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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the federal government for the opportunity to contribute to discussions regarding the 2020–21 federal budget.

About the RACGP

The RACGP is Australia's largest general practice organisation, representing over 41,000 members working in or towards a career in general practice.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards and curricula for training
- maintaining the standards for quality general practice
- supporting specialist general practitioners (GPs) in their pursuit of excellence in patient and community service.

Every year, nearly 90% of Australians visit specialist GPs and their practice teams – there are more than two million visits to a GP each week. As stated in our *Vision for general practice and a sustainable healthcare system*:

> *'GPs want to modernise and improve the way that care is delivered in order to improve health effectiveness, accessibility and sustainability. However, a fragmented healthcare system, limited resources and poorly targeted, inflexible and inadequate health funding for patients, practitioners and practices means that GPs and general practices are finding it increasingly difficult to offer high-quality care.'*[1]

The RACGP's 2020–21 pre-budget submission sets out four recommendations that will go some way towards addressing these issues and contributing to the sustainability of the general practice sector and workforce. Ensuring that Australia continues to train and retain highly skilled GPs to provide care, across the country is fundamental to the health of the nation and ensuring that Australians can continue to enjoy easy access to general practice care.

Greater support for the provision of high-quality, comprehensive and continuous care as provided by GPs (and practice teams) in general practices and Aboriginal and Community Controlled Health Services is paramount for ensuring the community stays well and minimises use of expensive hospital services. To achieve these aims, the RACGP has outlined how much more investment is needed in general practice-based research focused on making our health system work efficiently and best for patients.

Recommendations

The RACGP calls on the federal government to commit funds to:

1. support the implementation of the RACGP's *Vision for general practice and a sustainable healthcare system* (the Vision)
2. conduct targeted research on how better use of general practice services can reduce emergency department presentations, hospital admissions and overall health expenditure
3. address disparities in remuneration and benefits between hospital-based doctors (including doctors in training programs) and GPs in training, to ensure the sustainability of the future GP workforce
4. fully fund implementation of the National Rural Generalist Pathway.

Recommendation 1

The RACGP calls on the federal government to support and fund the implementation of the Vision.

The issues

The Australian healthcare system faces numerous pressures due to an ageing population, the increasing complexity of healthcare needs, and the rising costs of healthcare provision.

Evidence shows that a well-supported general practice sector will result in efficiencies for primary and secondary care, and the broader healthcare system.[2] Failure to invest adequately in general practice will result in continued increases in overall healthcare costs.

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General practice is the foundation of the Australian healthcare system. GPs and their teams are Australia's most accessed healthcare service, providing more than 160 million Medicare-subsidised services to almost 22 million patients each year.[3] Approximately half the Aboriginal and Torres Strait Islander population use mainstream general practice services, meaning that implementing the Vision will provide much-needed benefit to this patient cohort.

Despite the vast majority of patient care being provided in the general practice sector, the majority of total government expenditure on health continues to be dedicated to the hospital system. The percentage of total government health expenditure on hospitals continues to increase each year, while the percentage spent on general practice has been gradually declining.[3]

Given the clear value-add that general practice has through providing preventive care, reducing hospital admissions and improving the health of the nation, greater investment in the sector is essential.

Actions required

The RACGP's Vision describes an alternative model for sustainably funding modern general practice care. Developed by GPs, it provides a patient-centred solution to a range of issues and pressures facing the Australian healthcare system, aligned with international best practice and modern health system approaches.[1]

The Vision proposes several improvements to ensure an adequately supported and appropriately structured fee-for-service system, while also introducing additional practice and practitioner support payments to facilitate the delivery of essential aspects of care.

The federal government has recognised the value of general practice to the healthcare system in its commitment to strengthen primary care as part of its Long Term National Health Plan and its 10-year Primary Health Care Plan, to be released in 2020.

Additionally, the 2019–20 federal budget included $448.5 million over three years to implement a voluntary patient enrolment model for patients over the age of 70. The RACGP welcomes this investment, and sees it as the first step towards implementing the Vision and better supporting general practices to manage chronic disease in this patient cohort. The RACGP looks forward to continuing to work with government to further develop this model and expand voluntary patient enrolment to more patients.

The RACGP is committed to the model of care described in the Vision and is working to further quantify the

possible savings that can be achieved through implementing the model. A cost–benefit analysis on the investment required to implement the Vision, exploring how the community could benefit through a better supported general practice sector, is underway.

