

**Submission
No 448**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: GP Synergy Limited

Date Received: 15 January 2021

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

Version No: 1.0

DOCUMENT CLASSIFICATION - RESTRICTED



This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.



GP SYNERGY
advancing medical training

Contents

1. Background.....	3
Introduction: Key points	3
1. That Portfolio Committee No. 2 - Health inquiry into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW, and in particular:.....	5
(a) health outcomes for people living in rural, regional and remote NSW;.....	5
(b) a comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;.....	7
(d) patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW;.....	17
(e) an analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW;.....	19
(f) an analysis of the capital and recurrent health expenditure in rural, regional and remote	21
(g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;.....	21
(h) the current and future provision of ambulance services in rural, regional and remote NSW;.....	22
(i) the access and availability of oncology treatment in rural, regional and remote NSW;.....	22
(j) the access and availability of palliative care and palliative care services in rural, regional and remote NSW;.....	23
(k) an examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities; and	24
(l) any other related matters.....	26
Case studies GP Synergy	28
Composite pathway (Nepean Western and Northern Sydney & Western NSW) – Dr Ben Tang – Oberon NSW.....	28
South Eastern NSW – Dr Domonic Manassa – Cooma, NSW	28
New England/Northwest – Dr Hamze Hamze – Moree, NSW	28
Western NSW – Dr Sally Plunkett – Dunedoo, NSW	29
New England/Northwest – Dr Maelle Morgan – Moree, NSW.....	29
Murrumbidgee & ACT -- Dr Katherine Smith – Wagga Wagga NSW.....	29

1. Background

Submission prepared by GP Synergy.

Introduction: Key points

- GP Synergy is the sole provider of Australian General Practice Training in New South Wales and the Australian Capital Territory.
- GP Synergy is fully funded by the Australian Government, Department of Health.
- GP Synergy is fully accredited by:
 - Australian College of Rural and Remote Medicine (ACRRM)
 - Royal Australian College of General Practitioners (RACGP)

GP Synergy is the sole provider of the federally funded Australian General Practice Training (AGPT) program for doctors seeking to specialise as General Practitioners (GPs) in NSW and ACT. We offer a diverse range of high quality education and training opportunities across rural, remote, outer-metropolitan and metropolitan settings.

Doctors training with us can pursue either Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) or Fellowship of the Royal Australian College of General Practitioners (FRACGP) with the optional addition of the Fellowship of Advanced Rural General Practice (FARGP).

GP Synergy is the largest GP regional training organisation in Australia, training one third of all GP registrars on the AGPT program. We are currently training more than 1870 GP registrars, with over 1500 accredited GP training facilities and 2000 supervisors. GP Synergy has an in depth understanding and longstanding history of GP registrar training in NSW since 2003 when the Sydney Institute of General Practice Education & Training (SIGPET) received its first cohort of registrars. GP Synergy, the company, was formed in 2009 following the merger of two Regional Training Providers (RTPs) SIGPET and the rural New England Area Training Services (NEATS).

In 2010, GP Synergy merged for the second time with the Institute of General Practice Education (IGPE) in south/southwestern Sydney, becoming the largest provider of GP vocational training in NSW.

In October 2015, following the announcement of restructure of the training provider network, GP Synergy was awarded the Regional Training Organisation (RTO) contract to deliver GP training in each of the three new training regions in NSW & ACT – North Eastern NSW, Lower Eastern NSW and Western NSW.

GP Synergy registrars undertake their GP term training in a variety of urban, regional, rural and remote training locations. Under our distributive placement model, registrars and supervisors have flexibility and choice to determine the training and practice fit that best meets their needs, and that of the community.

Every GP Synergy registrar can undertake all or part of their training in a rural setting and every rural community has the opportunity to access an AGPT trainee providing there is a training post available that meets the GP training standards.

We recognise the pivotal role of general practice in addressing the challenges faced in the achievement of strong health outcomes and the ability for communities for access health and hospital services in rural, regional and remote NSW. To ensure the needs of local communities are well understood, GP Synergy has divided NSW and ACT into eight subregions, each with dedicated local teams delivering local support. These local teams are each led by a Regional Head of Education (RHOE), who designs, delivers and supports education and training for registrars and supervisors.

We also understand that it is critical for general practitioners to support the delivery of high quality health care to communities in regional rural and remote NSW, particularly when there is a paucity of population to

support non-GP specialists across rural NSW. Rural generalists and specialist GPs are providing the bulk of medical services in the bush, including to NSW Health services. Doctors in training, including significant numbers of International Medical Graduates (IMGs) are placed rurally to provide these services, often with minimal support.

