

# Queensland 2024

## Election Platform





## At a glance: General Practice across Queensland



4.61 million

Queenslanders visit a GP every year



33.8 million

episodes of GP care



9,258 GPs

– 1516 general practices



> 1,000

GPs-in-training



125 GPs

per 100,000 people



98%

of people reported being  
able to see a GP when they  
needed to in 2022-23



90%

of people say their GP  
always or often spent  
enough time with them



>1 in 20

Queensland hospitalisations  
are preventable



>\$1 billion

could be saved by reducing  
preventable hospitalisations



33%

of Queenslanders visiting emergency  
departments are waiting longer than  
recommended to see a doctor

# A message from Dr Cath Hester

## RACGP's Queensland Faculty Chair

Every year more than 4.6 million Queenslanders, more than 83% of the state's population, visit their GP. This makes GPs the most frequently accessed health professional in Queensland. GPs serve their communities throughout our state and are one of the most favourably distributed and easily accessible healthcare professionals.

GPs are medical specialists with more than 11 years of training and are the only healthcare professionals with the skills to safely provide whole-of-person, whole-of-life care. GPs are experts in primary care in the community and preventative healthcare and are instrumental in helping people stay healthy in the long term. There is simply no substitute for high-quality primary care provided by a GP who knows you and your history.

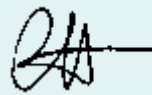
Today, the biggest pain points for Queenslanders seeking healthcare involve long hospital and specialist waiting times and access difficulties. As GPs are the backbone of our healthcare system, strengthening general practice will reduce these challenges and lead to better health outcomes for all Queenslanders.

We need the next Queensland Government to invest in general practice and the health of Queenslanders to ensure better healthcare access and the long-term sustainability of our hospitals.

Specifically, the RACGP calls on the next Queensland Government to:

- Grow and sustain the GP workforce
- Cut red tape to fast-track access to essential treatments
- Listen to GPs to create a smarter healthcare system.

A well-funded and supported general practice sector will save money and reduce expenditure across the entire health system by keeping people healthier and out of hospital.



**Dr Cath Hester, FRACGP**  
Chair, RACGP Queensland



Priority	Ask	Benefits
<i>Grow and sustain the GP workforce</i>		
Invest in the next generation of general practitioners	\$56M through to 2030 to incentivise 2000 GPs-in-training	Improved community access to GP services
Ensure medical students experience general practice	Commit to ensuring general practice rotations for medical students in the first year of training	Increase the number of medical students choosing general practice as career
Support GPs to deliver essential care during natural disasters	\$4.2M per annum to fund disaster resilience grants	Ensuring GPs can support their communities in the aftermath of natural disasters
<i>Cut red tape for fast-track access to essential treatments</i>		
Increase access to the whooping cough vaccine	Free vaccines for people who haven't been immunised or who haven't had a booster shot in 10 years	Keep Queenslanders healthy and out of hospital
Make it easier for people to access essential ADHD care	Fund GPs to expand their role in ADHD diagnosis and management	Improved community access and reduced costs of ADHD care in the community Reduced strain on the public hospital outpatient specialist waiting lists
Make it cheaper and easier to access acne treatments	Allow GPs to prescribe isotretinoin for people living with severe acne	Improved community access and reduced costs of gold-standard acne management Reduced strain on public hospital outpatient waiting lists
<i>Listen to GPs to create a smarter healthcare system</i>		
Ensure patient safety is central to healthcare reform	Rule out expanding the use of physician assistants	Optimise patient care and safety, especially at transition points from hospital to community care
Expand access to general practice in regional Queensland	\$2.5M per annum	Make it easier for regional and rural Queenslanders to see a GP
Establish Primary Care Advisory Councils to improve health outcomes for all Queenslanders	<ul style="list-style-type: none"> <li>\$370,000 in year one to support establishment of Councils</li> <li>Ongoing \$270,000 per annum</li> </ul>	Optimise patient care and safety, especially at transition points from hospital to community care
Develop a Digital Child Health Record	\$12M over three years	Improve quality, safety and continuity of care for our youngest Queenslanders to give them the best start at a healthy life
Key performance indicators for clinical handover	Require monitoring and reporting on a new KPI for HHSs: 85% of patients receiving best practice clinical handover to their nominated GP	Ensure hospitals are focussed on the safe transition of patient care from hospital to community care

## Grow and sustain the GP workforce

### *Invest in the next generation of general practitioners*

The 2024-25 Queensland Budget allocated \$24 million over two years to the Queensland GP Trainee Incentive Scheme to provide \$40,000 grants to around 600 junior doctors.