The RACGP calls on the federal government to support and fund the implementation of the Vision by:

- committing increased funding for GPs and practice teams to provide non–face-to-face care for all regular patients where appropriate
- continuing to engage with key stakeholders in the development and implementation of voluntary patient enrolment to ensure the model meets the needs of patients, health funders and medical practitioners
- committing to expanding the voluntary patient enrolment model to more patient cohorts, in recognition of the clear value that general practice brings through providing holistic, comprehensive and ongoing care.

Recommendation 2

The RACGP calls on the federal government to commit $256.7 million over five years to conduct longitudinal research on how better use of general practice services can reduce emergency department presentations, hospital admissions and overall health expenditure.

The issues

The RACGP's Vision describes a way to better utilise general practice to realise health system efficiencies and improve patient health outcomes.[1] By transitioning to this model, the RACGP estimates a conservative $4.5 billion could be saved each year through reduced hospitalisations and emergency department presentations alone. There would be additional savings through the associated improved health outcomes and increased economic productivity that would result from implementation of the RACGP's model.

General practice is the most accessed form of healthcare, with almost 90% of Australians visiting their GP each year.[3] As such, there is unrealised potential for innovation in this area to affect and improve the lives of almost every person who lives in Australia. Despite this potential, less than 1% of funding in the Medical Research Future Fund's 10-year investment plan has been committed to primary care research.

To identify the key areas where the largest gains and best outcomes for patients can be made, funding for research is needed. Research should focus on how better use of general practice, particularly in coordination of care, can result in keeping patients well and able to access care in the community. This would in turn reduce unnecessary demand on hospital emergency departments and prevent hospital admission or re-admission.

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There have been numerous short-term pilot studies into reducing hospital costs through better coordination and integration of care, funded and led by the national, state and territory health departments over the past 15–20 years. However, the RACGP sees a need for the federal government to lead and support this effort nationally across the whole system to drive a move toward better integration with primary care, and to realise the value of continuous and coordinated general practice care. Additionally, short-term pilots with limited funding are not able to fully measure the longer term impacts that can result from improved preventive care, such as improved quality of life. The RACGP sees the need for sustained and concerted funding from government to support GP-led research that will enable continuous improvements in clinical care, and cost efficiency.

Actions required

Nationally funded research into coordinated and integrated care models

Increased government funding is required to drive innovation and realise the potential benefits of general practice for every Australian. The RACGP asks the government to provide medium- to long-term funding on a national scale to support GP-led research into:

- better integration of care between general practices and local hospitals, and the ways this can reduce patient demand for and use of hospital services

- ways in which better coordination of patient care, provided by general practices, can support health and wellbeing and improve health outcomes.

Sustained funding is required over a period of at least five years, to support a systematic approach, including development of collaborative partnerships with Local Hospital Networks; co-design of models of care with local general practices; and financial support for practice-based research networks, GPs and practices who participate in and lead the research.

To support this program of work, the RACGP asks for the primary care portion of the Medical Research Future Fund 10-year investment plan to be increased from 1% to 8%.*

	2020–21 $ (million)	2021–22 $ (million)	2022–23 $ (million)	2023–24 $ (million)	2024–25 $ (million)	Total $ (million)
Support for planning and implementing research into models of care	46.4	50.2	45.4	43.2	42.1	**227.3**

Support for general practice researchers

It is essential that any study into general practice models of care is led by or involves a GP with clinical experience.

The RACGP asks the government to provide funding to support and promote general practice research as a viable career option for GPs. Support for general practice researchers from medical school through to senior research and leadership positions will increase participation and build the capacity and sustainability of general practice research.

This can be achieved through funding of scholarships, fellowships and grants to sustain general practice researchers throughout their careers, and build robust general practice research in Australia. This research will underpin quality general practice and improve the health of Australians. Specific funding for Aboriginal and Torres Strait Islander and rural applicants should also be included.

	2020–21 $ (million)	2021–22 $ (million)	2022–23 $ (million)	2023–24 $ (million)	2024–25 $ (million)	Total $ (million)
Support for funding of general practice research projects, PhD scholarships and investigator grants at all levels	2.6	4.5	6.2	7.4	8.7	**29.4**

*Total government support for general practice care in 2017–18 was 7.47%. The RACGP is seeking research funding that matches expenditure on the sector.

