

Northern Territory 2024

Election Platform





The NT has the highest premature death rate in Australia



70% of Territorians who live remotely are Aboriginal and reside in one of 600 communities or remote outstations.

At a glance: General Practitioners in the Northern Territory

- Every year, more than 187,000 Territorians choose to receive more than one million episodes of GP care – there is simply no substitute for the high-quality care delivered by a GP who knows you and your history
- 262 GPs providing essential primary care across the Territory
 - 113 in private general practice (43%)
 - 78 in NT Health Primary Care Centres (30%)
 - 70 in the Aboriginal Community Controlled Health Services' sector (ACCHS) (27%)
- RACGP NT Workforce Snapshot Survey revealed a shortfall of 102 GPs:
 - 58 in private general practice (59%)
 - 26 in ACCHSs (27%)
 - 12 in NT Health (12%)
- 89 GPs-in-training including:
 - 22 in ACCHS sector (25%)
 - 43 in NT Health (49%)
 - 25 in Private General Practice (28%)
- This is a dramatic reduction from 2014 when there were around 150 GPs-in-training in the NT
- 43 GP Practices with an active GP Registrar in term 1 2024
- 79% of GPs in the NT report experiencing burnout in the past 12 months

Priority	Cost per year	Benefits
<i>Recognise full-scope GP care as an essential service</i>	\$0	Improving primary healthcare in the NT
<i>Recognise the expertise of GPs and commit to engage in a regular and meaningful way.</i>	\$500,000	Engaging NT GPs in workforce, primary care and clinical advisory groups Ensuring GPs are remunerated for their time and expertise Improving primary healthcare in the NT
<i>Encourage the growth of the Territory's GP workforce</i>	Up to \$5 million \$50,000 per GP Registrar	Making it easier for Territorians to see a GP
<i>Support the sustainability of private General Practice through committing to a full exemption from payroll tax for GPs and GP Registrars engaged by the sector.</i>	Savings in NT health provided care would offset loss of payroll tax	Protect the financial sustainability of private general practice in the NT
<i>Support the hard-working GPs in private general practice through the introduction of a supported locum service</i>	\$2 million	Boost the GP workforce in the Territory
<i>Invest in remote housing for GPs and GPs-in-training in remote communities</i>	\$10 million	Boost the GP workforce in the Territory

A message from Dr Sam Heard, RACGP's Northern Territory Faculty Chair

General practice is the cornerstone of Australia's healthcare system. It is especially important in the NT where a greater percentage of the population live with serious health conditions requiring complex care. Many Territory GPs work with higher skills sets that include obstetrics, anaesthetics, Aboriginal health, retrieval medicine and dermatology to meet the needs of their patients.

Despite the clear need, the NT has the lowest number of GPs per capita. Additionally, a snapshot survey of primary healthcare providers, conducted by the RACGP in June 2024, found a shortfall of more than 100 (FTE) GPs. In other words, if 100 GPs suddenly arrived in the Territory, they would be able to start full-time work today.

The higher burden of chronic disease and the lack of GPs is already placing a major strain on our health system.

This is why investing in private general practice is so important. Not only does general practice keep people healthy and out of hospital, it doesn't cost the NT Government anything.

But when general practices aren't financially sustainable or they can't recruit the GPs they need, the NT Government has to fund additional health services. This has already happened in Nhulunbuy and Tennant Creek, where general practices have closed, and it now costs the Territory Government significantly more to deliver services than if they were provided by a private practice.

Elsewhere the situation is just as bleak. Private general practices in Katherine are struggling to remain viable. Two out of three Alice Springs GPs are preparing to retire in the coming years. Berry Springs has lost its GPs. Adelaide River, Batchelor and Pine Creek are all now serviced by NT Health.

The financial challenges experienced by private general practice are compounded by the need to compete with the high salaries and benefits offered by NT Health and the greater team support in Aboriginal Community Controlled Health Services (ACCHS).