In GP Synergy, the registrar distribution per head of population is such that registrars can represent up to 60% of the general practice workforce in some towns. Registrars in GP Synergy's rural footprints represent about 1 doctor per 4,000 head of population. There are less registrars per head of population in urban areas than there are in rural areas (e.g. 1 registrar: 3,413 population in New England/Northwest compared to 1:9,964 in Central, Eastern and South Western Sydney). This disparity is necessary and perhaps should in fact be greater, considering the difference in factors impacting access to primary care services for communities in rural versus urban settings.

We take the opportunity through this submission to provide GP Synergy's insights into health outcomes and access as witnessed through our work and discuss:

- The importance of primary care services in improving health outcomes for Australians living in Rural NSW
- The need to improve attraction of doctors and particularly General Practitioners to practice in rural NSW
- How strong alignment and streamlining of service delivery through the collaboration of all agencies supporting rural health across NSW, (NSW Health, Health Education & Training Institute (HETI), NSW Rural Doctors Network (NSWRDN), Regional Training Hubs (RTHs), Primary Health Networks (PHNs), Universities, GP Synergy etc.), can offer shared approaches to identifying and addressing specific community needs.
- The role of communities in welcoming and retaining doctors within regional, rural and remote NSW.
- The gap created where State health funding ends and Commonwealth funding or private business funding begins

1. That Portfolio Committee No. 2 - Health inquiry into and report on health outcomes and access to health and hospital services in rural, regional and remote NSW, and in particular:

(a) health outcomes for people living in rural, regional and remote NSW;

Health outcomes for people living in rural, regional and remote NSW

Key Facts:

- GP Synergy trains General Practice registrars who are working towards fellowship and vocational registration.
- General Practice registrars in NSW make up over 10% of the primary care workforce across rural, regional and remote NSW. In some rural locations, registrars make up 60% of the available GP workforce.

Things that work well:

- Australian Government investment in funding the AGPT program
- Regional Training Organisations such as GP Synergy delivering regional training to meet local health outcomes

Opportunities:

- Statewide audit of skills requirements across state and other agencies. This will help GP Synergy better match skills training and registrar placements.

GP Synergy is acutely aware of the poorer health outcomes for people living in rural, regional and remote communities. There are numerous studies available including information about the types of health outcomes from our Registrar Clinical Encounters in Training (ReCEnT) data which GP Synergy can provide upon request. In addition, GP registrars themselves with health conditions or families with health conditions are often not able to be looked after in these smaller communities and this is demonstrated by the number of transfers from regional, rural and remote areas to metropolitan areas. 34.7% of all (49) rural to general pathway transfer requests received since 2019.2 were based on the registrar or an immediate family member having an unforeseen medical condition that precluded them from being adequately or safely managed in the rural location in which they were enrolled. Similarly 50% of Training Location Obligation (TLO) exemption requests made by registrars in 2020, were based on concerns relating to their ability access to appropriate health care for a registrar's family member or themselves.

Some of our reflections on contributing factors for these health outcomes include:

1. Lack of understanding of individual communities

Our observations of poorer health outcomes for people living in regional, rural and remote NSW stem from a lack of understanding of "rural". Often "regional, rural and remote" are considered the same, or towns are considered similar based on a classification system such as the MMM system. While terminology is useful in a broad sense, these classifications do not recognise the needs of specific communities.

We identify the need for a baseline assessment of all rural towns on a statewide basis, similar to that produced regionally by some LHDs, to inform what services are needed.

An audit of skills across NSW, stating the skills required to sustain each hospital could be used to inform training placement decisions that complement these services for communities. This could be achieved through a central database of skill requirements that could be used by training providers, health workforce agencies and doctors looking to work rurally.

2. Fragmentation of information across NSW

We see the fragmentation in the health information across NSW as a gap and believe there would be value in a “one stop shop” for rural health service information and needs. For example:

- Centralisation of NSW Health support for general practice, rural medicine, rural training and small hospital VMOs
- A national (or state) locum award to prevent doctors playing off jurisdictions and hospitals for the highest rates of pay.

3. Lack of understanding of the role of Rural Generalists and GP VMOs

The decline in rural medical and allied health services over the past 20 years (or even the past 5) in rural and remote locations is placing more pressure on rural GPs and their communities. A 2020 article by Playford et al (2020) identified that ‘AHPRA registration as a GP was about half as likely for 2004-2007 graduates as for 1985-1987 graduates’. This article also states ‘the reduction in size of the primary care workforce is felt most keenly in rural communities, where dependence on primary health care is more pronounced’

SOURCE: (Decline in new medical graduates registered as general practitioners; MJA Jan 2020; Playford, D., May, J.A., Ngo, H., Puddey, I B, https://www.mja.com.au/system/files/issues/212_09/mja250563.pdf).