The Scheme should be expanded to cover up to 350 grants per year through to 2030 for a total of 2,000 incentivised places. This will give existing final year medical students and first year junior doctors the opportunity to choose a general practice pathway and still receive an incentive.

**Policy Proposal:** Provide \$56 million to continue funding the Queensland GP Trainee Incentive Scheme through to 2030 and ensure all GPs-in-training receive an incentive.

### *Support GPs to deliver essential care during natural disasters*

Every year Queensland communities are impacted by devastating natural disasters. The impacts of climate change mean the rate and severity of these disasters is increasing. When disaster strikes and during the response and recovery phase GPs play a vital role in supporting their communities. However, this work is often unsupported.

In the aftermath of a natural disaster demand for GP healthcare increases. In many cases the GPs delivering care have also been personally and professionally impacted. For instance, damage to the electrical grid during Tropical Cyclone Jasper meant GPs from Yorkeys Medical were required to set up a temporary practice in the pokies room at the Yorkeys Knob Boating Club.

The lack of support for GPs in disaster-prone communities, which are often regional and rural areas, is worsening existing primary care challenges.

Supporting GP practices to prepare for natural disasters would enable them to provide uninterrupted essential care to their communities. For instance, a grant to purchase equipment to provide power backup would have allowed Yorkeys Medical to continue to operate at their usual location.

**Policy proposal:** Fund the GP Disaster Preparedness program to provide up to 95 GP practices in communities at risk of natural disasters with grants of up to \$40,000 to assist with purchasing equipment and supplies to ensure there is a well prepared, strong, and resilient general practice sector ready to deliver high quality primary care to their affected communities when disaster strikes and through recovery efforts for years to come.

### *Ensure junior doctors have the opportunity to experience general practice*

The number of junior doctors choosing to specialise as GPs has dropped from 50% in the 1980s to around 10% in 2024. The Queensland Government can help reverse this concerning decline by ensuring junior doctors experience general practice during their training. 71% of junior doctors have said a GP rotation during training would assist with career planning.

It is essential that junior doctors in Queensland have the opportunity to experience the challenges and rewards of a career as a GP via a dedicated rotation through community general practice early in their training program. This will significantly increase the likelihood they will choose careers as general practitioners caring for Queenslanders.

**Policy proposal:** Ensure hospital-based medical students across Queensland complete an uninterrupted and focussed rotation through community general practice in the first year of training.

## Cut red tape to fast-track access to essential treatments

### *Expand access to the whooping cough vaccine*

Pertussis, commonly known as whooping cough, is a highly contagious respiratory infection that is particularly dangerous for infants and young children and can lead to severe complications including pneumonia, seizures, brain damage and even death.

Queensland is on track for a record number of diagnoses this year with more than 7,000 people having already contracted the infection.<sup>1</sup> This is more than twenty times higher than average.

Vaccination is the most effective means of prevention. Booster doses are recommended to maintain immunity. The National Immunisation Program currently provides free vaccines for infants and very young children, adolescents aged 12-13 years and pregnant women. However, people outside these cohorts must pay at least \$35.

Expanding access to free vaccination would reduce rates of infection, protect the health of Queenslanders and ease pressure on emergency departments.

**Policy proposal:** Provide free pertussis vaccinations to people who have not been immunised or who haven't had a booster shot in the last 10 years.

