

GP Solution

January 2024

Tasmania is headed for a GP cliff.

Like the rest of the country, many of the existing cohort of fulltime GPs nearing retirement in circumstances where younger GPs are tending to work part-time.

The shortage of GPs, particularly in Tasmania with its ageing population, is beyond urgent. It has become a looming emergency- demonstrated by communities not able to maintain a general practice service due to GP shortage.

But there is a solution.

GPTT Inc has made a Budget Submission to the State Government – calling for an investment of \$4 million to pay the HECS debt of 40 graduating doctors.

These 40 doctors would be contracted to Tasmania for five years – to be placed where they are most needed in regional and rural Tasmania.

Doctors graduating from Australian medical schools carry on average a HECS debt of \$100,000, which is indexed on the original amount of debt, even if some of the debt has been repaid. This is a substantial burden at a time of life when these doctors are trying to buy homes and start families.

Relief of this debt and associated indexation will be a very attractive motivation for young doctors to both relocate and train in Tasmania, and to choose general practice over other specialities, reversing a trend away from general practice as a preferred specialty.

GPTT Inc maintains this solution would give Tasmania "first mover advantage" attracting doctors from around Australia to the State. For every \$1 million spent, approximately 10 GPs would be locked into the State's health care system and placed in areas of need.

GPTT also maintains that an injection of 10 extra GPs would change the State's health outcomes dramatically.



From recent Royal Australian College of General Practice data shows only 12% of Australian graduates are choosing to become GPs – six years ago it was 17% and 30 years ago it was 45%.

What and who is GPTT Inc? GPTT ceased the training of Tasmanian GPs in January, 2023, when training responsibilities were handed back to the colleges by the Commonwealth.

GPTT Inc has repositioned itself to promote research, support and advocacy for general practice in Tasmania.

Our expertise in the field of general practice in Tasmania was that in 2022, GPTT had:

- 125 Registrars in training with 35 Medical Educators and 357 Supervisors
- 80% GPTT Registrars choose to live in Tasmania post-fellowship
- Number of Accredited Practices:
 - → 78 General Practices and 16 Speciality Practices
 - → 9 Hospitals
 - → 4 Aboriginal Medical Services

For over 20 years, General Practice Training Tasmania (GPTT) provided innovative, best-practice training to the highest national standards to develop outstanding GPs in Tasmania.

Our solution means that graduating doctors would enter into a contract with the State Government to undertake their training in Tasmania with the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM).

The contract could involve:

- The successful completion of training and attainment of fellowship in Tasmania as pre-qualification OR relocation to Tasmania after completion of training
- 2. Five years of service as a GP, (inclusive of training time in general practice if trained in Tasmania) OR five years of service as a Fellowed GP, with the Government allocating where the GPs would work.

GPTT proved over its 20 years of operation, that more than 80% of the doctors trained in Tasmania remain in the State.

GPTT's \$4 million Budget Submission represents just half of the daily Budget for the whole of the Tasmanian Government Health System - \$8.1M (as referenced through AFL Stadium debate/issue by both the Premier & Treasurer).



An investment of \$4 million will immediately result in more GPs on the ground in Tasmania, noting that GP registrars (i.e. GPs in training) actually work in general practice, see patients and make up about 20% of the head count of total GPs in Tasmania.

An immediate increase of GPs in training results in an immediate increase in GPs available to the community

Our proposal has the capacity to immediately attract young GPs who have completed their training elsewhere, and already attained fellowship, to join the Tasmanian GP workforce.

The cost in relieving their HECS debt will be spread over time and is relatively small when considering the fact that the lack of GPs massively increases the cost to the State Government of operating its hospital and acute care systems, including ambulance services.

Paul Viney, GPTT Inc Chair

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