The vital role that VMO GPs and GPRs play in keeping MMM4+ hospitals functioning needs more attention.

There has been a focus on improving hospitals and hospital systems (NSW health funded) without understanding the interaction with primary health care/general practice (private business/Commonwealth funded) https://www.pc.gov.au/inquiries/completed/health-workforce/submissions/nsw_government/sub020.pdf

4. Lack of choice

There is a significant difference between rural, remote and regional areas regarding choice of doctors and services. Patients in rural and remote locations have little to no choice unless they travel (often interstate).

(b) a comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;

a comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;

Key Facts:

- General Practice registrars and General Practice training in rural, regional and remote NSW provide a higher proportion of health care services compared to metropolitan NSW
- Health outcomes in rural, regional and remote NSW are worse compared to metropolitan NSW

Things that work well:

- General Practice training in rural, regional and remote NSW provide essential access for patients to support better health outcomes
- Regional training organisations such as GP Synergy supporting appropriate upskilling of General Practice registrars to enable safe supervised practice in rural, regional and remote settings.
- Regional training organisations such as GP Synergy implementing placement policies to distribute registrars across rural regions.

Opportunities:

- Increase funding to promote retention of General Practice registrars in rural, regional and remote NSW when they are no longer obligated to work outside of metropolitan NSW on completion of Australian General Practice Training (AGPT) Training Location Obligations.
- Increase Rural Locum support to support rural, regional and remote General Practice supervisors.
- Increase Australian General Practice Training (AGPT) funding to provide additional support for rural and remote supervisors.

In GP Synergy, the registrar distribution per head of population is such that registrars can represent up to 60% of the general practice workforce in some towns. The dependency on GP registrars in the provision of health services to rural and remote communities reflects the lack of access to non-GP specialists across non-regional rural NSW.

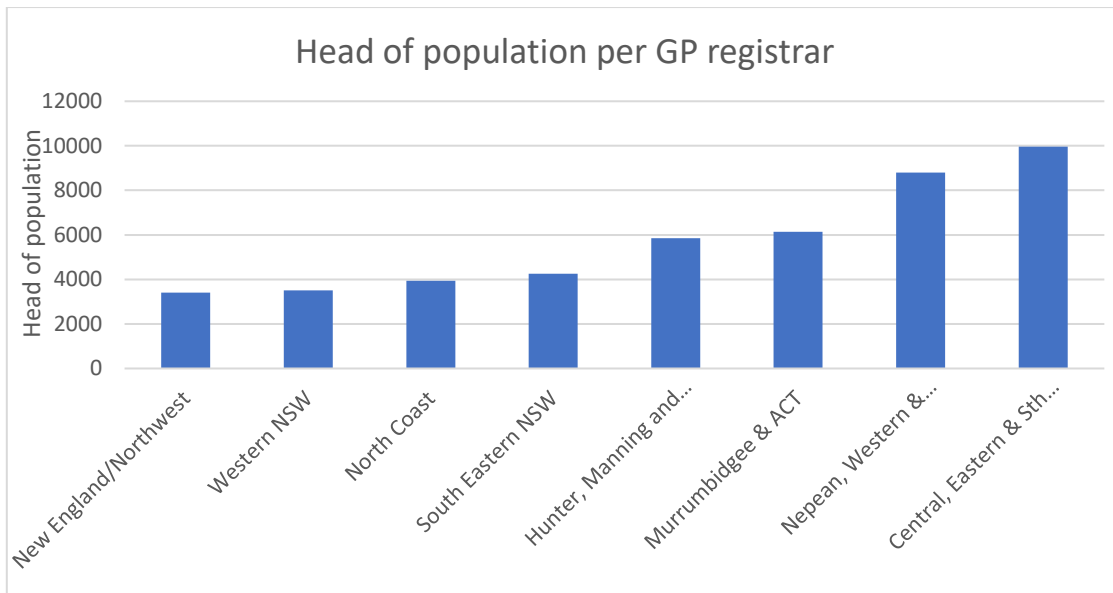
Registrars in GP Synergy's rural footprints represent about 1 doctor per 4,000 head of population. There are less registrars per head of population in urban areas than there are in rural areas (e.g. 1 registrar: 3,413 population in New England/Northwest compared to 1:9,964 in Central, Eastern and South Western Sydney).

This disparity is necessary and perhaps should in fact be greater, considering the difference in factors impacting access to primary care services for communities in rural versus urban settings.

Registrars are disproportionately working in rural areas when compared to all GPs.

