

## **GPRA REVIEW OF PRODUCTIVITY COMMISSION POSITION PAPER AUSTRALIA'S HEALTH WORKFORCE**

GPRA is pleased to have had the opportunity to examine the Position Paper, including Draft Proposals, formulated by the Productivity Commission on the issue of Australia's Health Workforce. GPRA is the peak national body representing General Practice Registrars throughout Australia. Our aim is to provide advocacy and representation on behalf of all GP registrars.

A broad range of issues impacting on the Health Workforce are considered in this Paper, and reflected in the Draft Proposals. A number have potential implications for General Practice Registrars, subject to the nature of the interpretation, further development and implementation of the Committee's recommendations. We appreciate this opportunity to highlight areas of potential relevance or concern for General Practice training and General Practice Registrars; the future General Practice workforce.

The scope of the Productivity Commission's report on the Australian Health Workforce included consideration of

1. "... the institutional, regulatory and other factors across both the health and education sectors affecting the supply of health workforce professionals, such as their entry, mobility and retention including
  - d). workforce participation including access to the professions, net returns to individuals, professional mobility, occupational re-entry, and skills portability and recognition.
  - e) workforce satisfaction, occupational attractiveness, workplace pressure, practices and hours of work."

In the context of General Practice Training, factors which have the potential to impact on the supply of General Practice workforce include the attractiveness of General Practice as a career, and the quality of training.

Issues which reflect attractiveness include flexibility, diversity, independence, adequate financial remuneration and other rewards – personal and professional. Quality training is that which facilitates attainment of the knowledge and skills required to provide optimum primary care to our communities, delivered in a framework which reflects Registrar needs. Training must be well-supported and without undue restrictions.

Addressing these issues will help attract quality medical graduates to General Practice training and equip them as the efficient, effective future General Practice workforce required.

Draft proposals 7.2 and 10.3 are of relevance to these issues.

**7.2 States and territories should collectively take steps to improve the operation of mutual recognition in relation to the health workforce. In particular, they should implement fee waivers for mobile practitioners and streamline processes for short term provision of services across jurisdictional borders.**

Geographical or other jurisdictional restrictions on practice limit the diversity and flexibility which is otherwise a feature of General Practice. In the case of Australian General Practice Training, the boundaries of Regional Training Providers and the 'Pathway' system (Rural versus General) are examples whereby Registrars face restrictions on location of training and practice, which may impact negatively on their experience of training, and the area in which they are forced to train.

**10.3 The Australian Health Ministers' Conference should initiate a cross program evaluation exercise designed to ascertain which approaches...are likely to be most cost-effective in improving the sustainability, quality and accessibility of health workforce services in rural and remote Australia, including: the provision of financial incentives through the MBS rebate structure versus practice grants; and 'incentive-driven' approaches involving financial support for education and training or service delivery versus 'coercive' mechanisms such as requirements for particular health workers to practice in rural and remote areas.**

GPRA supports the use of incentives, rather than compulsory requirements, to influence Registrar participation in General Practice in rural and remote Australia.

2. "... the structure and distribution of the health workforce and its consequential efficiency and effectiveness including
  - a) workforce structure, skills mix and responsibilities, including evolving health workforce roles and redesign, and the flexibility, capacity, efficiency and effectiveness of the health workforce to address current and emerging health needs, including indigenous health.

The great diversity of expertise accrued by General Practitioners, skills in adaptation and integration of this expertise, and the direct interface with communities, equips our profession best to respond to the changing needs of these communities.

This skills base could be jeopardised if training times are reduced, or earlier specialisation of medical undergraduates is introduced. A responsive General Practice workforce is dependent upon a broad base from which to draw the required knowledge and skills for the particular health service need. In this instance, the quantity does contribute significantly to the quality of training, and the quality of the health professional.

Section 5.3 of the Position Paper, under the heading ‘Major performance gaps identified by participants’ identified the duration of education and training as a factor which “reduces the capacity of the system to respond to shortages in a timely fashion and complicates broader workforce planning”.

Proposed models to address this issue include ‘multi-skilled health workers’, and the ‘skills escalator’. General Practitioners offer the greatest level of necessary skills to perform the central role in primary care. The same level of care could not be provided by a health worker following a “short generic health degree”. Efficiency in primary care may demand coordination of teams of health workers with different skills sets. General Practitioners have long performed this role, and must continue to do so, in the present or expanded capacity. This is essential in order to optimise care, as well as efficiency, and to maximise the advantage to the community of this group of highly skilled professionals.

The ‘skills escalator’ would seem an inappropriate method of training for General Practice, as competency across such a broad range of disciplines is required.

3. “... the factors affecting demand for services provided by health workforce professionals, including
  - c.) relationship between local and international supply of health workforce

The General Practice training population, and workforce generally, includes large numbers of International Medical Graduates. Specific support is required for these professionals, who vary greatly in their ability to step into our training frameworks and the provision of primary care in Australia.

In reviewing this Position Paper, the GPRA Board seeks to anticipate outcomes for General Practice Registrars which may result from implementation of the proposed recommendations. This is difficult in view of the broad objectives of the report, and the numerous variables at each level, be it Governmental Department, Education Provider, Health Service Provider, or community health service need. We hope that the further development and practical implementation of those proposals which are adopted is undertaken via a consultative process with all relevant stakeholders.