

# GP Workforce in Western Australia 2017 - 2021

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## Australia and WA in 2015

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33,275 general practitioners in Australia or 1.38 per 1000 people

3,381 general practitioners in WA or 1.26 GPs for 1000 people

FSE 22,005 or 0.92 GPs for every 1000 people

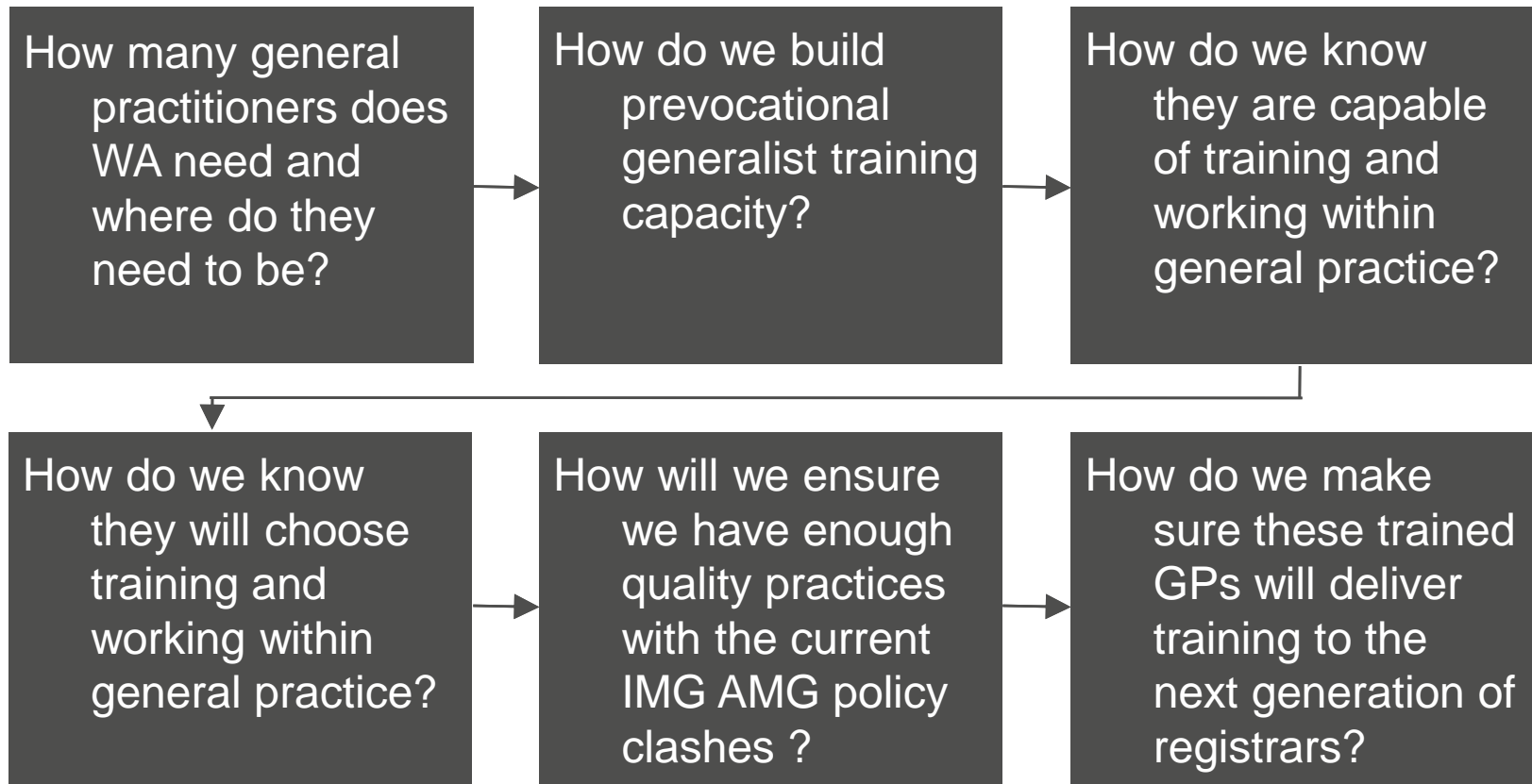
FSE 1,973 GPs in WA or 0.74 GPs for every 1000 people

For every new 1 FSE GP in Australia there are 10 new 1 FSE non-GP specialists (MABEL)

International evidence suggests 1 FSE GPs for every 1000 people

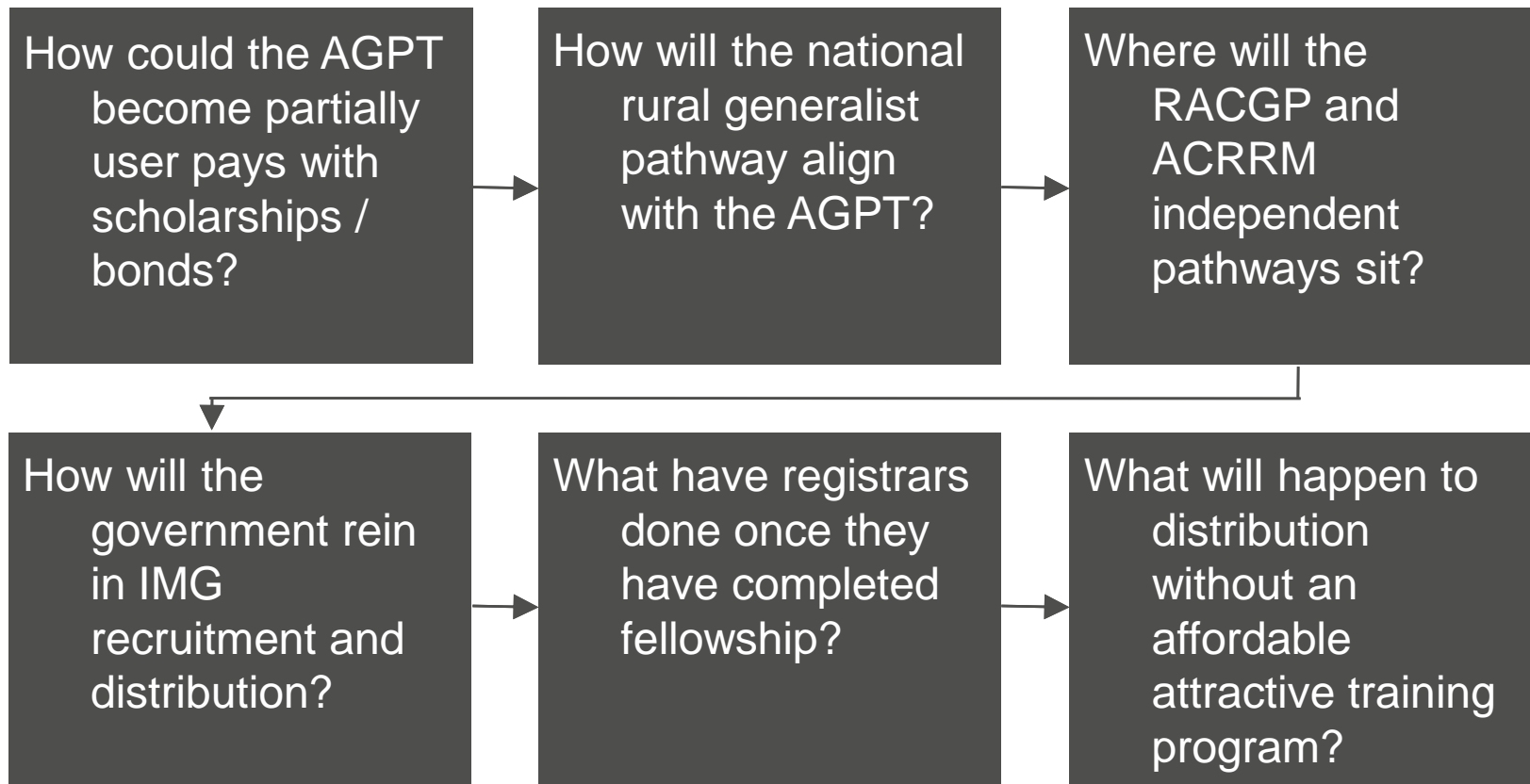
# Prevocational Generalist Training

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# Integrated GP Vocational Training

