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To Whom it May Concern

Inquiry into provision of general practitioner and related primary health services to outer metropolitan, rural and regional Australians

Thankyou for the opportunity to provide input into this important inquiry.

The City of Karratha has a stated vision of becoming Australia's most liveable regional city. To achieve this, reliable and broad access to a full range of primary and allied health services is critical.

Each year the City conducts an extensive survey of the community measuring a range of liveability pillars. 'Access to health services' is a consistent poor performer, with cost of living and housing rounding out the three poorest performing areas.

For ten years the City have supported the attraction & retention of General Practitioners (GPs) directly to private practises through offering a housing subsidy, loyalty payments and travel support. While this has been moderately successful in retaining GPs in our practises, we have still seen an unsustainable strain on this small workforce to support the growth and spikes in our population size over that same period.

The City of Karratha currently has 10 GPs in private practise which equates to a ratio of 1:2350 residents. We also have five townships within our LGA and only two townships (Karratha and Roebourne) have GPs.

The Stronger Rural Health Strategy

Our understanding is that this strategy aimed to build a sustainable, high quality health workforce that is distributed across the country according to community need, particularly in rural and remote communities. On review of the strategy, the incentives, funding and bonding arrangements are well considered and very much aligned to what we hear on the ground as being the solutions to make a long-term difference in access to medical services in our Local Government Area.

In particular the following initiatives listed in the strategy echo what we understand to be the key change makers locally:

- Junior Doctor training programs,
- Strengthening the role of the nursing workforce,

- Improved targeting of bulk billing,
- Reformed bonded programs, and
- Workforce incentive programs.

However, there is no line of sight for us as an LGA as to how these initiatives are being implemented, who is receiving the funding to drive them and how the results are being measured and reported. There is a complete lack of transparency and engagement with LGA's and providers in regard to this.

The lack of allied health professionals and nursing practitioners, particularly in remote regional areas significantly adds to the burden on GPs. Accredited Mental Health Social Workers are able to do a lot of the work that Psychologists do, however they are not captured through the Rural Health Strategy initiatives.

More training opportunities need to be offered to support Post-Graduate students. This is happening well in places like the Kimberley and Bunbury through their Rural Health Multi-Disciplinary Training Programs, but they need to be set up across all similar regions.

The impact of the COVID-19 pandemic on doctor shortages

Overall, the City of Karratha has experienced minimal impact and for that we are grateful. For the period of 2019 to 2021 we saw an additional two GPs arrive in our community.

The most significant change was the uplift in online and telephone-based consults with the introduction of Call-A-Doc and *Healthdirect*. Other providers like Instant Consult have seen a significant increase from our area.

The continued support and development of virtual care could be an important factor in increasing access and healthcare equity. It has the potential to improve the way that care is delivered in remote areas, enable efficiencies and for many of our community members improve the overall total quality of care.

A targeted approach to Medicare

A more targeted approach would allow Medicare to be used to incentivise GPs as well as supporting virtual care.

The role of telehealth in helping to fill the gap is undermined by the current Medicare requirement that the patient needs to have had a continual 12 months of consults with the same GP. In remote areas where there are limited doctors, continuity of appointments with the same GP is virtually impossible.

Allied Health isn't offered via telehealth because of an inability to access the Medicare rebate. Again, support for Allied Health professionals to use a range of service models would broaden access considerably and take a significant load off a limited pool of GPs in regional areas.

Lifestyle & Professional Development Factors

Our experience has been that there is an adequate pool of GPs and allied health professionals who would work in regional areas. The issue attracting and then retaining them is primarily linked to critical lifestyle factors such as access to quality affordable housing, quality of education for those with children, cost of travelling back to a metropolitan centre to see family, and the quality of clinical support, training and career progression.

In our LGA we now have Registrars who can train the GPs, but in order to retain them they need to be confident they will get adequate ongoing support. While initiatives in the Stronger Rural Health strategy seem to be somewhat aimed at targeting this; for example, reformed bonded programs,

workforce incentive programs, and the junior doctor training program; it is almost impossible to see the see the results of these at a regional level.

The Strategy does not deal with lifestyle factors at all, and this seems to be left up to private practises alone to deal with.

In the instance of Western Australian General Practice Education & Training (WAGPET), in order to be eligible for Government Regional Officer Housing their GPs are required to do 80% of their time in the hospital, leaving only 20% available to practise through other local providers.

In an area like ours where housing is the number one barrier for recruitment in all sectors, having such a high proportion of practise time required to be delivered inside the hospital system to be eligible for housing, doesn't provide any opportunity to increase access to GPs for the broader community.

Anecdotally it is understood that Registrars who have the opportunity to practise outside the hospital system while on their rural placement are more likely to return there for the remainder of their careers.

Future health workforce strategies should look at ways to prioritise GP assistance with community integration including continued support for family-related changes.

In conclusion our areas of focus can be summarised as follows:

- Prioritise assistance with community integration through rural health strategies
- Understand the impact of lifestyle-focused decision making for GPs/Registrars looking to move to a rural location to practise
- Use rural locations as training centres with a focus on clinical training & career progression
- Apply Medicare with a more targeted approach

Once again, thank you for the opportunity to provide our input into this Inquiry and we look forward seeing the full Senate submission.

Regards

Mr Chris Adams
CHIEF EXECUTIVE OFFICER

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