### *Make it easier for people to access essential ADHD care*

ADHD is one of the most common neurodevelopmental disorders impacting childhood and often continues into adulthood. It occurs in approximately 6-10% of Australian children and adolescents and 2-6% of adults, or between 72,000 and 120,000 children and 79,000 and 237,000 adults in Queensland. This costs Queensland an estimated \$2.8 billion to \$6.6 billion per annum.<sup>2</sup>

Untreated ADHD can lead to significant psychological, financial, academic and social challenges. Children living with untreated ADHD are at a higher risk of a range of mental health issues in adulthood including an increased risk of anxiety, depression, personality disorders and antisocial behaviour. The estimated cost of crime related to ADHD in Queensland is more than \$60 million per annum.<sup>3</sup>

Despite its prevalence, it can be difficult and expensive for Queenslanders to access treatment. According to evidence provided to the *Senate Inquiry into Assessment and support services for people with ADHD* some Queensland children face waits of over 18 months to access a diagnosis via the public system.<sup>4</sup> More accessible pathways to support diagnosis and treatment and care are essential. This is why we propose upskilling GPs to manage ADHD and enable better collaboration with other medical specialists including psychiatrists and paediatricians to ensure safe and efficient diagnosis and treatment.

Under our proposed model participating GPs would be assigned to, and would liaise closely with, a treating psychiatrist or paediatrician.

**Policy proposal:** Fund GPs to undertake specialised training in the management of ADHD for children and adults and allow them to diagnose and prescribe appropriate pharmacological agents with the support of paediatricians and psychiatrists when necessary to improve access to care for Queenslanders living with ADHD.

### *Make it cheaper and easier to access acne treatments*

Acne impacts more than 90% of Australians aged 16 to 18-years, however it is common in younger teenagers and, in some people, will persist throughout their life.<sup>5</sup> Post acne scarring can affect up to 95% of individuals living with acne.<sup>6</sup> It can cause significant mental and emotional health issues leading to poorer social and economic outcomes.

Isotretinoin is the gold standard treatment for people living with moderate to severe acne, delivering good results in 90% of patients.<sup>7</sup> Currently, Queenslanders can only access it via a dermatologist. Long-waiting times in the public system mean many families cannot afford dermatologist fees of more than \$400 per person every six months.

Isotretinoin is associated with significant side effects including miscarriage, congenital abnormalities in unborn children and mental and emotional health issues. However, a patient's regular GP, working with their history and with the ability to provide follow-up care, is well positioned to safely manage prescribing and ongoing care. This change would bring Australia into line with New Zealand, the Netherlands and other comparable countries where GPs currently prescribe isotretinoin and work with their patients to reduce the impacts of acne.

**Policy proposal:** The next Queensland Government should amend the *Medicines and Poisons (Medicines) Regulation 2021* to allow GPs to prescribe isotretinoin for people living with severe acne.

## **Listen to GPs to create a smarter healthcare system**

### *Ensure patient safety is central to healthcare reform*

A number of State Government programs, including pharmacy trials, nurse-led clinics and the introduction of physician assistants, are prioritising convenience over patient safety and long-term quality of care, potentially putting more pressure on a strained health system.

GPs are medical specialists with more than 11 years of training and the expert skills and experience required to provide whole-of-person, whole-of-life care to help people stay healthy in the long-term. **They hold a patient's medical history and are equipped to provide tailored advice, reducing the risk of a patient needing to visit the GP on the same issue again.**

While the overwhelming majority of non-GP health professionals are highly competent in their limited field, they are not medically trained to formulate a list of differential diagnoses for undifferentiated conditions, which are often misdescribed as 'simple'. The likely increase in misdiagnosis will **create a backlog of patients who will need more complex and expensive GP care to treat the consequences of misdiagnosis.**

For example, urinary tract infections (UTI) and some skin conditions can be complex. 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.

**Policy proposal:** Rule out expanding the use of physician assistants, and engage in meaningfully consultation with the RACGP on all programs where other health professionals, without comparable training, are encouraged to do the work of a specialist GP.

### *Expand access to general practice in regional Queensland*

Many areas of rural, regional and remote Queensland have entrenched challenges attracting and retaining GPs. This means some patients must seek care from under pressure emergency departments or travel hundreds of kilometres to major regional centres. A 2020 report found almost 10% of people living outside of metropolitan areas had no access to primary care within a 60-minute drive.<sup>8</sup>

The Queensland Virtual Integrated Practice Partnership Program is an innovative model of care combining videoconferencing and in-person healthcare. It successfully provides care in eight communities across regional and rural Queensland including Mount Isa, Roma, Ingham and Killarney. The Program is designed to strengthen the rural health workforce, not reduce or substitute, face-to-face healthcare.

