Submission
No 91

# THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND REGIONAL COMMUNITIES

**Organisation:** The Royal Australian College of General Practitioners (RACGP) Rural

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Select Committee on Remote, Rural and Regional Health
NSW Parliament House
6 Macquarie Street
Sydney NSW 2000

Via email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Dr. Joseph McGirr MP

RACGP Rural would like to thank the Select Committee on Remote, Rural and Regional Health for the opportunity to make a submission to the inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW.

With a membership of over 25,000, including more than 9,500 registered general practitioners in rural and remote Australia, RACGP Rural actively supports and advocates for GPs working in these communities. Our commitment lies in addressing rural disadvantage by ensuring equitable access to healthcare in every postcode and community.

RACGP Rural has been extensively involved in the consultation process for the implementation of the outcomes of the Portfolio Committee No. 2 report and has gathered feedback from members who have direct experience in the NSW Health workforce to inform this submission.

Overall, it was found that workforce sustainability in rural and remote New South Wales continues to remain a key issue. Members acknowledge that there has been some movement towards a greater change in this area, however, further recommends that the Select Committee on Remote, Rural and Regional Health prioritise innovative models, incentive payments and vertical integration to ensure that these recommendations are implementable. Community needs are vastly different based on variations in determinants, lifestyle and disease burden for each community and its population.

Payroll tax continues to be a major concern for practice owners and GPs alike, and the RACGP has been at the forefront of advocacy efforts to exclude general practices from payroll tax liabilities on the earnings of independent practitioners. Most recently Queensland became the first jurisdiction to permanently exempt GPs from payroll tax.

We welcome the NSW Government's payroll tax rebate for contractor GPs wages at clinics with bulk-billing rates above 70% in regional and rural areas and the waiver for past unpaid payroll tax liability. The varying applications of payroll tax on independent practitioners by states and territories is causing confusion and uncertainty among the general practice community and we believe there is an urgent need for national consistency and clarity.

For further details relating to RACGP Rural's response to the inquiry, please refer to the below submission. If you have any questions or wish to discuss RACGP Rural's response in further detail, please contact RACGP Manager, Rural Member Support, Jess Ledwidge on

Kind regards

Associate Professor Michael Clements
Chair – RACGP Rural Council

Dr Nicole Higgins
RACGP President

# The implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW

## Executive Summary

Health outcomes for people living in rural and remote areas of Australia are inextricably linked with issues surrounding access and health equity. It is well established that those living in rural and remote areas are more likely to experience poorer health outcomes compared to those living in metropolitan areas.[1] Rural communities face higher burden of disease, yet also have the challenges of not having adequate access to the resources and services necessary for preventative and restorative care.[2] At the core of this issue is the impact of the social determinants of health on this demographic with unique and often complex care needs.

A supported and sustainable healthcare system is imperative to close gaps in healthcare access and equity and ensure every Australian has the same access to healthcare resources regardless of their postcode. To rectify these issues, it is important to implement long-term strategies that move towards building the workforce and infrastructure in these regions to accommodate complex and shifting health priorities while taking measures to closing the gaps in access and equity. A strong healthcare system is foundational to achieving these goals. RACGP Rural advocates for GP-led multidisciplinary healthcare teams to streamline rural health services and ensure continuity of care for consumers.

The recommendations outlined in the report by Portfolio Committee No. 2 have identified key opportunities in NSW Health to address issues of workforce shortages. It is imperative that there is a long-term commitment to adapting policies surrounding rural healthcare. RACGP found that the key themes that were discussed during the consultation process were surrounding the need for further exploration of innovative models to support the continued professional development of rural GPs, alongside supportive infrastructure to further enable healthcare interventions such as telehealth and palliative care for consumers.

## List of Recommendations

- NSW Health implement a funding incentive for general practice registrars to do their training in NSW.
- NSW Health review the infrastructure and clinical support availability in existing Virtual Care Models.
- NSW Health provide additional funding to upgrade infrastructure around telehealth services for rural and remote communities.
- NSW Health take measures to implement pay equity for rural GPs and review and revise locum rates.
- NSW Health review the timing, structure and remuneration of working groups/committees to make them more effective.
- NSW Health should strengthen their partnerships with relevant non-government health providers specific to each community to develop place-based health plans.

