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12 March 2021

Inquiry Secretary
Parliament House, HOBART 7000
rur@parliament.tas.gov.au

Re: Government Administration Committee "A" – Inquiry into Rural Health Services

Dear Ms Mannering,

General Practice Training Tasmania welcomes the opportunity to make a short submission to this inquiry.

In particular, we wish to respond to terms of reference 2b) and 3b) around primary care and general practice services in rural and regional Tasmania.

BACKGROUND - GENERAL PRACTITIONERS IN TASMANIA

- **Workforce**

The Tasmanian Department of Health¹ provides a snapshot of the 2018 GP workforce in Tasmania. The State had a headcount of 631 GPs (or 576 full-time equivalent GPs). The trainee headcount was 143.

The number of medical graduates has been increasing in recent years but more medical graduates are choosing non-GP specialties as a profession, and the growth of GP registrars has slowed.

¹ Department of Health (2020). Health Workforce 2040: Medical. Tasmanian Government.

- **Profile**

In the period, 2013-18, there was a 12% increase in the headcount of general practitioners in Tasmania. The average age of Tasmanian GPs is 54 years old and there is an almost even gender split (48% female, 52% male).

Tasmania has an ageing general practice workforce. In 2018, 27% of GPs in Tasmania were over 60 years old. In 2018-19, 29% of full-time equivalent Tasmanian GPs were aged 55-64 years old, compared with 25% for the Australian total.

Based on this data (and assuming that if GPs begin to retire around 65 years), the number of GPs leaving the workforce will likely exceed those in training in the medium term.

- **Distribution**

Data for 2019² shows that the Australian rate of full-time equivalent GPs per 100,000 population is 117.7 (which includes vocationally registered GPs, non-vocationally registered GPs and trainees). In Tasmania, the rate is lower at 106.0 per 100,000. The rate in Tasmanian inner regional areas is 112.2 (c.f. 114.9 for all Australian inner regional areas). The rate in Tasmanian outer regional, remote and very remote areas is 90.8 (c.f. 100.6 for all Australian outer regional, remote and very remote areas).

Data on employed headcount per 100,000 shows a marked difference in distribution across the three Tasmanian health regions. The employed headcount rate in the South is 139.7, the North 99.3, and 96.5 in the North West.

² Department of Health (2020), General Practice Workforce Statistics, Calendar Year 2012-2019 (<https://hwd.health.gov.au/CalendarYear.html>) Australian Government.

THE ROLE OF GENERAL PRACTICE TRAINING TASMANIA (GPTT)

As Tasmania's only Regional Training Organisation providing specialist GP training in the state, it is our mission to ensure that the number of rural GPs continues to increase; and importantly, that rural Tasmania has an adequate number of General Practitioners serving their local communities.

It's not generally well understood, but in order to become a vocationally registered General Practitioner, doctors need to complete specialist training and receive in-practice supervision for three years. The medical doctors undertaking post-graduate vocational training on an accredited college pathway are referred to as "registrars".

Each year, working in conjunction with Tasmania's General Practices, GPTT places and helps train up to 40 registrars in Practices, right across Tasmania.

This means, at any one time there are around 120 general practitioner registrars being trained by GPTT in Tasmania.

Of our registrars just over half are based in the south, a further third in the north and the remaining 13 per cent in the north west.

Just recently, 34 general practitioner registrars began training with GPTT in Practices around the State.

This recent intake is spread across locations including Scottsdale, George Town, Longford, Latrobe, Sorell and New Norfolk.

Very importantly, 75 per cent of the General Practitioners we train choose to live and work in Tasmania post fellowship, creating a stronger health system especially in our rural communities. We believe that this retention of GPs and local knowledge is one of our greatest strengths.

It is not an exaggeration to say that without us, there could be no locally trained general practitioners in Tasmania, and fewer general practitioners in the State overall.

FUTURE CHALLENGES

In that regard, wish to draw the Committee's attention proposed changes to the general practitioner training model which we believe have the potential to negatively affect general practitioner accessibility in rural Tasmania.

As a training organisation (one of nine nation-wide), we are currently funded directly by the Australian Government Department of Health, through the Australian General Practice Training (AGPT) program. Our annual funding through this program is around \$6 million per year.

The Australian Government has announced that they intend to transfer administration of the AGPT program to the Australian College of Rural and Remote Medicine (ACCRM) and the Royal Australian College of General Practitioners (RACGP).

Recently, the Department has convened a Transition to College-Led Training Advisory Committee to consult stakeholders as work continues to devise and finalise the College-led model.

To enable this transition progress, we have been told that our existing contract will be extended for a year, to the end of 2022. While this is good news, the funding certainty beyond the end of next year is already beginning to negatively affect registrar recruitment (this is particularly so given the three-year length of their placements).

From our perspective, we have great respect for both ACCRM and the RACGP and have no objection in principle to the proposed administrative change.

We are, however, concerned to ensure that this change doesn't result in a reduction in the amount of GP training funding annually made available to Tasmania, through GPTT. We are also concerned that vocational GP education and training will no longer be directly delivered by a Tasmanian organisation.

Recently, we have been made aware by the Commonwealth Department of Health that a new model is under consideration. Not much detail has been given however we are aware that this new model may "fragment" the current Regional Training Organisation (RTO) model into education; workforce and registrar training placements; and lastly GP training practice financial support.

It is also understood that there will be no increase to total funding and therefore there is also concern as to the associated carve up of funds. There might be an opportunity for RTOs under the new model to tender for re-allocated funding but there is presently no further information as to what this may mean.

This latest information further confirms that there is a risk that Tasmania will lose funding for GP training from 2023. More so there is risk that any funding for Tasmania will be shared amongst several organisations and not necessarily controlled within the state. As GPTT is a small operator offering an end-to-end GP training service in Tasmania, splitting up the functions will impact on delivery.

We believe that the number of GPs in rural Tasmania is stabilising, however it is recognised there remains locations with unmet demand for GP services. More work is required. In large, we believe our training program has contributed to the stabilisation with our very high post fellowship retention rate, and we believe we are best placed to continue to drive further improvements.

Unfortunately, many other parts of rural Australia are not so successful when it comes to recruiting and retaining general practitioners. It therefore makes sense for the Federal Government to consider ways that this can be improved.

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Key to this from Tasmania's perspective will be to ensure that the new model doesn't "throw out the baby with the bathwater" so to speak, and in an effort to improve GP recruitment and retention in mainland Australia, result in worse outcomes in Tasmania.

As we all know, in so many respects Tasmania is unique and special, and the "once size fits all" approach rarely works here.

The COVID-19 pandemic has reminded everyone just how important our health-care system is. We have an effective General Practitioner training and retention model here in Tasmania, it would be to all our detriment if that system is significantly altered.

Thank you the opportunity to make this submission; I would be more than happy to elaborate via a verbal submission if the Committee so desires.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Judy Dew', with a small dot at the end.

JUDY DEW
CEO



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