The RACGP has grave concerns about the future of private general practice in the NT unless the next Territory Government provides funding and support to ensure the long-term financial sustainability of the sector.

This is why the RACGP is calling for:

- Recognition of the full-scope of GP care as an essential service
- Recognition of the expertise of GPs and a commitment to meaningful engagement
- A full exemption on payroll tax liabilities for GPs working in private general practice
- GP Training Incentives to encourage more junior doctors to train and work in the NT
- A supported locum service to allow GPs to take a break and prevent burnout
- Access to safe and adequate housing.

GPs in the NT are working harder than ever to make up for the shortage of GPs and manage the increasingly complex health needs of their patients, but they need support. Investing in general practice is the most cost-effective way to improve health outcomes and reduce the pressure on the health system.

I look forward to working with the next Territory Government to ensure Territorians can access high quality GP care and look after their health in the long-term.



**Dr Sam Heard OAM,
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RACGP Northern Territory
Faculty Chair



Full-scope GP care is an essential service

General Practice is a medical specialty requiring up to 11 years of medical training, including supervised practice. GPs are at the heart of primary health care and are experts in all areas of family medicine, urgent care, chronic disease management and referral through to tertiary care and allied health.

Ensuring that all GPs, including those working in NT Health and ACCHS, can provide wholistic patient care is essential to the attractiveness of the specialty, the financial sustainability of private practices and, most importantly, the health of Territorians. Allowing and encouraging aspects of general practice care to be undertaken in non-clinic settings (e.g. pharmacies) or delegating responsibility of some medical care for patients with complex health conditions to other people fragments care and increases the risk of serious negative health outcomes. It also reduces the ability of GPs to help patients to manage all aspects of their health.

Policy Proposal: Recognise full-scope GP care as an essential service to Territorians, whether accessed through private general practice, ACCHSs, or NT Health clinics.

Recognise the expertise of General Practitioners and work with us

A number of State Government reforms, including pharmacy trials, nurse-lead clinics and the introduction of physician assistants, are prioritising convenience over patient safety and long-term quality of care.

While the overwhelming majority of health professionals are competent, only GPs are medically trained to formulate a list of differential diagnoses for many conditions which are often misdescribed as 'simple'. For example, urinary tract infections (UTI) and some skin conditions can be complex, particularly in the NT. Misdiagnosis leads to over-prescribed antibiotics and adverse health outcomes including death.

The risks associated with this approach were identified in a Queensland survey of more than 1,300 doctors who identified more than 240 cases of misdiagnosis associated with the North Queensland UTI Pharmacy Prescribing Trial. Extremely worrying findings included the fact that at least nine patients required hospitalisation with sepsis or kidney and bladder infections relating to ineffective or delayed treatment.

GPs in the NT are experts in navigating our complex health systems (mainstream, ACCHSs and NT Health) on behalf of their patients and in clinical diagnosis, prescribing and treatment. Putting aside funds of approximately \$500,000 will cover appropriate sitting fees to ensure GPs are remunerated to share this knowledge and provide insight to Government advisory and working groups in a regular and meaningful way to build a better health system in the Northern Territory and ensure better health outcomes for Territorians.

Policy proposal: Recognise the medical expertise of GPs and commit to engage in a regular and meaningful way on issues relating to primary health care and how to work with other sectors ensuring patient safety is central to any reform.

Funded placement grants to incentivise GP training in the NT

The Northern Territory has the lowest rates of GPs per capita in Australia (89.7 GPs per 100,000). The next NT Government must take steps to attract, train and retain more GPs to live and work across the Territory. The snapshot survey undertaken by the RACGP in July 2024 demonstrated a shortfall of approximately 100 GPs in the NT. In addition to making it harder for people to see a GP, it also limits the RACGPs capacity to provide supervised training for GP Registrars. This, in turn, contributes to the Territory's GP shortage of locally trained GPs. We need to urgently attract more GPs to the NT to fill this gap.

One way to do this is via incentive payments that make it more attractive for junior doctors to specialise in general practice, and that make it attractive for GP Registrars to relocate to the NT.

