

Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

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Faculty of Medicine
Office of the Executive Dean

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Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane Qld 4000

To the Secretary

The University of Queensland Faculty of Medicine is pleased to have this opportunity to provide a submission to the **Health and Environment Committee of the Queensland Parliament** regarding the Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system.

The main focus of our submission is the impact that the availability and accessibility of primary care services has on the Queensland public health system, particularly in regional, rural and remote areas, and takes into consideration the availability of medical training places at Queensland universities. In particular, we are considering the needs of the footprint served by our Rural Clinical School, which covers the communities aligned to the Central Queensland, Darling Downs, South West and Wide Bay Hospital and Health Services.

We acknowledge that access to general practitioners in regional, rural and remote areas of Queensland is a critical issue affecting Queensland communities, and actively supports measures to increase the number of general practitioners (GPs) who are working in these locations. The shortage of GPs in regional, rural and remote areas of Queensland is impacting on the public health system, with the burden falling upon public hospitals to fill the significant gaps in primary health care services. The relatively low supply of GPs is particularly concerning, and in addition to undersupply, poor retention and high turnover are commonly reported across our footprint, which leads to difficulty accessing GPs, closed books and inability to meet growing demand.

There is also a heavy and increasing reliance upon overseas trained doctors to fill the gaps in regional, rural and remote Queensland and significant use of locums. Whilst many overseas training doctors do work in rural General Practice when they first arrive in Queensland, many do not become embedded in the community in which they work, with their families often living in metropolitan locations. When able, many relocate to the city and the rural community once again has a further shortfall in GPs. This reliance is not a satisfactory or sustainable long-term model. It is evident that we need to not only grow our skilled workforce to deliver primary care health services, but to also find ways to train and retain medical practitioners and their families in these under-serviced areas, in order to future-proof the health workforce for years to come.

UQ is leading two key initiatives to grow the primary health care workforce in Queensland, with its regional partners in education and health care provision, aligned with broader Commonwealth and State Government policy directions. These initiatives are the Wide Bay and Central Queensland Regional Medical Pathway (WB-CQ RMP) and the Darling Downs - South West Medical Pathway (DD-SW MP).

These medical pathways will provide and support an end-to-end pre-medical, medical education and vocational training pathway (from completion of secondary school to completion of vocational training

to Fellowship) in the Central Queensland, Wide Bay, Darling Downs and South West regions of Queensland. Access to medical services will be improved through the focused development of a sustainable, 'home grown' medical workforce who are committed to living and working in regional, rural and remote Australia and specifically across the CQ, WB, DD and SW regions.

Local students from these regions will be able to undertake their undergraduate studies with a regionally based university and then complete the four years of their UQMD program in the rural and regional communities, which are served by the UQ Rural Clinical School. Support during prevocational and vocational training will be provided by the UQ Regional Training Hubs (RTHs) which are ideally placed to take on a larger role in facilitating place-based GP vocational training within the RMP and MP footprints, ensuring the pathway to rural and regional GP is maintained. This collaboration between the RTHs which support medical graduates and trainees and the University sector, will commence at the end of secondary school, extend through medical school, into the post-graduate prevocational junior doctor years, and continue into place-based vocational GP training in the rural and regional communities in which the RTHs are embedded. Provided with guidance and support throughout the continuum of medical pathways in the regions, learners will have less incentive to leave the region. The longer a medical learner remains in a region during their medical education and training, the more likely they are to remain in that region.

UQ has committed, through these medical pathways, to increase the length of time students will learn and live in regional and rural communities. We are planning for 90 medical students to experience all four years of their medical program in the regional centre and surrounding rural communities. By the time the CQ-WB RMP and DD-SW MP are fully operational, the rural and regional communities in the UQ footprint will be supporting the learning of 360 students at any one time compared to approximately 170 on year-long placements currently.

For UQ to be able to offer and realise these medical pathways in regional, rural and remote Queensland, that make a significant difference to medical workforce maldistribution including GPs, more medical students are needed. UQ has submitted an application to seek an allocation of 30 CSPs from the re-distribution pool from 2023 onwards (up to a total of 120 CSPs) where UQ will match these additional 30 CSPs with 30 CSPs from its existing CSP allocation each year, for the CQ-WB RMP. UQ will also be requesting an additional 15 CSPs for each of the four years aligned to the DD-SW MP. These additional places would make a significant difference to achieving the goals of the Stronger Rural Health Strategy, including Junior Doctor training program and streamlined pathways to General Practice Fellowship. UQ's new Medical Program has a strong emphasis on Primary Care, which aims to encourage more graduates to choose GP as their career preference.

Medicare support is essential to ensure that outer regional, rural and remote general practices remain viable. Medicare rebates increased by 1.2 to 2.5% per year between 1995 and 2021, at a time when the Consumer Price Index increased by 3% per year, until they were frozen completely¹. This has undoubtedly compromised the viability of many general practices, especially in areas of socioeconomic disadvantage, which includes rural communities, where mixed billing was not possible.

We note, however, the vital support for general practices and GP teaching provided by the Medicare PIP Teaching Payment. This payment enables ongoing medical student clinical teaching in these locations, which is an essential aspect of the rural GP workforce pipeline.

We also welcome the Medicare rebates for telehealth consultations, which support access to GP health care in both metropolitan and rural settings. In general, we support the linking of these to a

¹https://www.ama.com.au/sites/default/files/documents/The_AMA_10_Year_Framework_for_Primary_Care_Reform.pdf

regular general practice. We note that travellers are a feature of rural and remote GP and there must also be support to deliver care to these patients. General practitioners have developed innovative and effective strategies for providing medical student teaching based around telehealth consultations.

UQ's CQ-WB RMP and DD-SW MP initiatives are a bold, evidence based and innovative approach to address the regional, rural and remote medical workforce shortage. Increasing the availability of medical training places at the University of Queensland will support UQ and its rural and regional partners to achieve their ambitions, so that rural people can receive the care they need, at the time they need, close to home.

If you would like further information on any of the points made in this submission, please do not hesitate to contact us.

Yours sincerely,



Associate Professor Riitta Partanen
Head, UQ Rural Clinical School
Faculty of Medicine



Associate Professor Nancy Sturman
A/Head, UQ Mayne Academy of General Practice
Faculty of Medicine

This submission is approved on behalf of The University of Queensland by:



Professor Geoff McColl
Executive Dean
Faculty of Medicine
The University of Queensland