238 Seaford Road, Seaford, Adelaide, SA 6169

8th March 2022

To whom it may concern

Firstly, we'd like to thank you for inviting us to be part of the panel hearing in Whyalla on Tuesday 1st March in relation to the *provision of general practitioners and related primary health services to outer metropolitan, rural and regional Australians.*

Time constraints on the panel did not allow much of an opportunity (other than the opening statement) to provide our viewpoint and proposed solutions and we would like to take the opportunity to do so now.

From what we heard of the hearing, there was very much a focus on the rural and regional communities and their struggles to recruit and retain good quality GPs. It was mentioned several times, the GP to patient ratio was 1:3000 or around that mark. It is worth mentioning, this is not dissimilar to the ratios we, as an outer metropolitan clinic are experiencing. We have 11 FTE GPs and 30,000 patients on our books, that makes our GP to patient ratio a little over 1:2700. I thought this was important to note, as whilst we agree there is a need to get GPs out to the country, we are also desperate for additional GPs here in outer metro too, particularly in our suburb where there are hundreds of new homes in construction less than 2km from our clinics, where will those new residents obtain primary care services?

At AHA we are very fortunate to have the infrastructure in place for the growth in community, for example our business plan is appropriate and we have the facilities, our blockage is recruitment and retention of GPs and the reason for this is outlined in our original submission, I have attached this again for ease of reference.

Referring back to the conversation at the hearing, a lot of focus was on how to encourage GPs to move from metro to country or bring in GPs from overseas. We do not feel this is addressing the root cause of the problem, that Australia is not producing enough of its own GPs. Moving a GP from one clinic to another, merely moves the problem and fixes nothing. In our opening statement we shared with you a story of a friend whose son, despite achieving an ATAR of 98.75, did not even make it through to interview for a place at medical school, this is tragic! We again attach this information for ease of reference.

We propose that closer consideration be given to the very start of ones medical journey. Covid bought to light the dependency of universities on fee paying overseas students. It seems obvious these are the preferred students and are seen as the most lucrative students on campus. On further investigation, we found that overseas medical students are required to pay $150,000 pa in tuition fees, in advance. Whereas Australian HECS paying students are subsidised by government, in arrears by semester.

When attending a recent workshop for practice managers, there was a panel of GP registrars who shared their experiences of medical school and how a career in general practice wasn't really encouraged, is almost deemed unglamorous, even boring, and poor money is earned. This is in comparison to working as an employed doctor within the hospital system, where paid leave and other perks are offered.

Our registrars have shared their love of general practice, the perks of not being on call like in the hospital, flexibility to work the hours they choose, choose how many patients they see (depending on the level of complexity of care), better work/life balance, the ability to see a patient throughout their medical journey i.e. from presentation to recovery and be involved in the patients' preventative health pathways and education. This was all in comparison to working in the hospital, where they consider the 'see, treat and move on' model impersonal.

Sufficient GP services keep our community from needing to call an ambulance and keeps them out of hospitals. A patient generally feels pretty unwell when they attend ED, it's their last resort, we must stop allowing our communities to get so sick before they seek medical treatment at an ED. An appointment with their GP to get a prescription may well avoid a chest infection worsening to the point of pneumonia and a hospital admission being

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required. More GPs is a win for government as well as our community. The cost of a standard consult is $39.10 (paid for by the federal budget), but the cost to a patient for calling an ambulance is $1,064 plus $6.10 per km, followed by an ED attendance costing the State Government an average of $332 for a non-hospital admission and $732 for an ED hospital admission. These figures are from the financial years 18/19 results and the inflation since then is about 9.8% (Ref: National Hospital Cost Data Report. Page 7 Table 3, see attachment).

Our proposed solution is not more ambulances or more hospital beds, it's focusing on ways to enable future generations of Australians who are so desperate to become doctors, enter medical school and when they're there, promote general practice and the wonderful experiences they can have building relationships with the community, improving health outcomes and providing the continuity of care our community so desperately desires. This all in turn reduces the number of patients needing the services of our already saturated emergency departments.

If you would like to discuss the content of our submissions further, please do not hesitate to contact

Yours sincerely

John McMahon
Chairman
Australia Health Alliance

Yours sincerely

Gemma Gough
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