Recommendation 3

The RACGP calls on the federal government to commit funds to address disparities in remuneration and benefits between hospital-based doctors (including doctors in training programs) and GPs in training, to ensure the sustainability of the future GP workforce.

The issues

The number of medical graduates choosing to enter general practice training each year has stagnated. For every new GP, there are 10 new non-GP specialists; this gap between the number of non-GP specialists and GP specialists widened from 119 in 2009 to 4271 in 2017.[4]

With more than one-third of GPs aged over 55 years,[5] the government must invest in our future GP workforce. A decline in specialist GP numbers will have a devastating impact on the health of the nation. If patients cannot access appropriate care in the right setting at the right time from their specialist GP, they will end up in an emergency department, resulting in delayed care, poorer health outcomes and higher government expenditure.

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GPs in training face a number of financial pressures when they transition from the hospital training environment to general practice in community settings. Inadequate remuneration, as both a GP trainee and as a specialist GP, is contributing to the reduced interest in becoming a GP. Significant reform regarding general practice support and funding is required to ensure the sustainability of general practice and the GP workforce, both now and into the future.

However, as a first step to addressing these issues, the pay and conditions for GPs in training should be improved as a matter of urgency so that general practice remains an attractive specialist vocation for doctors and the future GP workforce can meet the health needs of all Australians.

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The nature of general practice and the structure of general practice training, placements and rotations mean that GPs in training may not be able to remain with one practice long enough to accumulate leave entitlements (in particular, parental leave). Additionally, there is no mechanism in place to carry forward previously accrued entitlements to subsequent employers.

Junior doctors make crucial decisions about their career based on remuneration, available entitlements and their family and personal circumstances. Some GPs in training have reported that they elected to stay within the hospital system for longer, and delayed applying for general practice training, in order to access paid parental leave. Similarly, junior doctors also report not being in a position to have their income reduced, ultimately influencing their career choice.

Additionally, the RACGP has the highest number of Aboriginal and Torres Strait Islander members of any specialist medical college. We are working hard to ensure Aboriginal and Torres Strait Islander junior doctors continue to choose general practice as a career, to better meet the needs of the Aboriginal and Torres Strait Islander population and help close the gap in health outcomes. Improving the pay and conditions for general practice registrars will assist in achieving this important goal.

It is vital that the government ensures GPs in training are not disadvantaged, in comparison to their peers, as a result of pursuing a career as a specialist GP.

Actions required

The RACGP recommends that the federal government provides further support for current and future GPs in training, to ensure the sustainability of the future general practice workforce in order to meet the health needs of all people in Australia.

There are two critical components to this strategy, outlined below.

Increase the base salary for general practice registrars

General practice registrars are paid a base salary, as set out by the National Terms and Conditions for the Employment of Registrars (NTCER). This base salary is augmented by a percentage of the trainee's Medicare billings, paid every 13 weeks.

However, the disparity between the average GP in training's income (at the time of commencing general practice training) and hospital based positions (that would alternatively be available to them) is estimated by the RACGP to be approximately $30,000 per annum.

The RACGP recommends that the government provide practices who employ general practice registrars with financial support ($15,000 for each general practice registrar, per six-month placement), to help address the gap in remuneration between the NTCER and hospital-based junior doctors.

	2020–21 $ (million)	2021–22 $ (million)	2022–23 $ (million)	Total $ (million)
Registrar base salary top-up	59	59	59	**177**

Match and retain the leave entitlements of hospital-based registrars

General practices do not have the financial resources to fund general practice registrars, who have only worked with the practice for six months or less, while they take necessary leave for professional development (for courses, study and examinations) and parental leave.[5] As stated above, the lack of access to paid parental leave is a crucial determinant for general practice registrars when considering their career options, and results in a proportion of registrars delaying entering, or choosing not to enter, general practice training.

Additionally, the current nature of training arrangements does not facilitate longer term accrual of leave (including sick leave, carer's leave, annual leave and long service leave) when the registrar changes employers to complete training rotations.

It is important that registrars are able to retain the leave accrued during their prevocational years in the hospital environment when they transition to general practice training, and are able to continue to accrue leave at the same rate during their general practice training, as per arrangements for registrars based in the hospital setting.

Therefore, the RACGP recommends that the government work with the sector to determine a solution that improves the ability for registrars to accrue leave entitlements and to take paid professional development and paid parental leave without placing additional burden on general practices.

