

SWSPHN Workforce Planning and Prioritisation Program Stakeholder Consultation Summary Report

Introduction

Since February 2023, the Australian General Practice Training (AGPT) Program has transitioned to a college-led model under the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural & Remote Medicine (ACCRM). They are now entrusted with the authority to select, educate, train, assess, and provide support to registrars on their journey to achieving fellowship, including allocating training placements.

In parallel, the Workforce Planning and Prioritisation program (WPP), led by ACT PHN, represents a collaborative effort aimed at analysing the existing primary care workforce along with the evolving needs of the population within the NSW and ACT PHNs. Through this process, the WPP seeks to foster a coordinated approach to compile a national report, which will be presented to the Department of Health and Aged Care (DoHAC) as well as the GP Colleges. Its purpose is to outline the priorities for placing Australian General Practice Trainees at the GP catchment level, thereby addressing the immediate and future needs of communities.

This summary encapsulates the valuable insights collected from GP Registrars, GP Supervisors, practice staff, patients, and actively engaged community members residing in the South Western Sydney Primary Health Network (SWSPHN) catchment.

South Western Sydney Overview

The South Western Sydney (SWS) region encompasses an estimated population of 1,062,809 (ABS, 2023), with projections indicating a significant population surge of 32% by 2041. However, this growth is met with a pressing challenge—SWS is currently experiencing a reduction in the number of bulk-billing practices necessary to adequately serve its expanding population. Notably, SWS ranks amongst the regions in Greater Sydney and NSW with the lowest General Practitioner (GP) density per capita. Recent analysis has identified the top five priority catchments necessitating focused attention for registrar placements are Oakdale, Fairfield, Bankstown, Camden and Liverpool.

Among the common issues prevalent in these priority catchments and other parts of SWS is a scarcity of GPs, a notably higher median age of GPs—signifying an impending wave of retirements—and a large portion of non-accredited solo practices, particularly in Fairfield. In addition, there is reportedly limited appeal for registrars considering work within the region, inadequacies in providing support for registrar placements, and a gradual shift in practices from bulk-billing to mixed-billing models.

GP Supervisor Consultation

A recurring concern raised by GPs was their struggle to assume supervisory responsibilities, often facing challenges in obtaining accreditation as a training site. This challenge was exemplified by a GP situated in Camden, who voiced frustration over encountering multiple unsuccessful attempts spanning three years to establish their practice as a training site for registrars. Other practices across the region that have obtained accreditation are having difficulty filling registrar placements despite the availability of spare rooms and capable

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GPs ready to undertake supervisory roles. These efforts have been met with ongoing resistance and serves as an illustration of the presence of untapped training potential.

Another critical observation stemming from GP feedback is the diminishing allure of specialisation within this field. One GP in Liverpool highlighted that they have perceived a shortage of GPs due to dwindling support extended to practitioners and the declining attractiveness of a career in general practice. Cited reasons included escalating stress levels and lower incomes when compared with alternative medical specialties.

Examining the role of becoming a supervisor, GPs reported needing a significant commitment of their time, accompanied by inadequate remuneration rates. Suggestions include an emphasis on simplifying administrative tasks and training associated with the supervisory role, coupled with improved financial incentives.

GP Registrar Consultation

Collectively, it is evident that completing a registrar placement within SWS has been met with a favorable response. Registrars acknowledge the advantages of exposure to a diverse patient demographic contribute to a positive learning experience. However, it's noteworthy that despite the positive aspects, a subset of registrars expressed reservations about continuing to work within the region. Their reluctance is primarily attributed to the considerable travel distance separating their place of residence from their placement site. This is corroborated by insights from a practice manager, who observed that all registrars who joined their practice did not opt to continue working in the area due to the extensive commute.