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# State-wide Training Changes and Trends 2017

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Learning and assessment underpins our program with GP 365 to ensure full scope of practice for all AGPT GPs

We have a more intimate approach to managing the program through distributed training hubs

Practices and their supervisors have personalised relationship continuity

WA Country Health Service will lead the rural practice pathway post the Snowball Report and the CEOs of WACHS RCSWA Rural Health West and WAGPET will oversee this

Rural integrated training hubs (3 or 4) will be funded for WA

# System-wide Changes and Trends

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The colleges have re-entered GP training leadership

- ❖ Selection, remediation, academic posts, clinical appeals

The government is coalescing all workforce programs

- ❖ IMG recruitment is no longer government funded
- ❖ National rural generalist pathway may come under AGPT
- ❖ Expect announced changes in May 2018 budget

The State government needs to find more medical training jobs

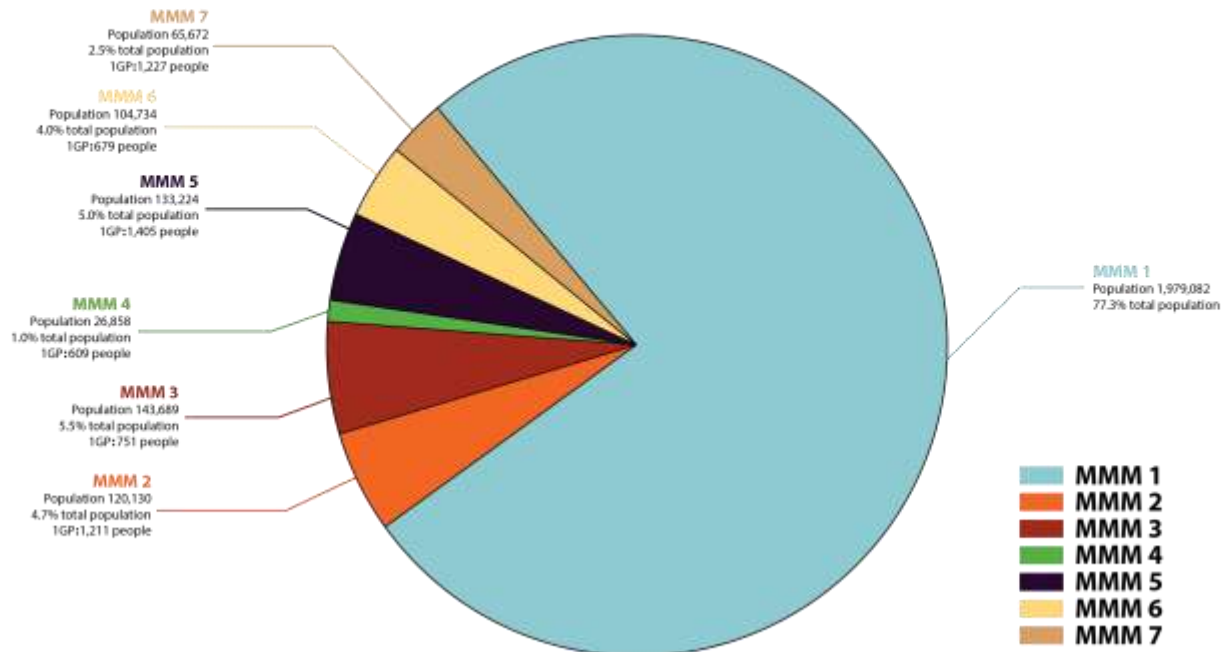
- ❖ Prevocational experience for GP training is the priority