<https://hwd.health.gov.au/FinancialYear.html>

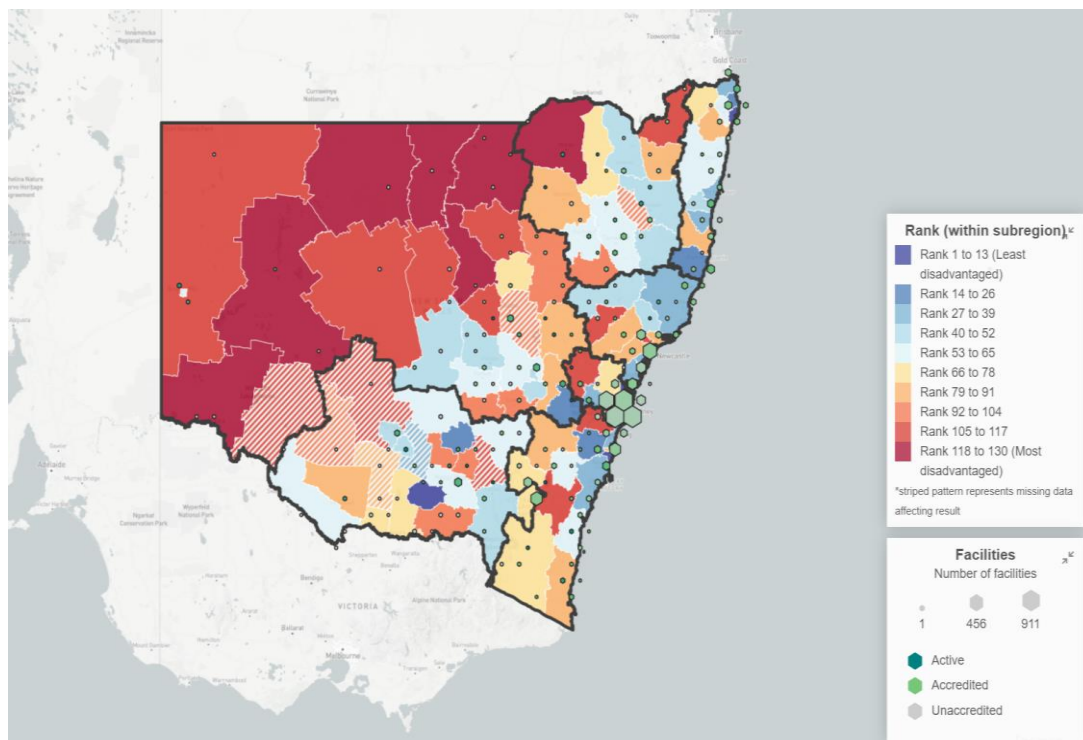
The figure below shows the head of population per GP registrar in subregions across NSW.



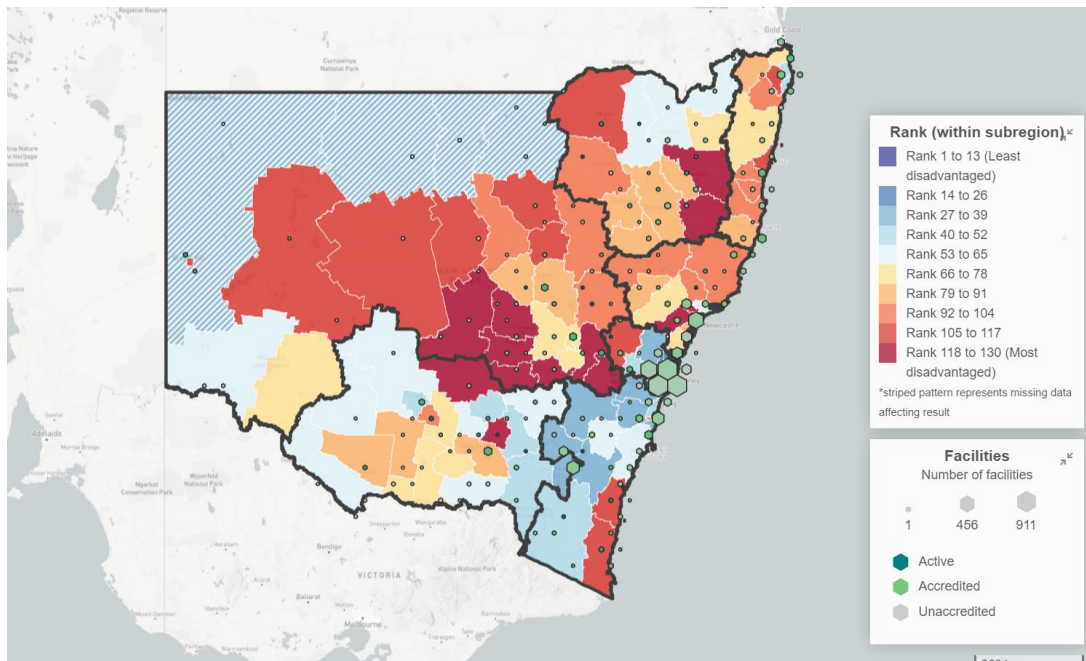
GP Synergy considers the health outcomes in our training placements model. In addition to the Australian General Practice Training (AGPT) Training Obligations Policy, all GP Synergy registrars are expected to undertake training in areas of medical service need. <https://gpsynergy.com.au/publications-news/policies-and-forms/>