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[1] Australian Institute of Health and Welfare. (2022). *Rural and remote health.* Retrieved from https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

[2] Australian Institute of Health and Welfare. (2022). *Rural and remote Australians – Overview*. Retrieved from https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview#:~:text=Health%20inequalities%20in%20rural%20and,tobacco%20smoking%20and%20alcohol%20use

- NSW Health consider adding additional funding and opportunities for rural GPs to undertake non-procedural professional development to meet the evolving needs of rural consumers. This includes priority areas such as chronic disease management and mental health.
- NSW Health consider funding innovative models of care such as GPs with Special Interests.

## Introduction

RACGP Rural would like to thank the Select Committee on Remote, Rural and Regional Health for the opportunity to provide feedback on implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW. Cultivating a sustainable and supported rural health workforce is imperative to ensuring that rural and remote communities gain health equity and improve overall health outcomes.

RACGP Rural has chosen to focus our response on the key issues of recruitment, retention and training. Ensuring that the general practice workforce is skilled and supported are at the forefront of RACGP's strategic intent. Therefore, RACGP Rural has chosen to respond to the following terms of reference:

1) Cross-jurisdictional cooperation between the New South Wales and Australian governments, in particular:

a) Long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health (including Recommendations 1, 7, 8 and 11)

2) Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including Recommendations 9, 10, 14, 21, 22 and 39)

3) NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:

a) Improving communication between communities and health services (including Recommendations 5, 42).
b) Developing place-based health plans (including recommendation 43).

## Long-term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health (including Recommendations 1, 7, 8 and 11)

New South Wales residents are struggling to access health care due to a shortage of general practitioners. This is putting pressure on the state's emergency departments, according to the latest data from the Bureau of Health. Nothing replaces a GP.

While access to primary care and GPs is a federal responsibility, the NSW government must continue to invest in pathways to care outside of the hospital by improving funding incentive payments for general practice registrars to do their training in NSW and improving health communication to better support continuity of care and keep people out of hospital.

Specifically our members would like to see better interoperability between systems, easier transfer of information between clinicians and patient, new models of care with a multidisciplinary element and more flexible funding mechanisms to experiment with different ways of providing care. For example, in remote areas it would be great to have one record keeping system. RACGP Rural members report that Menindee and Wilcannia has four record

keeping systems in operation and there is no visibility between them. Extension of the current Single Digital Patient Record initiative to include access for GPs would also enable more efficient information sharing at transitions of care.

RACGP members working in rural New South Wales have expressed that virtual care models still need further consideration and improvement to be optimised for patient-centred care. Although virtual care is now established across the state and provides support to on-site clinicians, our members expressed that the issue lies with both infrastructure and availability of clinical support for appointments. Significant issues remain around the handover and inpatient care in many facilities.

Our members have also expressed the need to upgrade the infrastructure around telehealth services for rural and remote communities. One member raised the issue of Medicare payments for clinicians being unavailable for support and advocacy services for their patients during non-GP specialist appointments via telehealth. This critical provision was formerly a billable item through Medicare and impacts clinicians wanting to provide a seamless transition of care for their rural patients who may need these support services. In instances where patients require an advocate or additional support for these appointments and this service is unavailable, there is a serious risk of fragmentation of care for an already vulnerable population group. Additionally, the removal of telehealth items has resulted in greater instances of consumers having to pay for services that were previously bulk billed. It is well established that people in rural and remote areas have on average a lower household income.[3]

RACGP Rural members expressed that telehealth cancer care models have not been implemented. It was noted that service options including counselling were diminished for rural and remote patients, often completely unavailable in some areas.

Other issues of concern raised by RACGP Rural members include the access constraints around prescribing medications specifically relating to dermatological treatments and attention deficit hyperactivity disorder (ADHD). Medications such as isotretinoin and dexamphetamine are currently only able to be initiated by non-GP specialists, causing access constraints. Given the long wait times to see non-GP specialists, particularly in rural and remote areas, RACGP Rural would like the NSW Government to consider location-based allowances within the NSW Poisons and Therapeutic Goods Regulation for the prescribing of Restricted medicines.

Additionally, there are significant opportunities in workforce management, including pay equity and accreditation. During the consultation process, RACGP Rural members raised the discrepancy of pay for GPs who were taking additional shifts to support workforce shortages at local health facilities, and the locum GPs who are being paid at a higher rate. This is negatively impacting job satisfaction in rural and remote areas for resident GPs. The discrepancy between local GPs and locum GPs who are being paid at a higher rate is impacting job satisfaction in rural and remote areas and has caused many doctors to cease hospital work. Similarly, the high rates paid by NSW Health makes it impossible to attract locums to office based general practice, leading to burnout and temporary practice closures. General practices cannot keep up with these locum rates which members report can be more than $2,000 per day.