The cost of safe quality healthcare is a national priority

- ❖ Medicare review, freezes, healthcare homes, quality based PIP

# Distribution

## Modified Monash Model Geographical classification system General practitioner to population ratio

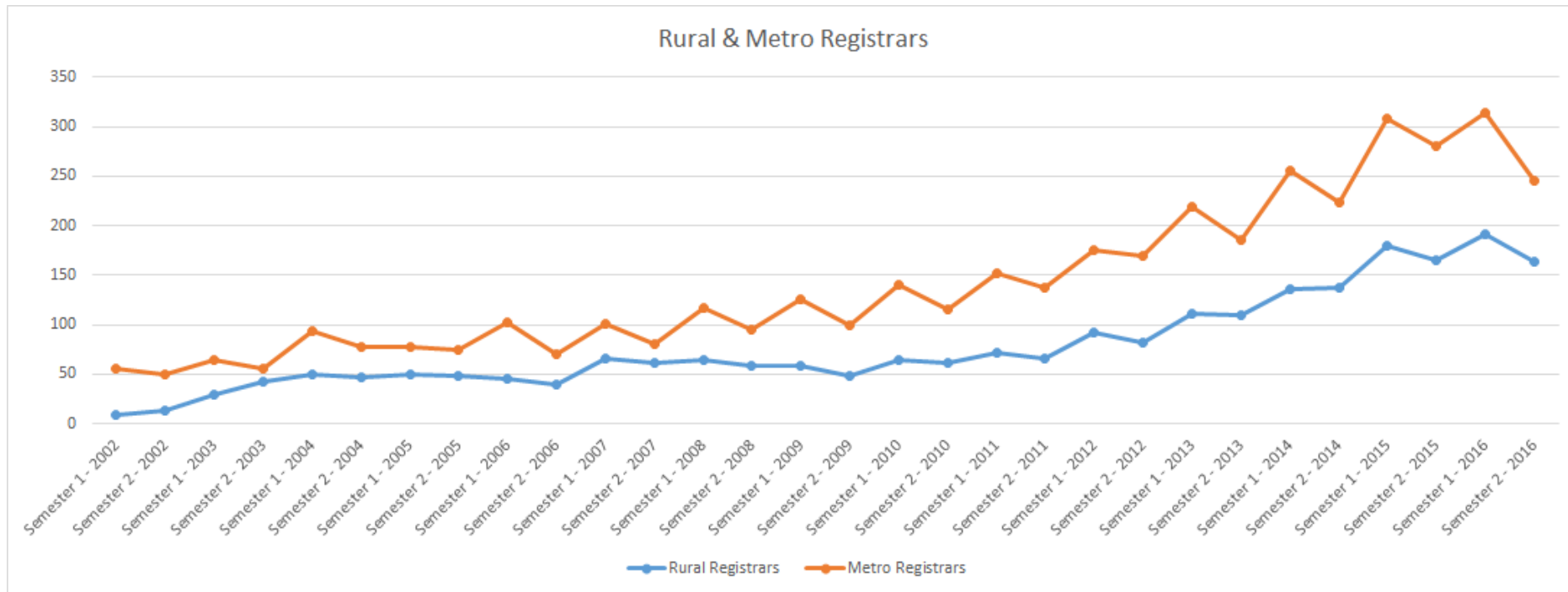