Rural, regional and remote health outcomes are considered by GP Synergy in determining areas of medical need:

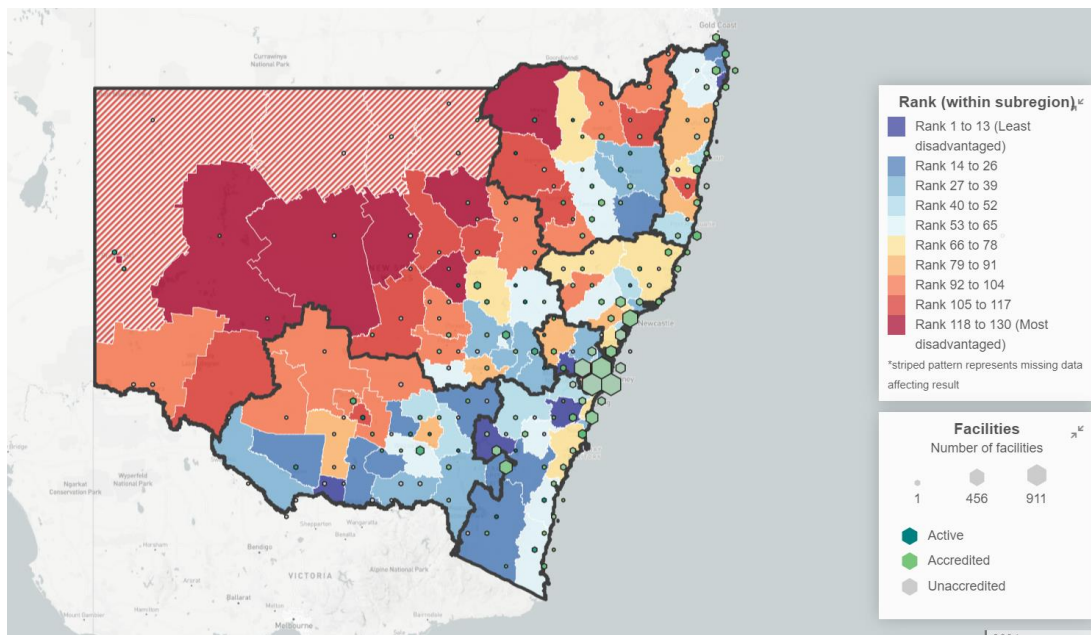
Median Age of Death (PHIDU Social Health Atlas Data 2016)



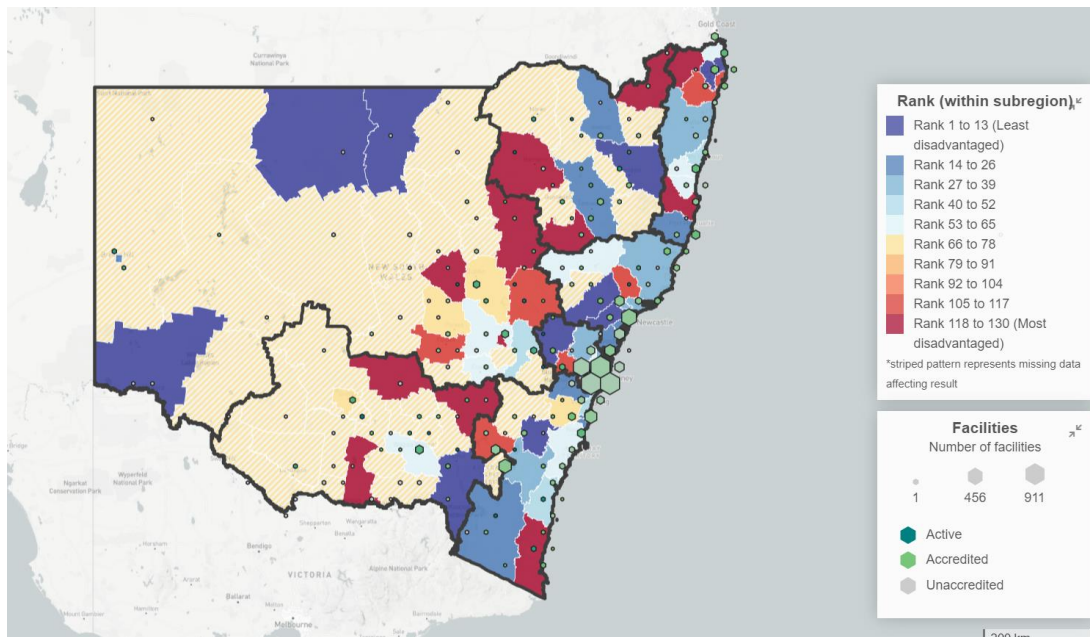
Asthma incidence (PHIDU Social Health Atlas Data 2019)