Payroll tax continues to be a major concern for practice owners and GPs alike, and the RACGP has been at the forefront of advocacy efforts to exclude general practices from payroll tax liabilities on the earnings of independent practitioners. Most recently Queensland became the first jurisdiction to permanently exempt GPs from payroll tax.

GPs are the backbone of the health system, with nine out of ten Australians seeing a GP each year. However, payroll tax implications threaten the viability of the general practice sector. Many practices will face closure if they are required to pay retrospective payroll tax liabilities.

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[3] Australian Institute of Health and Welfare. (2022). *Rural and remote health.* Retrieved from https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

We welcome the NSW Government's payroll tax rebate for contractor GPs wages at clinics with bulk-billing rates above 70% in regional and rural areas and the waiver for past unpaid payroll tax liability.

The varying applications of payroll tax on independent practitioners by states and territories is causing confusion and uncertainty among the general practice community and we believe there is an urgent need for national consistency and clarity.

**RACGP Recommends:**

- NSW Health implement a funding incentive for general practice registrars to do their training in NSW.
- NSW Health review the infrastructure and clinical support availability in existing Virtual Care Models.
- NSW Health provide additional funding to upgrade infrastructure around telehealth services for rural and remote communities.
- NSW Health take measures to implement pay equity for rural GPs and review and revise locum rates.
- NSW Health provides an extension to payroll tax amnesty in NSW so that practices can adequately prepare and make changes in line with the new rules.

## Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including Recommendations 9, 10, 14, 21, 22 and 39)

Workforce sustainability in rural New South Wales continues to be a key issue for RACGP Rural members, who have reported that attracting long-term GPs and trainees to the Western New South Wales and New England regions is still a critical concern for these communities.

A layered approach is required to develop a sustainable and supported GP workforce. Innovative models such as remote supervision to support rural GP training programs are all vital components to addressing the current and persistent GP workforce issues faced by rural and remote communities. RACGP members have suggested that further consideration must be given to enable vertical integration of the teaching environment for learners. Through applying innovative infrastructure to the teaching and learning environment for students, NSW Health will be able to ensure students are able to work alongside GP registrars and healthcare teams, increasing the quality of care received by rural consumers and ensuring all aspects of the rural healthcare workforce are supported at all stages of their careers.

Furthermore, to remove the barriers to GP training, incentive payments should be considered to cover the pay cut GP registrars take when leaving hospital and starting private practice. There was a big increase in the number of GPs training in Victoria after their government offered an incentive of up to $40,000 and Queensland has also subsequently introduced this.

Expansion of the John Flynn Pre-Vocational Doctor Training Program for junior doctors to ensure there is coordinated exposure to general practice for all junior doctors. Ensuring that there are ongoing financial incentives to allow for rural post-graduate rotations will enable more junior doctors to experience the work and lifestyle of a Rural Generalist.

RACGP has been a strong advocate for innovative methods that are designed to bolster the GP workforce for rural and remote areas and have been actively engaged with the Single Employer Pathway project team leading the implementation of the SEM in NSW. All training practices, posts and registrars will be supported under the RACGP AGPT program.

From a registrar perspective, our members report that it can provide a lot of security not only in terms of remuneration but also access to leave and ease of ongoing training and the relationship with hospital, which makes it attractive and is the whole aim of the scheme. However, there is very limited research that this model is successful and scalable in attracting more Rural Generalist registrars.

Another member perspective highlighted that SEM in NSW is covering too of large an area, meaning that the program is not locally adaptable, which was meant to be one of its strengths. Furthermore, the financial risks significantly flow to the practice such that many practices have refused to sign on the model.

We recommend and support a comprehensive evaluation of existing SEMs as a necessary first step to design an evidence base and evaluation process for the proposed scale-up of the model. Given there is limited evidence at this time that these models are successful or scalable, their expansion should continue cautiously and not as a potential system level solution to portability of entitlements.

**RACGP Recommends:**

- NSW Health implement a funding incentive for general practice registrars to do their training in NSW.
- NSW Health further considers vertical integration of the teaching environment for rural and remote learners.
- NSW Health conducts a comprehensive evaluation of existing SEMs to design an evidence base and evaluation process.

