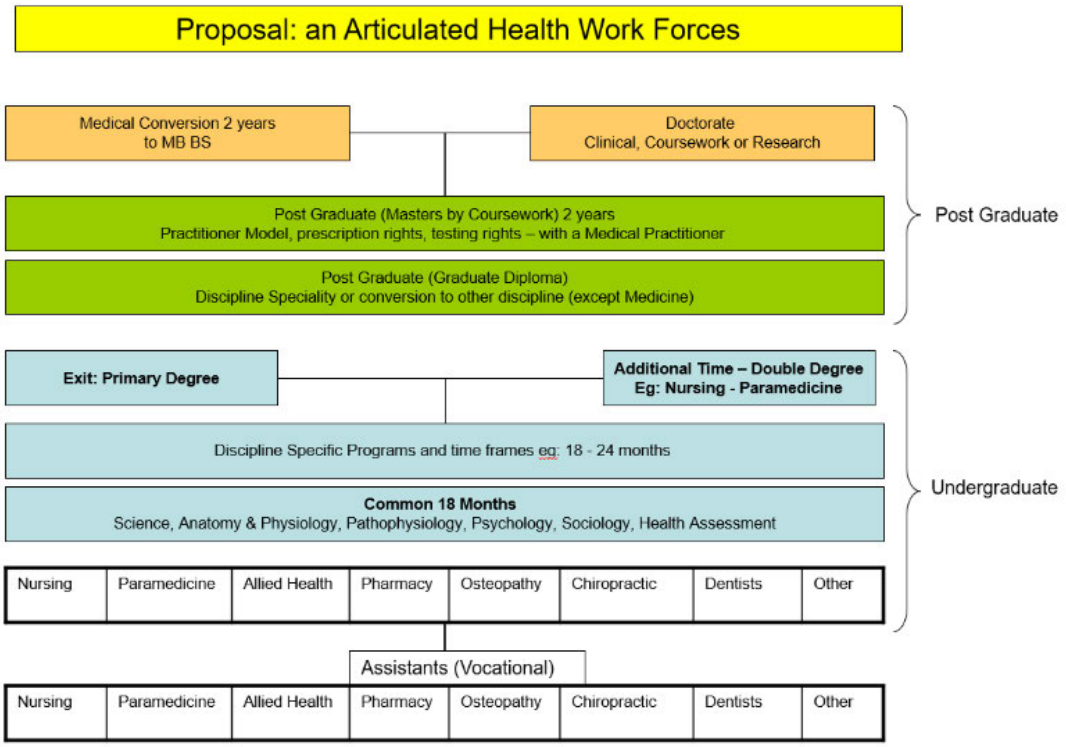

Figure: Articulated Workforce Model proposed by McDonell – 2002.

C. iv. Medicare rebate freeze and the related Workforce Incentive Scheme

HMS Collective has seen that the Medicare rebate freeze has significantly impacted the delivery of general practice and primary health services, particularly in outer metropolitan, rural and regional areas of Australia. In our experience, it has made the viability of outer metropolitan practices, and more so rural and regional practices, unsustainable.

For GP practices to remain viable, this has resulted in many practices charging out of pocket fees (or co-fees) to patients and many GPs have abandoned bulk billing. For disadvantaged communities, the cost to maintain their health care prevents regular visits to the doctor. The result is the worsening of preventable disease, and patients presenting to the ambulance and hospital systems instead, costing the health system significantly more.

Medicare Workforce incentive Scheme

On review of the Workforce Incentive Scheme – Practice Stream (WIP), we were extremely disappointed to discover that there was not one reference to Paramedics. As a result, the WIP scheme

effectively excludes organisations like ours and General Practices from receiving incentives to employ a range of generalist and specialist Paramedics (e.g., Community Paramedics, Primary Care Paramedics and Paramedic Practitioners).

According to the website:

> *"The Workforce Incentive Program (WIP) Practice Stream encourages multidisciplinary and team-based models of care by providing financial incentives to general practices to engage a range of health professionals, including:*
>
> - *nurses*
> - *allied health professionals*
> - *Aboriginal and Torres Strait Islander health workers and health practitioners.*
>
> *The Practice Stream provides primary care practices with more flexibility to respond to local community needs and gaps in services. This includes helping practices to meet the increasingly complex health needs of older people and people living with chronic and complex conditions" (Click Here).*

The exclusion to the list of Paramedics as Allied Health Professionals will without doubt diminish effectiveness of our multidisciplinary approach to innovatively respond to local needs and gaps in services. HMS Collective has proven the missing gap in service provision to people living with chronic disease is the Paramedic! The absence of the Paramedic negatively impacts provision of effective care to older people living with complex health and chronic disease.