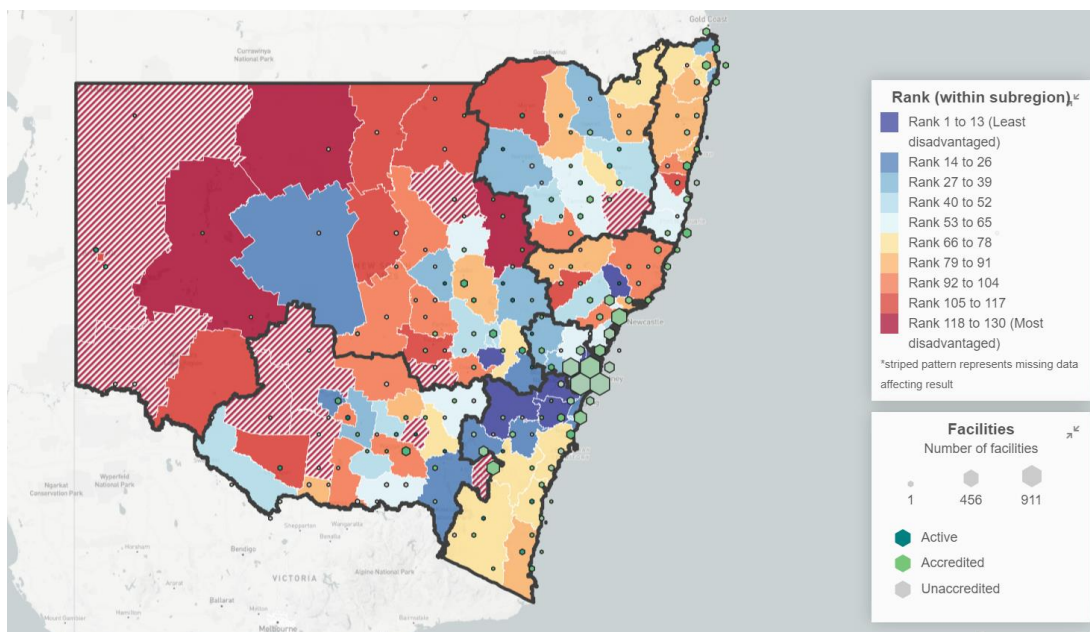
Diabetes incidence (PHIDU Social Health Atlas Data 2020)



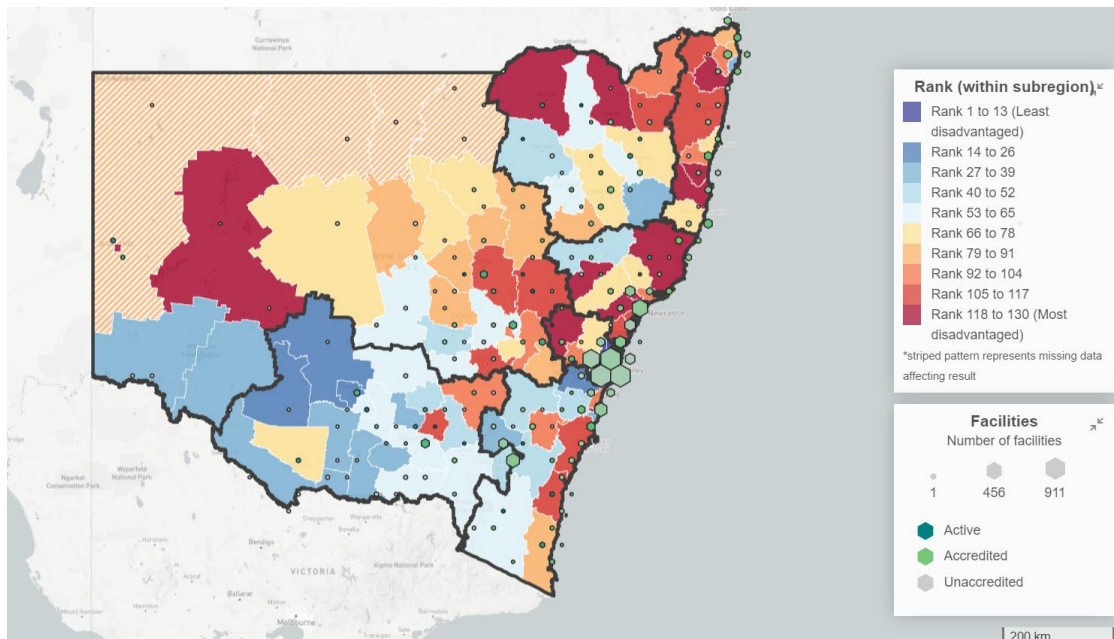
Breast Cancer incidence (PHIDU Social Health Atlas Data 2020)



