

## **Response to the 2023 Federal Budget**

In recent years there has been increasing concern about the state of the Primary Healthcare Network, especially in rural areas. We have seen declining numbers of General Practitioners as they retire or relocate. Patients in many towns and cities, including Armidale, have faced the reality of having no access to a local GP and have had to resort to attendance at their local hospital emergency department (which in many cases is understaffed and under pressure), to travel long distances to access GP services, or in the worst case scenario, do without any Primary Healthcare.

We have had a recent forum to explore this issue and to try and find solutions. It has become clear that while General Practice is the foundation stone of our health service, it has been undervalued and undermined by our politicians over a considerable period of time.

The schedule fee has been the method of paying doctors for their work. Up until 1987, this was determined by Arbitration if the parties (doctors and federal government) could not agree. This worked as a fair way to determine a schedule that did not work to disadvantage doctors or government. Since 1987, the schedule fee has basically been determined by the Health Minister in the Federal Government.

What has occurred is a steady devaluation of the schedule fee as it was increased below the rate of inflation. This particularly applied over the two terms of the previous government when the Schedule Fee was frozen with no increase at all over several years. The end result of this is:

- a) General Practice has been rendered increasingly nonviable and uneconomic.
- b) Those patients not bulk billed were facing an increasing gap fee of \$50 - \$100.
- c) Increasingly GPs have had to either abandon bulk billing or introduce gap fees for the disadvantaged patients as well leaving many poorer patients unable to afford access to Primary Healthcare.
- d) There has been an increasing trend for Primary Healthcare to be unavailable in rural and low socioeconomic communities where General Practice is uneconomic.

The other worrying trend is that there are fewer medical graduates taking up General Practice as a career. The student in their undergraduate years have seen how GPs are being slowly squeezed by government and have decided not to aspire to General Practice. Fifty years ago, half of medical graduates went into General Practice. That figure is now 14%.

A further problem is the post graduate training program for General Practice. In most specialities, this is hospital based as a State Government employee with an industrial award that covers sick leave, annual holidays, maternity leave, study leave, long service leave etc. In the case of post graduate GP training, the trainee leaves the public hospital after internship and residency and works in general practice. Payment is determined largely by the income that they produce there providing services. All their leave entitlements have to be funded from this revenue stream. Because of the degraded schedule fee, they have an impoverished lifestyle.

For young people entering the workforce in their mid to late 20s, half of whom are women in their reproductive years, carrying a HECS debt and trying to afford housing, this is a bitter pill to swallow. Many decide that it is not for them.

There has been a suggestion to offer General Practice training under a 'single employer model' whereby they continue to work under the State Award that they did as Interns and Resident Medical Officers and leave entitlements apply under this. There are several trials of this being carried out around Australia.

At our meeting at the Bowling Club, we moved that:

1. The Schedule Fee should be increased as a matter of urgency.
2. A system of arbitration should be set up to ensure fairness to all parties in determining the Schedule Fee.
3. The 'single employer model' should be adopted for General Practice training to put working conditions on the same level as that of other specialities.

We put these thoughts to State and Federal Government Health Ministers and the Opposition Parties.

The Federal Government budget for the current financial year has just been announced. What does it reveal?

There has been \$3.5 billion allocated over five years to try and address the decline in the bulk billing rate for low income patients and children. In the case of Commonwealth concession card holders and children under 16, the schedule fee will triple. This graduates from a slight increase in well service areas to the highest rates in rural and remote areas that are poorly serviced. There will also be an indexation boost to the Schedule Fee almost immediately and again in November.

These actions are the biggest boost to General Practice in decades and will go some way to stabilising the GP situation. Patients in nursing homes will also be eligible for these bulk bill rebates. Some of the pressure in nursing homes (that is often passed onto the local hospital) should have some relief.

There is no mention of a system of arbitration. If the actions above are to be enduring, there will need to be an industrial system put in place that is perceived by both parties (Government and doctors) to be fair. A lot of hurt and damage had been caused by the ignorance or indifference of governments in actions that have harmed our Universal Primary Healthcare system. Many doctors may be reluctant to 'buy in' again unless the system is designed to prevent the mismanagement of the past decade or two.

The single employer model trial sites are to be expanded, but there are no details yet as to whether New England is to be included. It is to be hoped that it is made universal to put all the specialities training on an equal industrial footing.

It will take a decade or so to address the GP shortages as it takes time to train them. The key is to make sure that the training and career of General Practice is attractive to medical school graduates.

There were many other plans announced that should benefit patients, such as patients will no longer be limited to a month's supply of their drugs with a prescription so less will be paid for prescribing fees.

Overall, the Federal Government is to be congratulated for recognising the current problems with Medicare and the actions they have taken so far to address them. However, it will take many years to dig ourselves out of the hole we have created. High quality Primary Healthcare should be available to all and not restricted to the high socioeconomic demographic.

Dr John Nevin (NEV2030 Team) 12th May 2023