It was developed by the Western Queensland Primary Health Network, Health Workforce Queensland and the Mater Research Institute-University of Queensland Centre for Health System Reform and Integration. Under the program an urban-based GP joins a rural general practice to provide ongoing care one or two days per week via telehealth. This is combined with around a week of

onsite work every 6-months. The GP is committed to the practice long-term.

In an evaluation all survey respondents agreed the service improved access to their GP and that it was important to see the same GP on an ongoing basis.

**Policy proposal:** Provide \$2.5 million per annum to expand the Queensland Virtual Integrated Practice Partnership Program and support 100 GPs to provide care in regional and remote areas with chronically low numbers of GPs.

### *Establish Primary Care Advisory Councils to improve health outcomes for all Queenslanders*

Australia's siloed health system, with responsibilities split between state and federal Governments, lacks integration, collaboration, and coordination. This leads to poorer outcomes and increased strain on all parts of the system.

The impact on our emergency departments, where the percentage of Queenslanders seen within recommended timeframes has fallen from 74% in 2012-13 to 67% in 2022-23, is clear. Another indicator is the high rate of preventable hospitalisations (around 5% of all hospitalisations).<sup>9</sup> Preventing these hospitalisations could save between \$555 million and \$1.07 billion.<sup>10</sup>

Queenslanders deserve a more coherent and person-centred health system that improves patient outcomes including reducing hospital admissions and readmissions and shortening hospital stays. This would free up beds and reduce expenditure.

Better coordination will also help early identification of serious clinical issues when harm can be minimised. For instance, a stronger link between Mackay Hospital and Health Services and the general practice sector in Mackay would have supported earlier identification of the issues impacting the obstetrics and gynaecology units within the hospital.

**Policy proposal:** Introduce a dedicated Hospital and Health Services (HHS) Primary Care Advisory Council for each HHS, modelled on the current Health Alliance partnership between the Metro North HHS and the Brisbane North PHN, to drive better collaboration between primary and tertiary care. Councils would include local GPs, a PHN representative, an allied health representative and a consumer as well as the HHS CEO and the relevant PHN CEO to ensure strong leadership and decision-making ability.

## Develop a Child Digital Health Record

The first 2000 days of a child's life are a critical period during which GPs play an essential role supporting families to promote long-term physical and mental health and wellbeing. Periodic health checks enabling the early recognition and management of developmental or psychological issues are essential and lead to improved outcomes for children and their families.

The results of these health checks are currently recorded in a child's Personal Health Record (The Red Book), a hard copy booklet provided to the parent/s of every child born in Queensland. This must be taken to all health appointments; however, it is often forgotten or lost, making essential information hard to access. It is also out of step with consumer expectations for digitally enabled, convenient health record keeping.

A new Child Digital Health Record (CDHR) would be a comprehensive and secure digital health record, integrated with practice management software, My Health Record and My Medicare.

The CDHR is consistent with Queensland Health's digital vision. New South Wales is currently introducing a digital version of the Little Blue Book which is expected to support future integration with My Health Record. There is extensive existing work that could be leveraged to implement a CDHR quickly and cost-effectively.

**Policy proposal:** Provide \$12 million over three years to fund the development and implementation of a Child Digital Health Record to give Queensland parents the option of a hard copy or digital record.

## Key performance indicators for clinical handover

The transition from hospital to primary care is a critical juncture in any patient's care. Best practice clinical handover with high quality communication reduces the risk of serious health events that can lead to hospital readmission and even death. Evidence shows that patients who see their GP in the week following discharge are significantly less likely to be readmitted to hospital.<sup>11</sup>

Despite its importance Queensland Health's Hospital and Health Service System Performance Reporting lacks a KPI to measure the percentage of patients receiving appropriate clinical handover.

Clinical handover documentation, including discharge summaries written by a patient's treating doctor and not a junior medical officer, should be provided to a patient's regular GP within 48 hours of discharge. This meets the

Australian Commission on Safety and Quality and Health Care in the National Safety and Quality Health Service Standards.

The RACGP supports greater integration of My Health Record in hospitals but uploading discharge summaries to My Health Record or referencing "The Viewer" is insufficient and does not constitute an adequate clinical handover.

**Policy proposal:** Include a KPI of 85% of patients receiving best practice clinical handover to their nominated GP in the Service Agreements signed by Hospital and Health Services.

## Footnotes

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