Paramedics are registered by Ahpra and we understand that currently up to 6,000 paramedics practice within community or primary care settings. It is absolutely evident that not all Paramedics are purely employed by ambulance services. HMS Collective is a non-ambulance service employer of Paramedics, and our employees perform primary and community health care services.

The Department of Health defines "Ambulance Officers and Paramedics" as allied health workers (see link) as does Services for Australian Rural and Remote Allied Health (SARRAH) (Click Here – see Attachment A). The list is endless. We are astounded that Services Australia (which is part of the Department of Health) does not list Paramedics on their list of Eligible health professionals. This is extraordinarily inconsistent, confusing, and disruptive to the growth of our service provision and we suspect to many other similar employers also.

Paramedics are educated to work in the community and a range of unpredictable situations. From experience we have established that our Community Paramedics do not require additional / ongoing training to adapt to a primary care model outside the traditional clinic setting. Of course, we do highly encourage continuing education and skills development within the evolving health care system. Other

non-paramedic members of our team, however, have required additional training to undertake community-based services.

The great problem facing our organisation is funding models (such as Medicare, Services Australia, MBS, PBS, DVA, grants, NDIS, My Aged Care and general health funding) DO NOT recognise Paramedics as primary and community healthcare providers outside of ambulance services. Although Paramedics are defined as Allied Health Providers by the Federal Government, various departments at both State and Commonwealth level continuously decline funding for Paramedics and the specialist care they provide. It is a frustrating and time-consuming exercise to gain funding for Paramedic care and our applications are always rejected in the first instance and sometimes the second and third as well. The silo model of health, community, mental health, and disability support is unfortunately alive and well, resulting in the people we see being denied the service they want or require.

We sincerely hope that if innovation, flexibility, ability to respond to local community needs and gaps in service is the goal of the Workforce Incentive Program – Practice Stream and improving primary care services, then Services Australia will add Paramedics to their list of "Eligible Health Professionals" and support the implementation of Paramedics into multidisciplinary health teams with the appropriate access to funding and legislation to practice.

Concluding Remarks

To ensure adequate and well-resourced GP practices, there needs to be innovative and radical changes to the present system.

GP practices need to move from siloed models of health care to multidisciplinary centres of excellence. We support a GP lead service. Well supported GPs will remain in practice particularly in regional and remote Australia. The entry into undergraduate and post graduate medical degrees needs urgent, radical change from a purely academic model to a proven academic and clinical experience model (e.g., complete a health discipline and experience and then be eligible to enter medicine). This model will open the entry to medical training to a range of rural and remote people, Aboriginal and Torres Strait Islanders and a range of disadvantaged communities who are currently excluded. The outcome will be that people are able to train and grow in their own communities, whilst delivering a range of health and community services.

The employment of Paramedics has been an eye opener for those within our organisation. Despite the ready acceptance of Paramedics into our multidisciplinary team, the lack of awareness and understanding within the relevant government organisations has been shocking. But the acceptance of Community Paramedic Practice in the community setting itself, and the proven benefits, has allowed us to have an even greater vision for the future of Community Paramedics.

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We can see a future for paramedics in a range of primary and community practices. These include:

- Doctor's surgeries
- Aged care facilities
- Disability services
- Schools and workplaces
- Mental health
- Hospitals and health care services (especially supporting GPs and nurses in smaller rural or remote services)
- Home visiting services from GP surgeries on behalf of doctors
- Emergency and Urgent Care services alongside GPs and Nurse Practitioners (NPs) particularly in primary care and small rural hospitals
- A wide range public and private sectors employers
- Remote and rural areas that lack medical services
- A range of in-home/community services providing preventative health and public health initiatives.

The biggest issue to implement a true Paramedic service and to allow Paramedics to work to their full scope of practice and support GPs is legislation, particularly the Drugs and Poisons Act. A lack of understanding of what a paramedic's scope of practice is, by the range of health providers, is a close second.

HMS Collective recognises the important services delivered by our medical team, community nurses and allied health but have discovered that Paramedics are the missing link in the effective provision of our services. Paramedics bridge the gap between community care, primary care, and hospital care resulting in improved primary health services.

If you have any questions or wish to follow up, please feel free to contact me.

Yours sincerely

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HMS Collective