# General Practice Redistribution

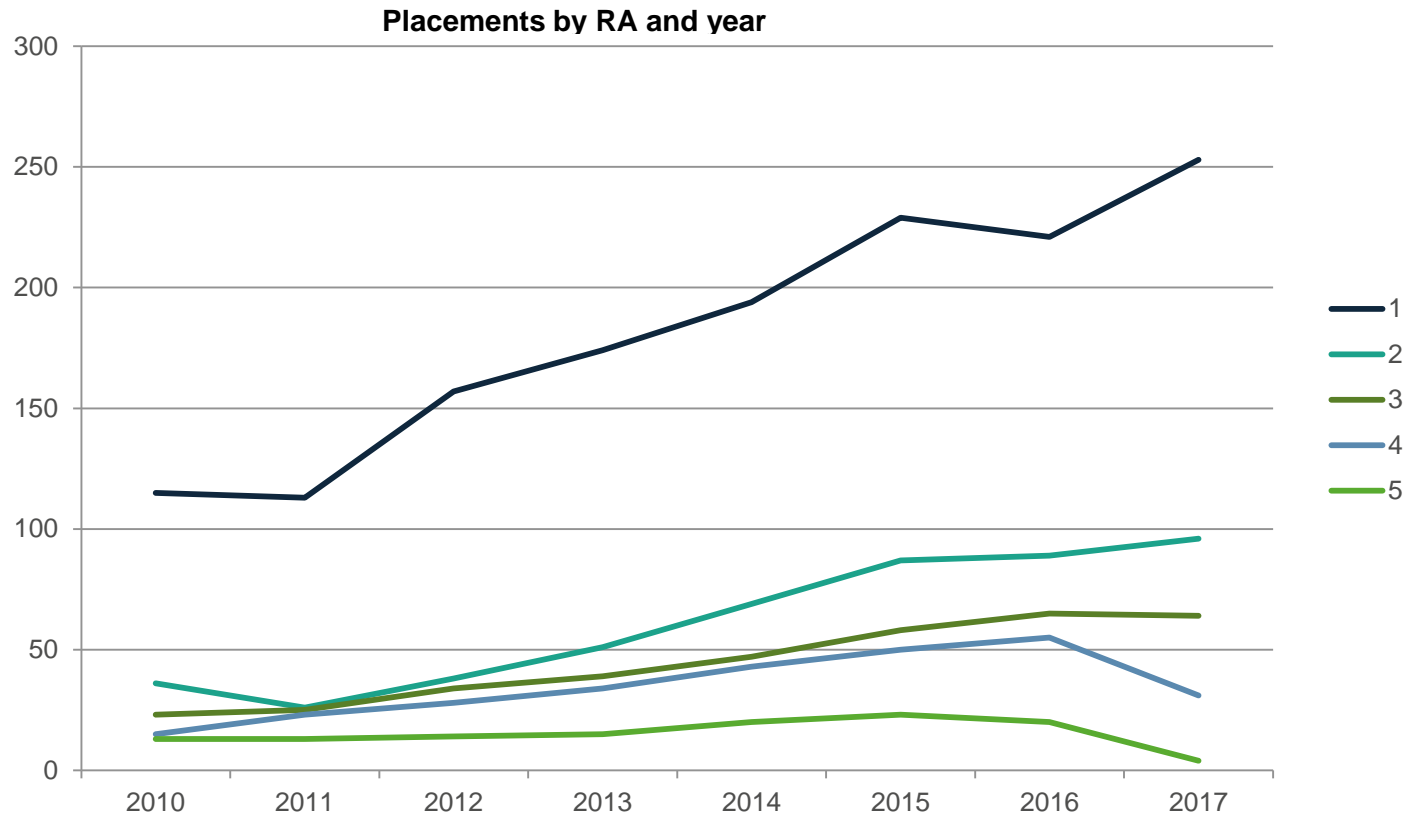




# WAGPET Impact on Redistribution



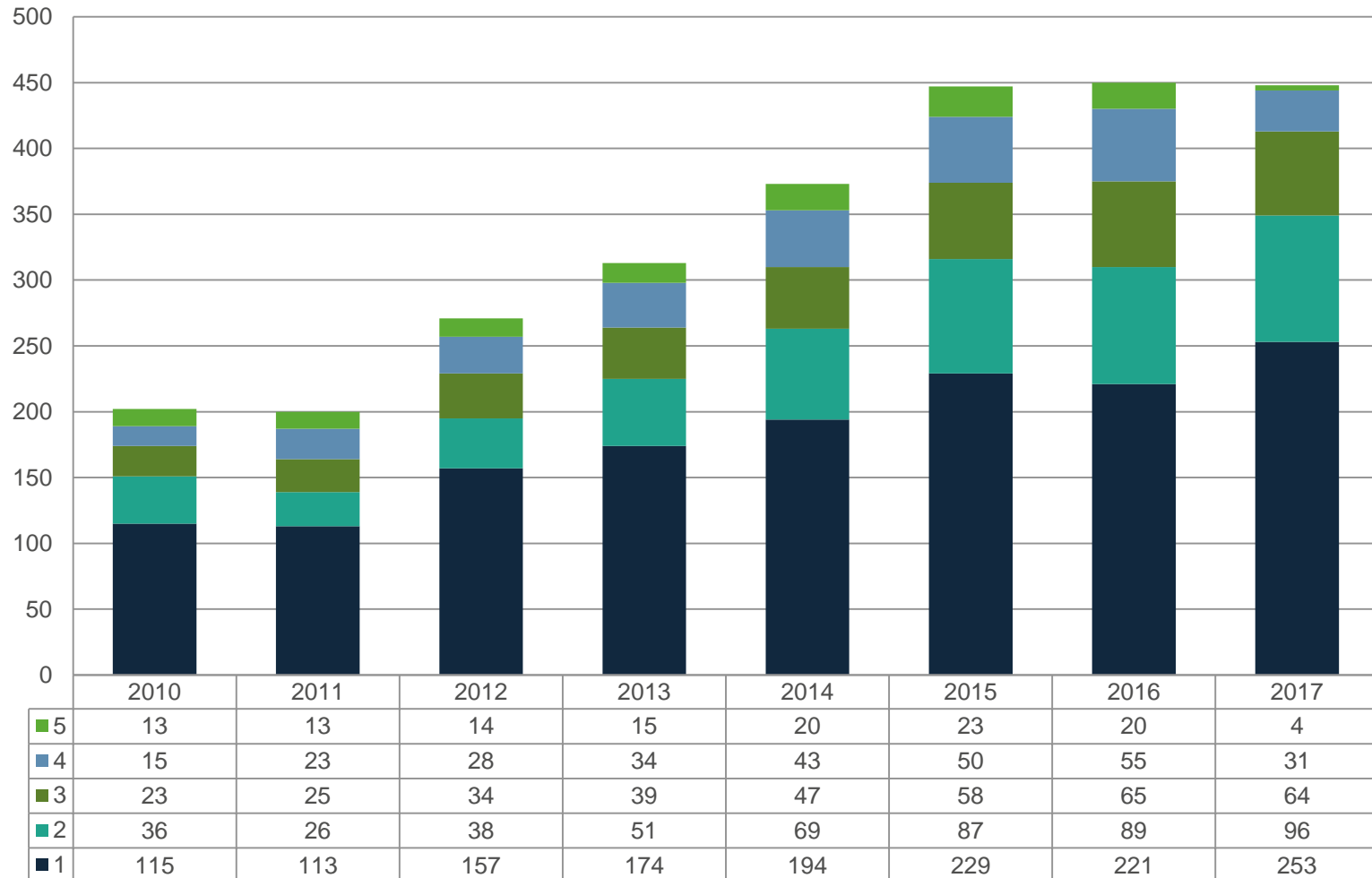
# WAGPET Placement Distribution



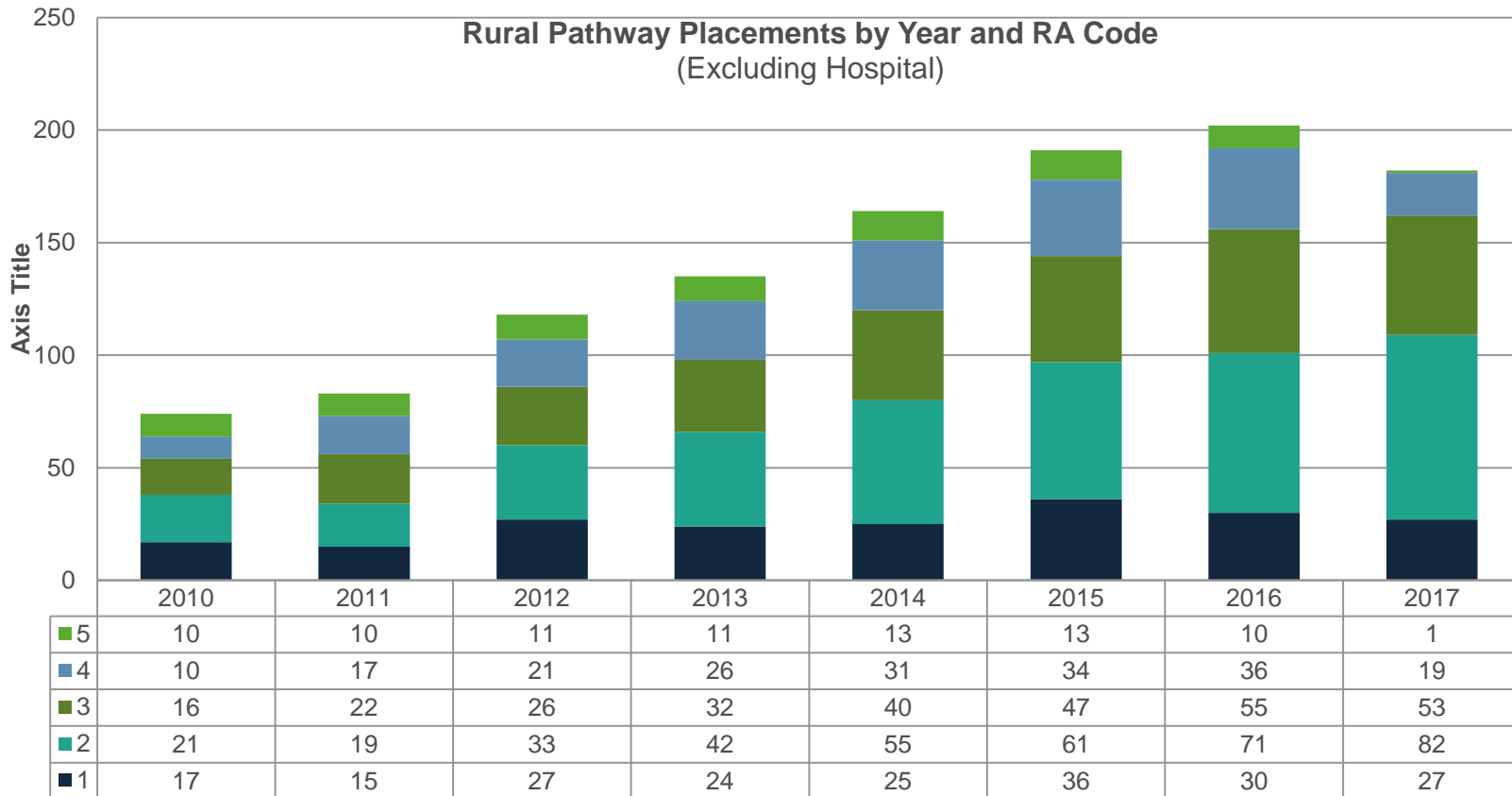
NB Impact of AHT salary support policy proposed changes 2015 – 2017