GP training incentive grants work. This is why Victoria, Queensland and Tasmania have all introduced or announced incentives over the past 12 months. The Victorian GP Trainee Grant program was launched at the beginning of 2024 and has helped attract the highest number of applications since 2022.

A training incentive would also address some of the disparities between workplace incentives available to GP and non-GP specialist junior doctors and ensure GP Registrars in the NT receive remuneration comparable to their hospital-based peers.

Policy proposal: Fund up to 100 GP Trainee Grants per annum (\$50,000 per person per annum) to attract more GP Registrars to train and live in the NT and support to overseas trained doctors to complete their Fellowship in the NT.

Fully exempt private GPs from payroll tax

Recent changes to state and territory payroll tax application have caused considerable confusion and uncertainty for GPs nationwide. Previously, GP clinics did not have to pay payroll tax on the earnings of GPs who are, effectively, private contractors.

Imposing payroll tax obligations on the earnings of independent practitioner GPs will be catastrophic for private general practice in the NT. A number of practices are struggling to meet payroll tax obligations and have indicated they will have to reduce opening hours. Others are at risk of closure. A third of respondents to a recent RACGP poll said they would consider moving to a state with more sustainable payroll tax arrangements.

The small number of GP practices that could sustainably meet payroll tax obligations will be forced to raise fees. An RACGP poll found more than half of GPs would have to raise fees for a standard consult by more than 20% to remain financially viable. This means many people will not be able to afford to see a GP. If Territorians can't see a GP they will get sicker and when they do present to emergency departments they will require more complex and expensive care.

All other sectors in the NT are exempt from payroll tax. Imposing the tax on private GPs would exacerbate the challenges they already face in offering competitive salaries to attract GPs away from state-funded positions.

Policy proposal: Commit to a full exemption on payroll tax applied to GPs working in private general practice, in line with the arrangements applying to their colleagues working in all other health settings across the NT.

Locum support to reduce burnout for regional and remote GPs

One of the key challenges with recruiting and retaining GPs in regional and remote areas of the NT is a severely limited capacity to take leave outside the community. When a GP wants to take leave they must arrange locum care which can cost thousands of dollars a week. Commonwealth and state government funded locum programmes exist for many health professionals in rural and remote areas, but there is currently nothing available for GPs.

The inability to take leave to refresh and recharge contributes to the high rate of burnout and attrition experience by NT GPs. Last year 79% of GPs in the NT reported that they had experienced burnout in the 12 months prior to being surveyed. This is significantly higher than the national average of 71%. Around half (47%) said they had difficulty maintaining a good work-life balance.

Supporting GPs to achieve better work-life balance, including the ability to take a break, is essential to ensuring their wellbeing and preventing burnout. If this doesn't happen the NT will continue to lose GPs and find it more difficult to replace them.

Policy proposal: Provide fully supported locum coverage for six weeks per year for all GPs whose main employer has been a general practice or an ACCHS in the past twelve months, and who provide and co-ordinate care in MMM 6-7. Locums would be provided with accommodation and a car in line with packages offered for locum cover in Territory hospitals.

Improving housing in remote communities

One of the key challenges to recruiting and retaining GPs in remote areas of the Northern Territory is a lack of safe and appropriate housing.

Northern Territory General Practice Education (NTGPE), which was responsible for GP training in the Territory before training returned to the RACGP and the Australian College of Rural and Remote Medicine at the beginning of 2023, established around 30 houses in remote communities across the NT. After the training transition, the NT Government's Rural Generalist Co-ordination Unit took over management of 14 of these houses.

Maintenance of these houses has been insufficient and a number of houses have now fallen into disrepair meaning there is nowhere safe or appropriate for GPs and GP Registrars to live.

Policy proposal: Make a significant commitment to repairing these houses and their maintenance going forward. Funding should also be provided for additional housing in areas where GP Registrars are required to work and train. A commitment to managing this housing in a way that ensures priority is given to GPs and GP Registrars is necessary.