

GP LINK Lunches | An Update from Dr Tom Lieng

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



Dr Tom Lieng



Dr Ken McCroary

Ken McCroary - Following a recent discussion regarding the disappointing closure of IngleburnGP and the ongoing crisis in General Practice funding, viability and workforce, I was fortunate enough to gain further insight from Dr Tom Lieng regarding the heartbreak and frustration felt so widely throughout our profession.

So, Tom where are we at, how did we get here and what do you believe the future holds?

Tom Lieng - The truth is the government has not indexed our Medicare rebate since Medicare was born. It was initially pegged with AMA rate of a standard consultation and AMA rate has been adjusted with inflation over the years but not Medicare.

Current standard consultation is \$89 for AMA and \$39.75 for Medicare.

Medicare was designed in the 70s for consultations with single agenda. Since then, healthcare changed significantly and a GP consultation is often complex with multiple medical problems and treatment interaction considerations.

When I first became a doctor, a standard consultation would take less than 10 minutes but now I struggle with 15 minutes. Junior doctors could not handle consultations of 15 minutes and often consultations are 20-30 minutes.

As a result of increasingly rising costs GPs are abandoning bulk-billing but that's not solving our local problem. We recently decided to charge a \$20 gap fee. We exclude aged pensioners, healthcare card holders and children. We are surprised that 95% of our patients fall in the excluded group. It reflects the low socioeconomic make-up of our local community.

Thirty years ago, the rate of doctors choosing General Practice after finishing Medicine was 60 in 100, now it's only 19 in 100. The government attempts to fix this gap by recruiting overseas trained doctors. You may be aware this is now a crisis due to COVID and the three years not recruiting due to border restrictions has caused a rural doctor crisis.

In South Western Sydney there is a relative shortage of GPs due to the low socioeconomics. GPs are choosing to practise in areas of higher private billing. This leads to closure of general practice in the area. Currently a practice is closed down in South Western Sydney every 40 days.

I am an owner of two practices at Lurnea and Liverpool. I am in a fortunate situation that I own the buildings so I don't have to pay rent. It helps reduce our operational cost and allows us to survive without a practice loss. Our Ingleburn branch is not the same as we rented the premise. It costs about \$200,000 p/a to run a medical centre with skeleton support staff and Medicare rebate means I need at least three fulltime GPs to pay for that cost.

In March, the Government announced that GPs working in group practices are now considered employees rather than contractors and are subject to 5% State payroll tax. It means the state will take an extra 5% of our income in an already squeezed out sector. I have grave fears over our ability to survive. So with the extra 5% tax, I need 3.5 full-time GPs in a centre to cover for practice operational cost. The only option to recover the extra 5% is to pass the cost on to our patients.

Last year, I approached my doctors and asked for an extra 1% management fee to cover for the rising cost of general practice. It resulted in departure of three established GPs within my group. One doctor moved to Eastern Suburbs to a practice that charges \$90 per consultation. One doctor moved to the Lower North Shore to a practice than charges \$90 per consultation, and the other doctor moved to another practice in South Western Sydney that books 10-minute appointments instead of 15 minutes.

So the solution that us GPs have is to either charge patients a private fee or practice bad medicine and spend less time with our patients. It's simple economics. The issue is that our local community is poor. They can't afford \$90. They struggle to pay \$60 and cannot pay \$90. We don't want to make them pay \$90 but we are struggling to survive on \$40/\$60 fee.

Our doctors are not incompetent and can work anywhere in Australia. But practising in South Western Sydney means we are financially penalised because our patients are poorer. Universal healthcare does not exist under the current system and the design of the system 50 years ago no longer works.

We need a change in the system. We need increased Medicare rebates and we need the payroll tax to be aborted.

It is not easy to train a GP. If the governments act today and make the remuneration reasonable, it will take 10 years before the effects take place. So the situation will worsen in the next 10 years even if we see action now.

We as a group have made plans to broaden our fee structure to charge more patients and more for each visit. It means an extra cost to our already very poor patients who are struggling to survive with living expenses. But it's either that or face further closures. We already lost one of our three centres. The AMA and the RACGP have together been actively campaigning to prevent this but we have not been well supported and the Government is not listening.

I am hoping see Medicare reform in the parliament as an agenda to discuss changes. It's mind boggling to me.

Last year was a bad year and I was seriously considering packing my bags. But it means shutting down Lurnea which is the longest surviving General Practice in South Western Sydney. It would be a symbolic death of general practice. We have got to continue fighting. Not for us but for our colleagues' future. I am old enough to retire (early) but they are not. They have mortgage and bills to pay.

Ken McCroary - What a sad and tragic turn of events for yourself, GPs and the most vulnerable members of our community.

Tom Lieng - Thanks Ken. I didn't anticipate that our story would echo the general practice crisis in this way. Thank you though for writing it up and sharing our hardship. It was a very painful decision to close down IngleburnGP after six years of work. We didn't think we would survive COVID, but now might not survive this.

Ken McCroary - Thanks so much for your time and have a great weekend. Remember if you're not a member of GP Link already or you would like to learn more log onto the website at sswgp.link