## NSW Government consultation with health stakeholders and communities in remote, rural and regional New South Wales, in particular:

### a) Improving communication between communities and health services (including Recommendations 5, 42).
### b) Developing place based health plans (including recommendation 43).

While there are a lot of opportunities for engagement with NSW Health and the rural and regional Local Health Districts, our members report that the rural workforce is under pressure and there is not a lot of time for engagement. Furthermore, attendance at meetings or positions on committees or working groups are usually not funded and require the GP to take time away from their patients with most meetings occurring during working hours making it impossible to participate. This can be an impediment to engagement.

Community needs are vastly different based on variations in determinants, lifestyle and disease burden for each community and its population.

RACGP Rural members recommend that NSW Health should strengthen their partnerships with relevant non-government health providers specific to each community to develop place-based health plans. This includes involving them in planning and delivering services and identify additional areas for improvement.

One member reported that the nursing home has closed down in their community meaning that the hospital ward is full of people that should be in aged care. The acute nursing staff are not trained in dementia care so they are having to actively take people out of the hospital ward while they wait for staff with these skills. Dementia care is

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not being met on the hospital ward – they desperately need dementia workers and an aged care facility. RACGP Rura members recommend NSW Health consider improved resource sharing between the state and Commonwealth where there are local resourcing issues. This would help take the cost burden off NSW Health.

Another RACGP Rural member who is working as a GP in Modified Monash Model (MMM) 3 and MMM 5 areas reports that patients who are living in MMM5 are experiencing significant health inequality. There has been no improved communication between GPs and NSW Health. Access to NSW Health services such as the wound clinic and community services such as the early childhood services has actually become harder to access and more complicated to refer to. As the only health professional providing service in this area, there has been no consultation with our member or their practice nurse and community. No NSW Health service will travel past the town of Wauchope which is >30km from my clinic, so patients have no local access to pharmacy, heart failure nurse, wound clinic, pulmonary rehab nurse, early childhood nurse etc. They are also unable to get delivery of liquid nitrogen and have had many difficulties over the past 10 years getting delivery of NIP vaccines. The occasional "brown outs" and NBN interruptions make it difficult to get constant and safe access to my best practice server and notes.

To meet the evolving needs of rural communities, RACGP Rural would like to see increased opportunities for rural GPs to engage in ongoing training. During the consultation process, members expressed the need to include non-procedural education, with particular emphasis on chronic disease management and mental health due to the higher risk factors experienced by consumers in these areas.

Another area of opportunity identified by RACGP Rural members in NSW is for GPs with Specific Interests (GPwSI) models of care that have been trialled to help reduce the number of patients waiting longer than recommended for Specialist Outpatient appointments.

The GP with a Special Interest (GPwSI) model of care aims to improve patient access to the most appropriate specialist care in a timely and cost-effective manner, within the outpatient setting. It represents a unique opportunity for GPs to upskill within an area of interest and strengthens the links between primary care practitioners and hospital-based specialist services. The eligibility in programs such as the Isolated Patients Transport and Accommodation and Assistance Scheme (IPTAAS) could be expanded to include GPwSI, therefore expanding accessibility for patients. GP appointments are not currently eligible for this program. Preliminary results indicate are that the model is acceptable, feasible, safe and useful.

**RACGP Recommends:**

- NSW Health review the timing, structure and remuneration of working groups/committees to make them more effective.
- NSW Health should strengthen their partnerships with relevant non-government health providers specific to each community to develop place-based health plans.
- NSW Health consider adding additional funding and opportunities for rural GPs to undertake non-procedural professional development to meet the evolving needs of rural consumers. This includes priority areas such as chronic disease management and mental health.
- NSW Health consider funding innovative models of care such as GPs with Special Interests.

## Conclusion

RACGP Rural thanks the Select Committee on Remote, Rural and Regional Health for their commitment to improving health outcomes for rural consumers and improving the conditions for the rural health workforce.

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RACGP Rural acknowledges the steps that have already been taken by NSW Health to achieve the recommendations proposed in the Portfolio Committee No. 2 report and notes that the achievement of these outcomes is an ongoing process.

RACGP has offered to set up a Memorandum of Understanding with NSW Health on how we can work together to support rural GP and rural generalist training. RACGP looks forward to future opportunities to work collaboratively with NSW Health, the NSW government, and other institutions to improve the quality of care for people living in remote and regional communities.