Cervical Cancer incidence (PHIDU Social Health Atlas Data 2020)



Mental health and psychological distress (PHIDU Social Health Atlas Data 2019)



In support of improving rural health outcomes, GP Synergy delivers:

- Regionalised training model, including regional workshop program for General Practice registrars: <https://gpsynergy.com.au/calendar/>
- Rural supports for General Practice registrars: <https://gpsynergy.com.au/publications-news/policies-and-forms/>
- Rural and procedural skills training: <https://gpsynergy.com.au/training-programs/procedural-rural-generalist-training/>

Access is key to improving health outcomes. Although GP Synergy's Training Location Obligation requirements enforces General Practice registrars to undertaking training in areas of medical need, there are opportunities to further improve rural health outcomes by supporting retention of General Practitioners post-fellowship. These include:

- Additional funding for rural locum support
- Increasing available support grants: <https://www.nswrdn.com.au/site/grants>
- Increasing Australian General Practice Training funding to provide further support to rural and remote General Practice supervisors, in areas such as supervision and remote supervision support. Registrars who have a positive rural and remote training experience with strong education, mentoring and supervision is essential in promoting rural General Practice as a long term career.

(c) access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services;

access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services

Key Facts:

- Interest in Rural General Practice from Australian Medical graduates is falling

Things that work well:

- Exposure to rural general practice during Australian General Practice Training (AGPT) directly improves rural retention.

Opportunities:

- Increase funding and resourcing to further enhance rural and remote GP training opportunities.
- Provide funding for a larger Prevocational General Practice placements program that is vertically integrated with AGPT and Regional Training Organisations.

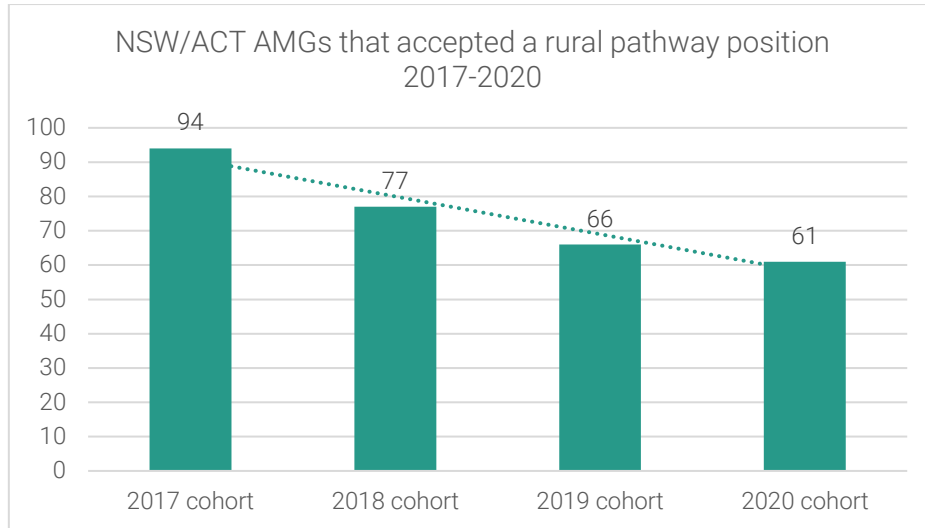
To support access to health services for rural, regional and remote communities in NSW there is an immediate need for improved interest in rural general practice amongst medical students and in prevocational doctors.

GP Synergy registrars undertake an average of 3.38 million patient consultations a year within community providing over 13% of general practice services. The availability of GP Registrars in a community provides improved access to health services. GP registrars are contributing to rural health workforce regardless of their longer term intentions. We do know from many of the studies undertaken by the GP Synergy Research and Evaluations Unit that rural training placements are a rich learning experience.

