



**RACGP**  
Royal Australian College of General Practitioners

# *2018–19 Pre-budget submission summary*

**November 2017**



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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.*

## *Introduction*

The Royal Australian College of General Practitioners (RACGP) thanks the federal government for the opportunity to contribute to discussions regarding the 2018–19 federal Budget. The RACGP is Australia's largest professional general practice organisation, representing over 35,000 members working in or towards a career in general practice in urban and rural areas.

General practice is the foundation of Australia's healthcare system. General practitioners (GPs) and their teams are Australia's most accessed healthcare service, providing more than 150 million Medicare Benefits Schedule (MBS) subsidised services to 21 million patients each year.<sup>1</sup> Yet, the majority of total government expenditure on health continues to be dedicated to the tertiary health sector.<sup>2</sup> Given the clear impact general practice has on the health of the nation, greater investment in this sector is essential.

Failure to invest adequately in general practice will result in continued increases to the overall cost of healthcare delivery. Patient out-of-pocket costs for general practice services are increasing each year at a rate well above the consumer price index,<sup>1</sup> an ever-increasing barrier to patients accessing care. If barriers to accessing high-quality primary healthcare are not addressed, more patients will turn to emergency departments and hospitals for care that could have been provided in general practice for a fraction of the cost.

## *This submission*

This pre-budget proposal has been developed based on the principle that supporting the identified aspects of general practice will bring benefits to patients, funders, the profession and the wider community.

Three strategies are presented for investing in patient healthcare:

1. Increasing general practice exposure for junior doctors
2. Supporting general practice patient research through improved infrastructure
3. Implementing an antimicrobial stewardship (AMS) program in general practice

The RACGP is committed to working with the federal government to ensure the proposals within this submission are achieved.

# 1. *General practice placements for junior doctors*

## Issue

General practice is a major medical specialty; GPs make up over 30% of the medical workforce across Australia, and an even higher proportion of the medical workforce in rural and remote areas.<sup>3</sup> It is therefore essential that all medical practitioners have experience in, and understanding of, general practice. While some medical students gain general practice exposure in medical school, this is both minimal and rare.

Increasing junior doctor exposure to general practice will align medical training to real-world care. It is well recognised that patients receive most of their healthcare in general practice as opposed to the hospital system. Yet, the medical intern program in Australia is almost exclusively hospital-based.

Exposure to, and experience in, general practice early in medical training is key to a better performing health system and efficient use of health resources. General practice is the most accessed health service in Australia and therefore all medical professionals should have an understanding of the specialty.

## Recommendation

The RACGP recommends that the federal government:

- invests in the development of a sustainable training program aimed at providing practical general practice experience for junior doctors (PGY 1 and 2)
- creates 400 general practice placements for junior doctors to commence in the 2020 training year, increasing to 1600 places over the following three years
- recognises the program under section 3GA of the *Health Insurance Act 1973*
- supports placements in rural and remote areas as well as in Aboriginal Controlled Community Health Services and Aboriginal Medical Services where appropriate levels of supervision can be offered.

## 2. *Support for general practice research*

### Issue

General practice research is essential to ensuring all Australians can access a high quality, effective and evidence-based primary healthcare system. Over the last five years, primary healthcare funding has comprised only 2–4% of total National Health and Medical Research Council (NHMRC) funding.<sup>4</sup> General practice makes up an even smaller proportion of this funding.

There is currently a significant mismatch between where research is conducted and where most Australians access healthcare. GPs and their teams manage the majority of patient health issues. Yet, most medical research continues to be conducted in the hospital sector. Inadequate evidence relevant to general practice hinders GPs' efforts to provide evidence-based care, as guidelines developed from research in other settings may not be appropriate for their patients.<sup>5,6</sup>

A strong primary healthcare research sector linked to general practice–based research networks will increase translation of research findings into practice and ensure Australians can access evidence-based care.<sup>7</sup>

### Recommendation

The RACGP recommends that the federal government provide greater support for general practice research by:

- maintaining practice-based research networks, specifically the Australian Primary Care Research Network
- supporting university departments of general practice and rural health to facilitate practice-based research networks
- conducting a scoping exercise of existing general practice databases and develop and/or adapt from existing infrastructure a comprehensive general practice data registry tailored to the Australian context
- supporting a national program for research training in general practice with continued funding over the next 10 years.

### *3. Support for an antimicrobial stewardship program for general practice*

#### Issue

Antimicrobial resistance (AMR), often referred to as antibiotic resistance, is a global issue that has been forecast to cost up to \$100 trillion in economic output by 2050.<sup>8</sup> This is a global issue that requires a collaborative, coordinated response from various sections of the community. System-wide initiatives are underway to preserve the effectiveness of existing antimicrobials. General practice has a crucial role to play in these efforts, as acknowledged by the federal government in its National Antimicrobial Resistance Strategy 2015–2019<sup>9</sup> and accompanying Implementation Plan.<sup>10</sup>

Comparing antibiotic prescribing rates in Australian general practice against targets suggested in clinical guidelines indicates scope for the safe reduction of antibiotic use. To be effective, the general practice response to AMR needs careful planning and ongoing support. Antimicrobial stewardship (AMS) programs for general practice need to be tailored to address local issues and employ local resources and expertise.

#### Recommendation

The RACGP recommends that the federal government apply a three-phased approach to supporting AMS in general practice:

- Phase 1 – Support the development of an antimicrobial audit at national and Primary Health Network levels and synthesising educational resources for general practice
- Phase 2 – Expand the Practice Incentives Program (PIP) to support AMS strategies in general practice
- Phase 3 – Strengthen evidence-based AMS in general practice

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