# WAGPET Distribution

**Placements by Year and RA**  
(excluding Hospital)

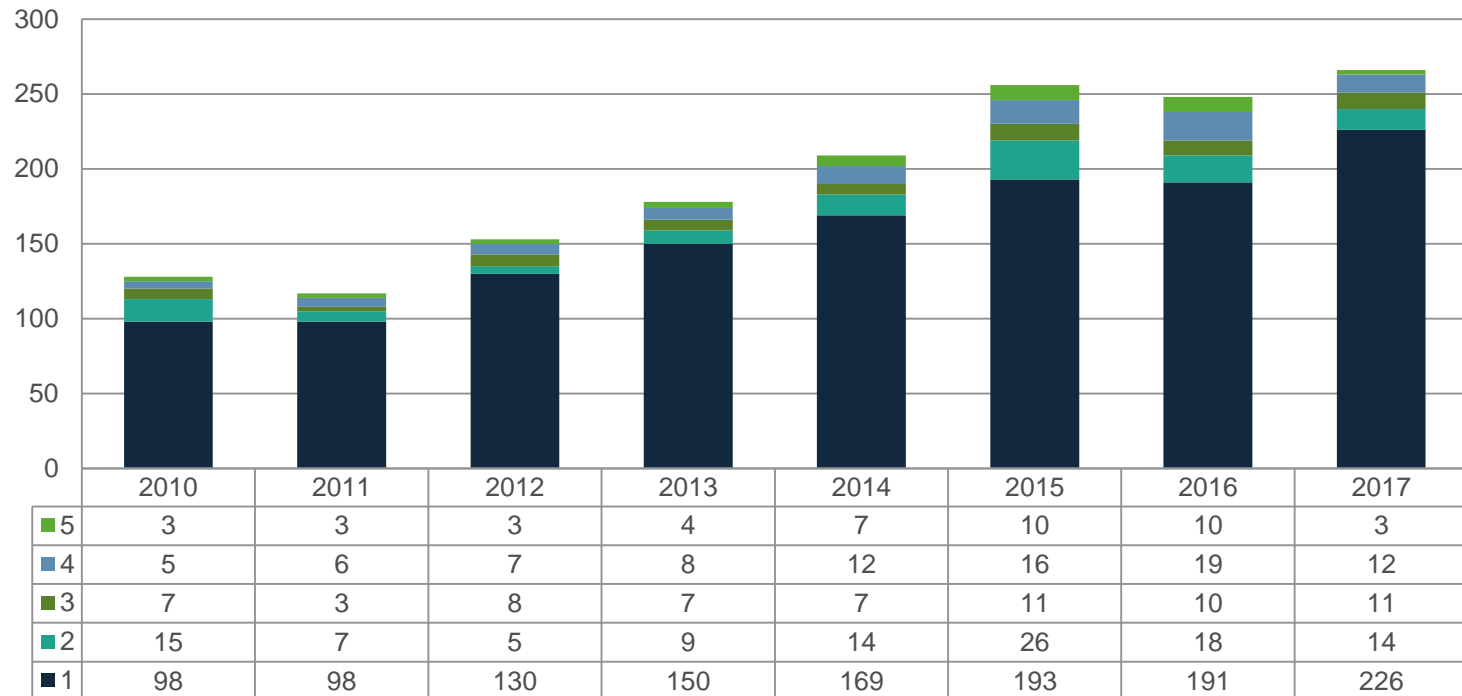


# Rural Pathway Placements

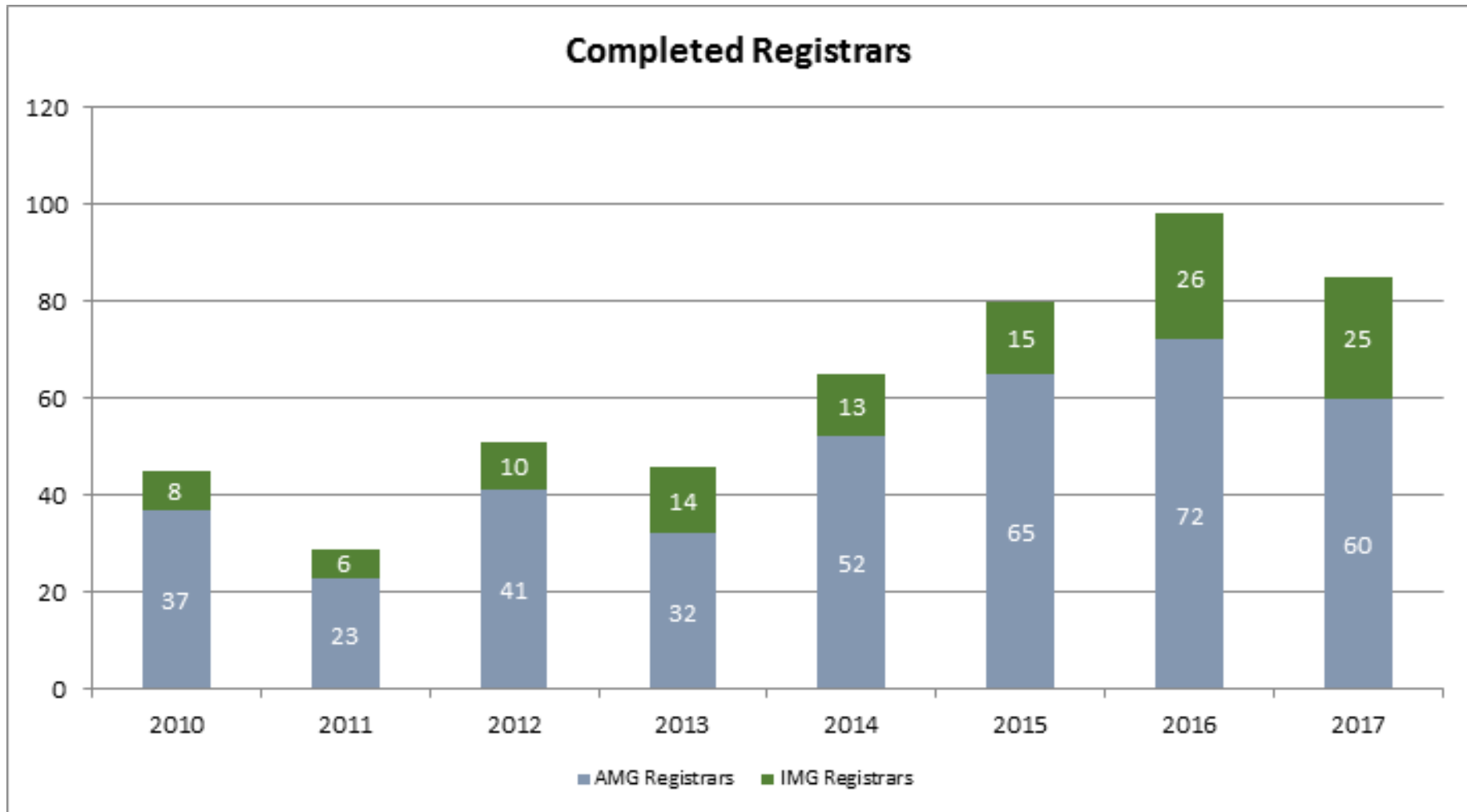


# General Pathway Rural Contribution

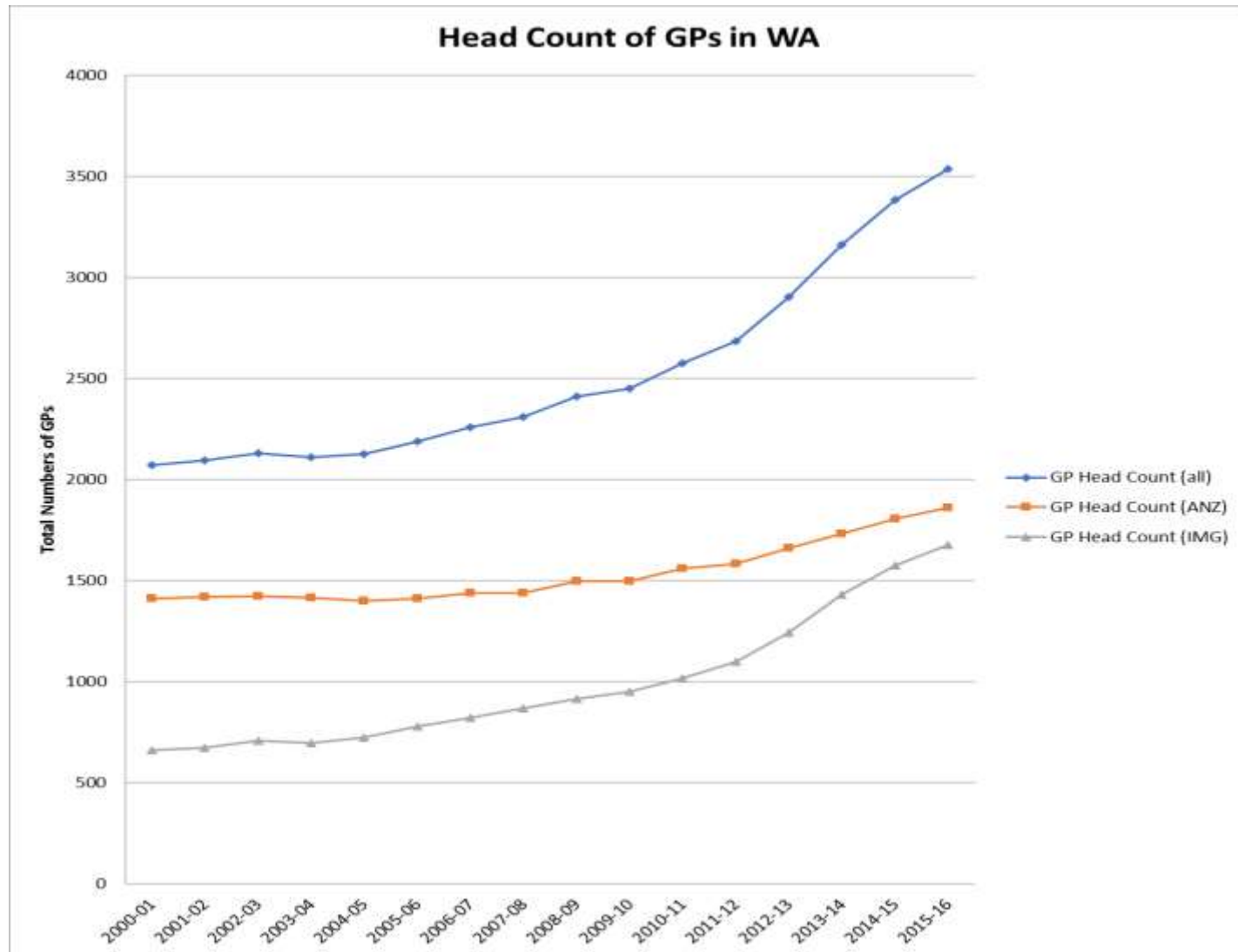
General Pathway Placements by Year and RA Code  
(Excluding Hospital)