To ensure the solution recognises existing structures and employment arrangements, the RACGP recommends that a centralised fund be created to guarantee these entitlements, managed by the federal government or a fit-for-purpose independent national agency.

Recommendation 4

The RACGP calls on the federal government to fully fund implementation of the National Rural Generalist Pathway.

The issues

Understanding workforce distribution and need in rural areas

Australia's rural and remote communities have poorer health outcomes than communities in metropolitan areas.[6] One of the key reasons is Australia's maldistribution of medical practitioners. The number of medical specialists decreases with remoteness; however, the picture regarding GP numbers and the GP role in rural communities is complex.

Department of Health data from 2015–16 estimated there were roughly half the full-time equivalent GPs per capita in very remote areas, compared to major cities. However, Australian Institute of Health and Welfare data from the same time period showed the opposite trend: 136 full service equivalent GPs per 100,000 population in remote and very remote areas, compared to 112 GPs per 100,000 population in major cities.[7]

The difficulty in producing a clear picture of GP numbers in rural communities is partly because of the different role GPs have in these areas, for example, the data often cannot differentiate between consulting room general practice, on-call hours, procedural activity and hospital work. It also struggles to account for the higher salaried activity and use of locums, greater healthcare needs of the population and higher workforce turnover.[6]

Looking at the issue from a different perspective, the Australian Bureau of Statistics Survey of Healthcare asked Australians aged 45 and over about barriers to receiving healthcare. The results showed that people living in remote and very remote areas were six times as likely as those living in major cities to report local access to a GP as a barrier to seeing a GP.[8]

Ensuring GPs are available in rural areas

Previous approaches to address the maldistribution of GPs have focused on mandating that certain GPs must work in rural communities (eg requiring international medical graduates to work in rural areas for at least 10 years). However, evidence from both Australia and Canada[9] shows that these policies are not wholly effective; once the 10-year period is complete, the GPs move away from rural areas. A new approach is needed to provide rural communities with the reliable access to healthcare they need.

Evidence shows that two of the strongest factors determining whether GPs choose to work in rural communities are whether they were from rural communities, and whether they had positive training experiences in rural placements.[10] Changing the way GPs are trained could therefore have a big impact on the current issues with maldistribution of GPs.

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In 2017, the National Rural Health Commissioner was appointed to address this challenge through the development of a National Rural Generalist Pathway (the Pathway). In undertaking this work, the Commissioner recognised that some state-based rural generalist pathways already existed and that they varied greatly in how established they were and how successful they had been. The national context of the Pathway provides consistency so that students, registrars and GPs across Australia understand the benefits and the process to become a rural generalist.

In December 2018, the Commissioner published the National Rural Generalist Taskforce's Advice on the development of the Pathway. The advice was a culmination of extensive consultation and engagement with more than 200 key stakeholders, including the RACGP. The Commissioner made 19 recommendations for the Pathway that would address GP maldistribution: building a workforce 'in place' to address rural community needs, establishing regional health training networks, and valuing and supporting rural generalists.

In March 2019, the federal government committed $62.2 million over four years to fast track the implementation of the Pathway. The stated purpose of this funding was to enable the RACGP and the Australian College of Remote and Rural Medicine to jointly apply for recognition of 'rural generalism' as a specialised field within general practice; to expand the Rural Junior Doctor Training Innovation Fund to provide more early exposure to rural training; and for improved coordination of training for rural generalists. This funding has allowed work to commence on key elements of the Pathway.

It is essential that the work to develop and implement the Pathway is continued, that it is fully funded and that all key stakeholders continue to be engaged. Rural generalists will be a crucial part of the solution to address disparities in health outcomes in underserved communities, including rural and remote Aboriginal and Torres Strait Islander communities.

Actions required

While work on establishment of the Pathway has begun, more work is needed to ensure it is implemented as planned. To ensure this work can take place, the RACGP calls on the federal government to commit to full and ongoing funding of the National Rural Generalist Pathway.

Fully funding the Pathway will mean that all of the Taskforce's recommendations can be realised. There are two key components:

- **Establishing the required rural generalist training posts** – this would enable access to general practice training in rural, remote and regional communities, and increase opportunities to gain additional skills (eg anaesthetics, surgery, obstetrics) through training in rural hospital and health services.
- **Providing appropriate support and remuneration to rural generalists** – this includes giving rural generalists access to MBS item numbers used by other medical specialists when providing care in rural settings, and supporting rural hospital teaching and research activity.

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