



23/5/22

Australian Society of General Practice

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The Hon Mark McGowan MLA

Premier of Western Australia

Dear Premier,

I am writing to you regarding your recent comments on general practice and the issues arising from seeing respiratory patients in a general practice setting.

The Australian Society of General Practice is an organisation set up and operated by Australian General Practitioners (GPs) to advocate for the health and wellbeing of all Australians. We believe in securing universal access to world leading General Practice, now and into the future for all Australians. We believe that General Practice is a fundamental pillar of the health system and is essential to look after the health and wellbeing of all Australians.

We seek to maintain and strengthen General Practice as the sustainable foundation of Australian healthcare. To ensure this, we believe in the economic viability of all Australian General Practice including solo, private, community, group, and corporate practices. We have a direct voice to 2000 (GPs) across Australia and are the fastest growing organisation to represent GPs in Australia.

I would like to explain to you how general practice operates and why more respiratory patients are unable to be currently assessed in a general practice setting.

General Practice is a broad group of tens of thousands of doctors operating in a small business model in Australia. The vast majority are completely privately run enterprises and the federal government supports patients by providing them a universal health insurance rebate for an episode of care.

This rebate is now worth less than half of what it should be if it had just kept up with inflation. Both Labor and Liberal federal governments have contributed to this – in fact it was a Labor government that started the Medicare freeze in 2013.

This has had impact on the length of consults as doctors have tried to maintain universal access to care by shortening appointment times – ten-minute appointments due to these funding cuts are now fairly standard.

Wearing appropriate Personal Protective Equipment (PPE) takes around 5 minutes to properly take on and off. The fit testing of N95 masks for GPs in WA is also not funded by any state or federal government source. This is below the standard of care for any practitioner to be exposed to covid-19 or other respiratory viruses and places our frontline GPs at risk. Many GPs on the ground in Western Australia are also telling us that despite official claims to the contrary, that the provision of PPE to clinics is patchy and to a large extent based on the individual Primary Health Network (PHN). It is a slap in the face to GPs who risk their health to manage potentially life-threatening viral infections on a day to day basis.

The vast number of General Practices were of course designed pre-pandemic. This means that there is poor – no ventilation for airborne or droplet spread infections (and no funding to improve this). The vast majority are designed with single entrances with one large central waiting room and consultation rooms opening directly onto this. This means it is not practical to have one designated “infectious disease assessment room” in most clinics as all staff and patients are exposed – patients that are often elderly and immunocompromised.

Due to these reasons most GPs who see patients with respiratory illness see them in the clinic carpark. This adds around 3-4 minutes of walking time. You can see already that simply the application of PPE and the added walking time is nearly ten minutes per patient – which is often the entire allotted time for the patient, before any assessment or treatment has occurred.

Many GPs would like to spend more time with their patients. During the Labor-Rudd prime ministership, the funding of the Professional Services Review (PSR) was greatly increased. In part this was designed to put a break on medicare spending by creating a culture of audit-based fear in general practice and promote “under-billing” – the concept of billing item numbers worth less than what occurred, to avoid being included in a “deviation from the mean” based audit. Because of these statistics driven audits, many GPs fear billing a long consultation item (item 36 – a consultation that takes more than 20 minutes), even if the consultation took more than 20 minutes, as it will alter their medicare statistics profile and they fear being more likely to be audited. It should be noted the item 36 attracts a rebate 5-8 times less in value than the same patient being seen in an Emergency Department.

GPs are private specialists who build longitudinal relationships with their patients. Being rostered on to solely see respiratory patients pushes out their regular chronic disease patients. Due to decades of federal funding neglect many GPs privately bill - there is more hesitancy in a new patient paying privately for a respiratory consult compared to a chronic disease patient who has known the doctor for years and realises their worth.

Because a GP is private business owner, if they are not seeing patients they are not being paid. This creates problems if a practice tries to create a dedicated 'respiratory clinic' environment - by the nature of respiratory tract infections this is not greatly prebooked and reliant on walk ins. There will be gaps and inefficiencies created at a time in which we already have a vastly over stretched general practice workforce.

Finally, if GPs contract any form of viral infection from a patient they simply cannot work until they are better - remember they don't have any annual leave or sick leave.

These are the reasons why the public system across Australia, including Western Australia, is seeing many respiratory illnesses previously seen in general practice. It is not an abrogation of the Hippocratic Oath. General Practice is demoralised after decades of funding neglect and two years of being on the front lines of a pandemic with funding cuts in real terms. General Practice is sick of being the punching bag for the latest political issue of the day and we would ask you to graciously retract your statement.

If you would like to work with us to try to solve these issues, we would love to share ideas about the future of general practice and how state hospital and general practice care can be better integrated to achieve optimal health outcomes for Australians.

Yours faithfully,

Dr. Christopher Irwin

President of the Australian Society of General Practice