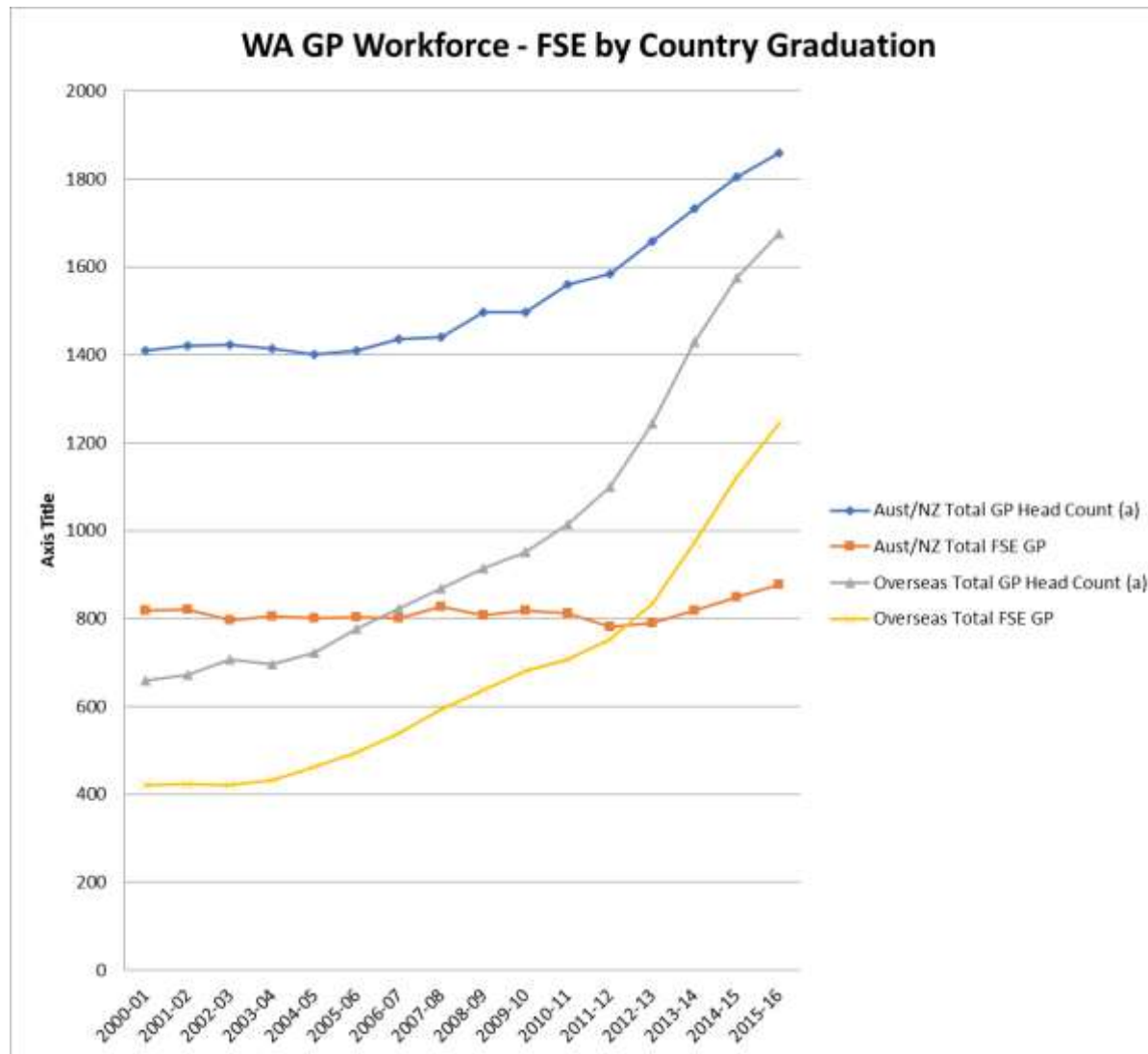
## Completions by AMG and IMG



# Impact of Workforce Policy Drivers



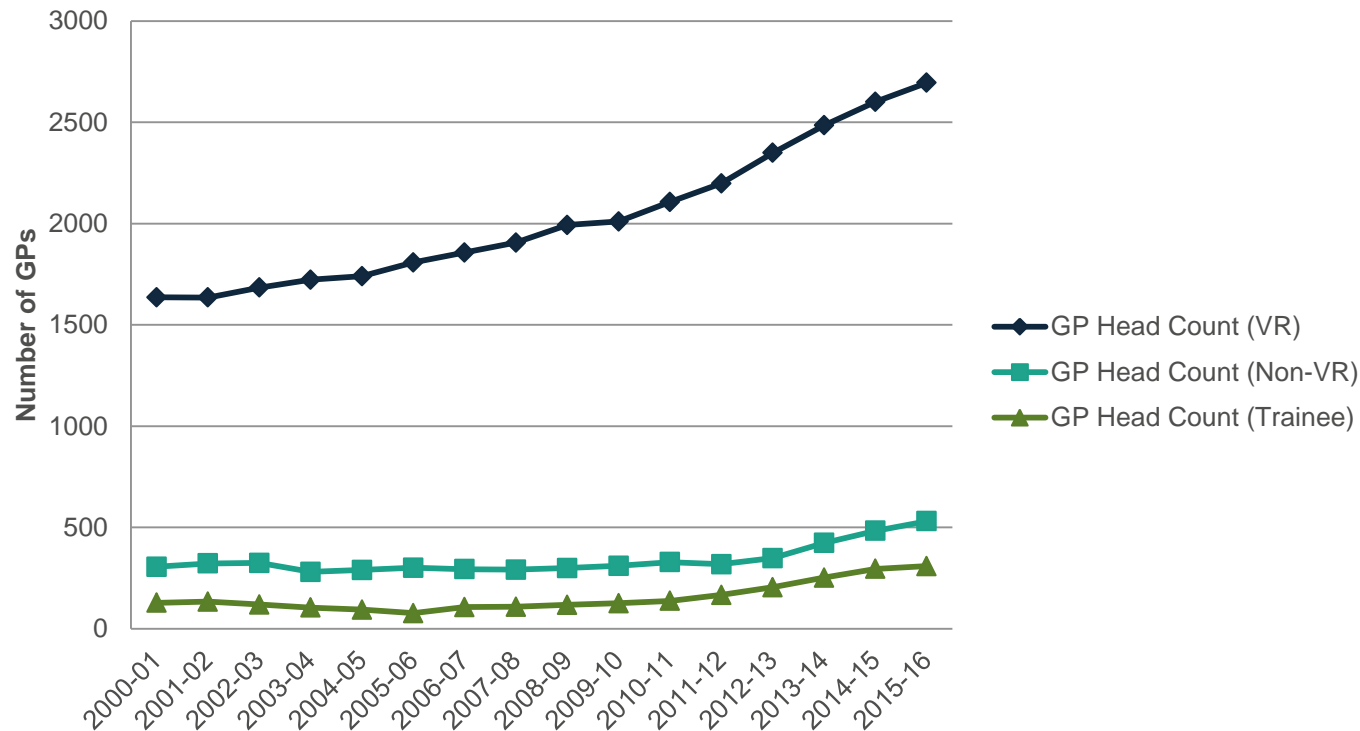