Additionally, concerns about the quality of local healthcare services, including emergency departments and public surgery clinics were also raised. Instances of prolonged wait times and associated service-related challenges have been noted, potentially affecting the overall experience for registrars and the community they serve. Furthermore, GP registrars have the desire for enhanced networking opportunities within the area. This need arises from the hope for increased peer support, reflecting a proactive effort to foster a stronger sense of community among professionals in the field.

General Practice Staff Consultation

Practice managers have reported a struggle to secure registrars despite expressing their willingness and ability to accommodate them, due to a shortage of registrars being assigned, resulting in a noticeable workforce deficit in their regions. In addition, the apprehension voiced by these practice managers extends to the impact of an aging GP demographic and the closure of local practices within their catchment areas. This has resulted in an amplified patient load being absorbed by the remaining practices and GPs, exacerbating the strain on healthcare provision and access.

Community Consultation

A significant portion of community members voiced concerns regarding prolonged wait times for appointments, which contributed to hurdles in accessing timely care. A prevailing challenge also emerged in relation to the availability of bulk-billing practices. Traditionally, SWS boasted a considerable number of such practices, but a noteworthy shift is underway in the region with several bulk-billing practices transitioning towards a mixed-billing approach to maintain financial viability. The gradual move to mixed-billing may influence some patients to either reduce the frequency of visits to their regular GPs or prompted them to explore bulk-billing practices they're not familiar with. These changes have also sparked apprehension amongst community members, who expressed concerns that the personalised care they've grown accustomed to may be compromised. Furthermore, individuals grappling with complex medical conditions have highlighted the financial constraints that impede their ability to manage their health effectively and engage in regular GP visits.

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On a different note, some general practitioners have noticed that transitioning to mixed billing has led to a reduction in the number of appointments they handle, but it hasn't resulted in a decrease in their earnings. This situation benefits patients who continue to visit these GPs with no changes in their frequency of visits, as they most likely experience reduced wait times and increased consultation times. Another effect of mixed-billing in the South Western Sydney region is the potential for better retention of GP registrars. This payment model offers higher income opportunities for them, making South Western Sydney a more attractive place to work for aspiring GPs.

The pressing need for enhanced mental health support services has garnered considerable attention from community members. Recommendations have emerged, suggesting a heightened emphasis on training within this domain to meet the escalating demand for mental health assistance across the SWS region. This is further supported by the fact that prevalence of mental health conditions is placed in the top five health conditions within every high priority GP catchment area for registrar placements (ABS 2021).

From a favourable perspective, community members conveyed a sense of empowerment and support stemming from their interactions with GPs, with 72.1% of survey responders expressing contentment when consistently consulting the same GP for their routine appointments. The GP workforce within SWS reflects the diverse communities it serves. The availability of interpreting services and GPs capable of consultations in multiple languages has been perceived as a significant stride towards inclusivity.

Conclusion and Next Steps

SWS faces challenges with its growing population's healthcare needs. Practice closures and a shift from bulk-billing to mixed billing models threaten community access to GP services, straining existing practices. Securing registrars in SWS is tough due to changing factors in the registrar landscape and competitive remuneration elsewhere. Longer placements are seen as more beneficial for registrar-patient relationships, helping registrars learn from the diverse patient base in SWS. Supervisors and practice managers prefer more college involvement in equitable registrar placements, but retaining registrars in SWS is difficult due to the currently high number of bulk-billing practices and lifestyle factors. Advocacy for improved Medicare rebates is crucial for healthcare sustainability. SWS must focus on workforce planning to attract and keep General Practitioners for the growing population's needs. The region's long-term success relies on evolving healthcare to meet community demands.

These recommendations will be incorporated into a national report to be submitted to DoHAC in October 2023, which will further inform the approach and strategy the RACGP and ACRRM take to inform registrar placements. At SWSPHN, a third report incorporating stakeholder and community consultation will be generated from December 2023 to July 2024. This report will further outline SWSPHN's ability to improve CPD programs and assess the areas of most need across the region to support the health and wellbeing of our community through the primary healthcare workforce.

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