# FSE AMGs v IMGs





# Non VR IMGs and VR IMGs

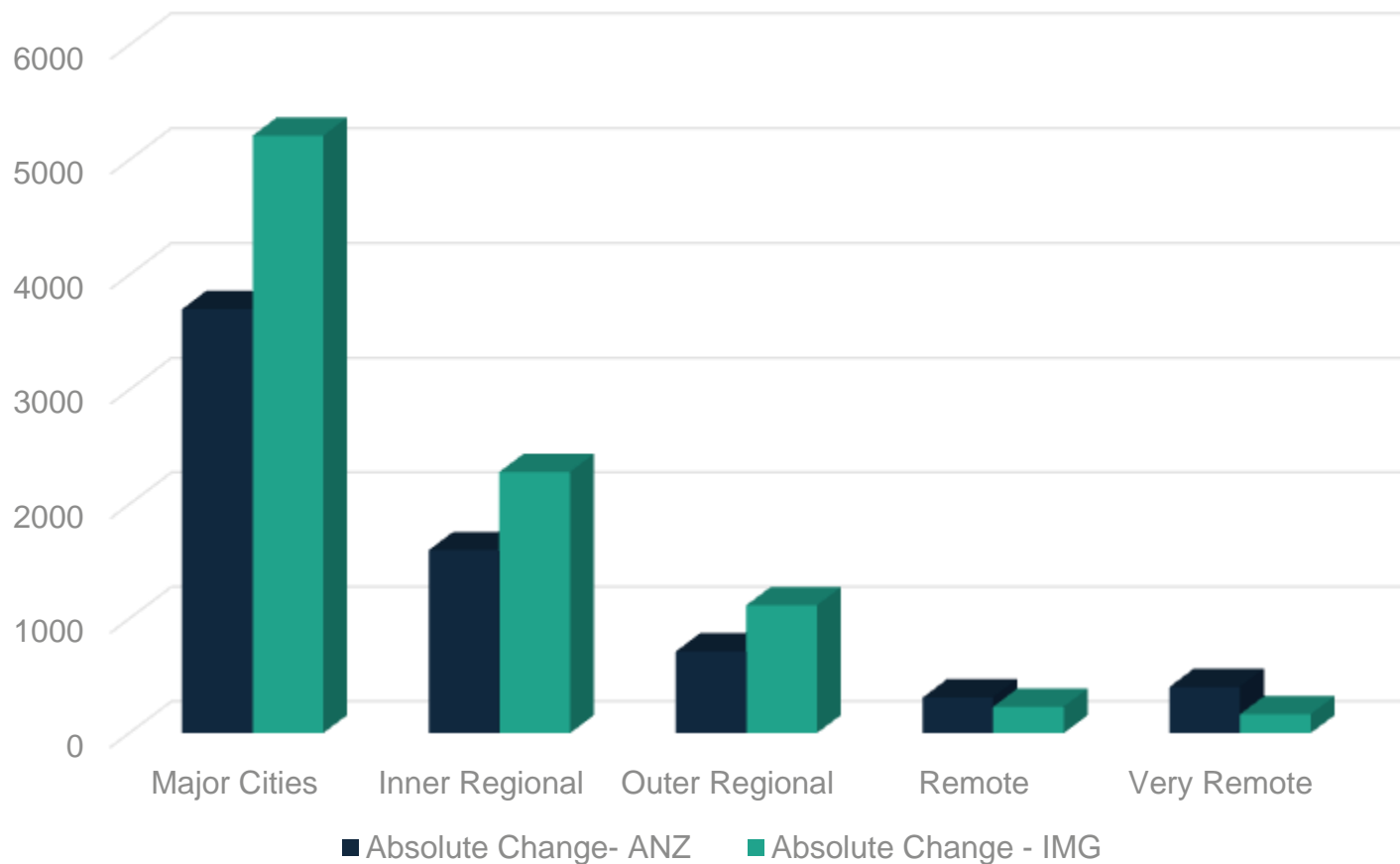
## WA General Practitioner - Vocational Registration Status



# IMGs and AMGs Net Contribution Over 30 Years

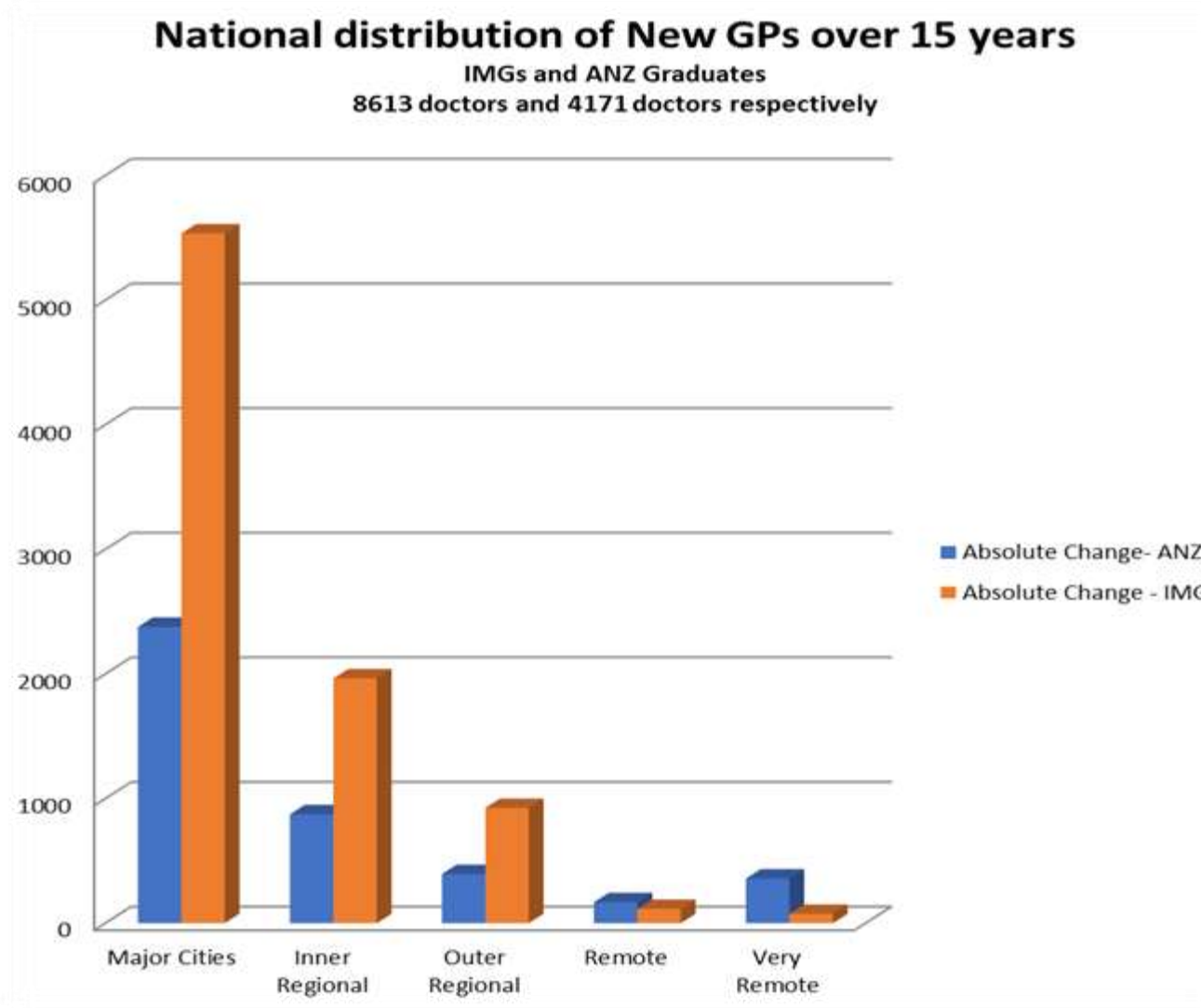
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Australian GP Workforce - Change over 30 yrs



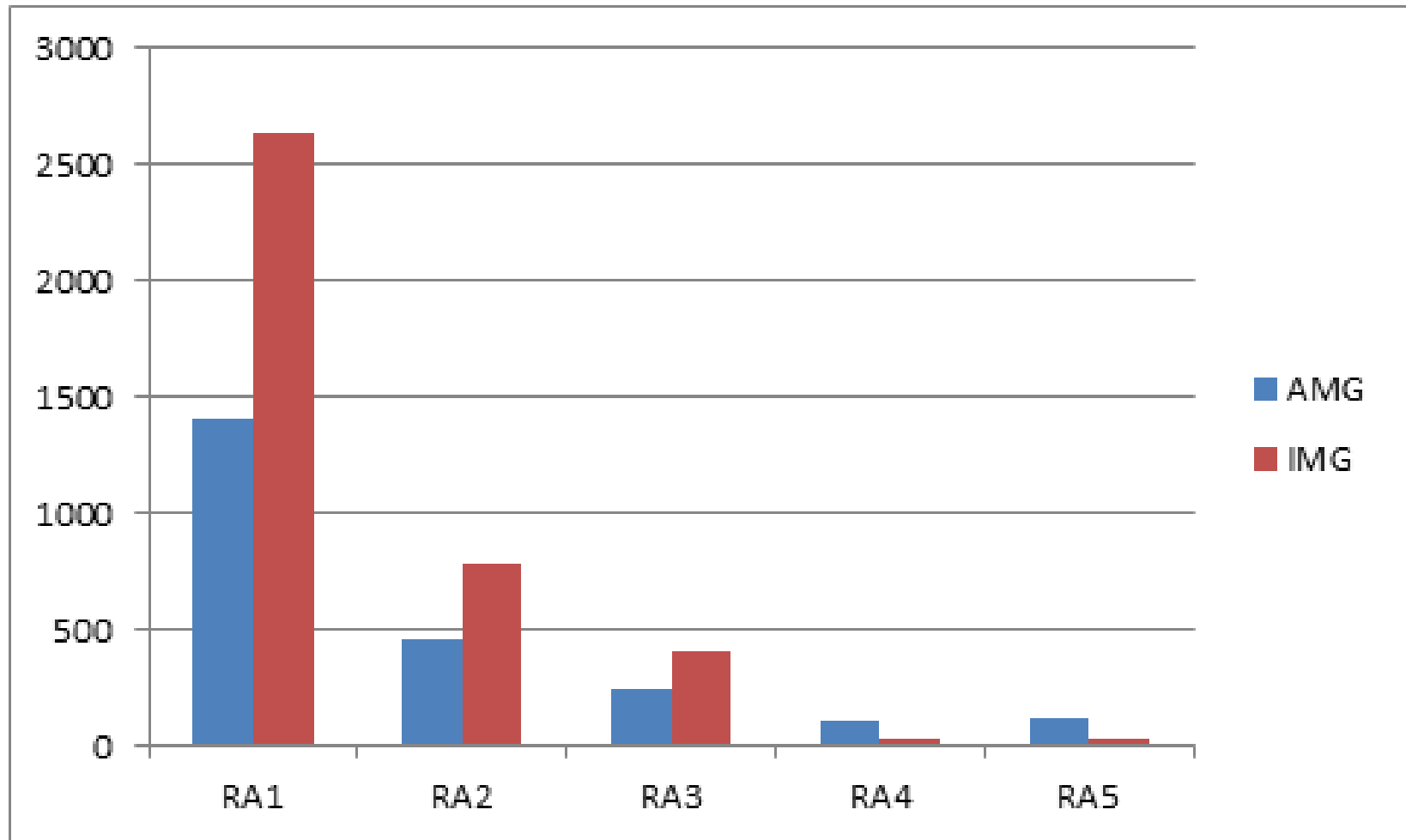
# Policy Outcomes and Unintended Consequences

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## AMGs and IMGs Net Contribution 2010 – 2015

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# MABEL Context and Challenges

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Female GPs earn 25% less than male GPs

Practice sizes are increasing with different health professionals offering wider range of services; corporate ownership is increasing

Medicare revenue has decreased in real terms since the 2013 freeze

GP hourly rates have increased 2x as fast as real wage growth due to efficiency gains and other income sources

GP morale is declining slightly

## Timelines

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The IMG AMG policy clash is here, will worsen without intervention but must be managed by closing loopholes and understanding context and timing

The various federal workforce initiatives are being reassessed and any changes are likely to be reflected in the May 2018 budget with some changes in the MYEFO later this year

The next contract for the AGPT will be for 2019 – 2021 with or without increased user pays / scholarships / bonding / national rural generalist program / prevocational general practice training program