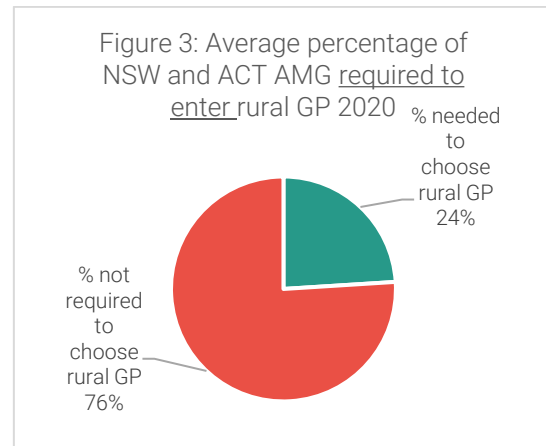
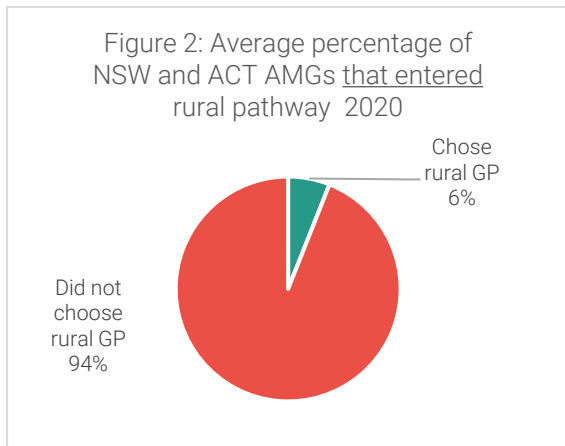
We encourage more emphasis on providing the teaching and training infrastructure (especially enhancing supervision capacity and quality) to make rural practice attractive as a training experience and supporting registrars to learn in rural placements and contribute very significantly to workforce while they are there.

The biggest challenge for GP training nationally and in NSW, is that Australian Medical Graduate interest in rural GP is falling. The 2020 Medical School Database Outcome Report found only 15.2% of graduates listed general practice as their preferred specialty, continuing the downward trend from 17.8% in 2015.

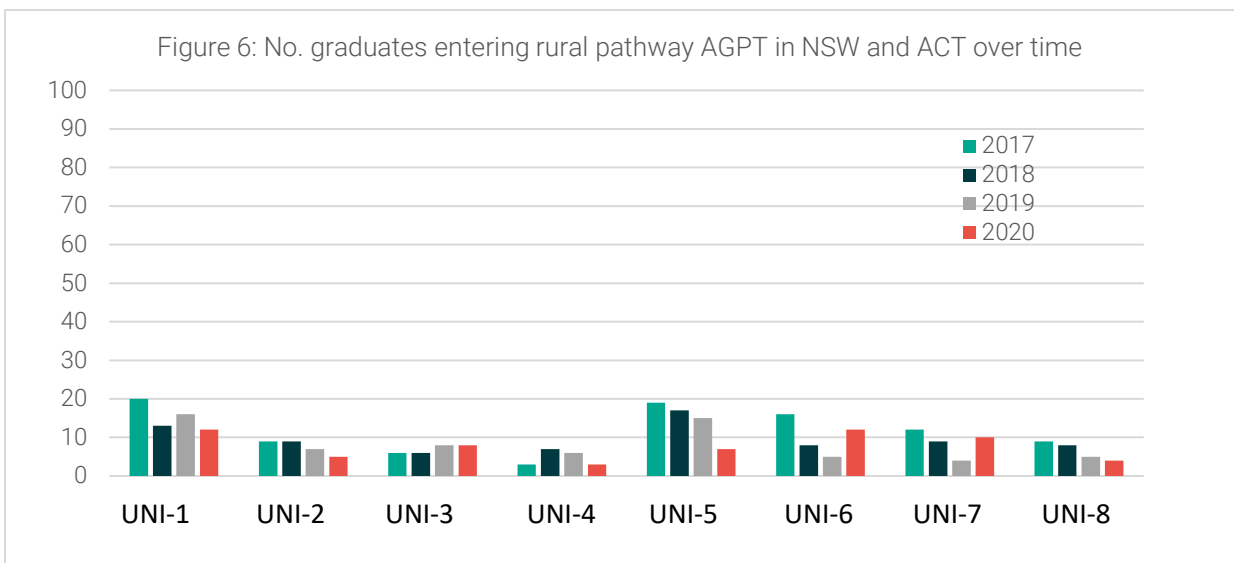
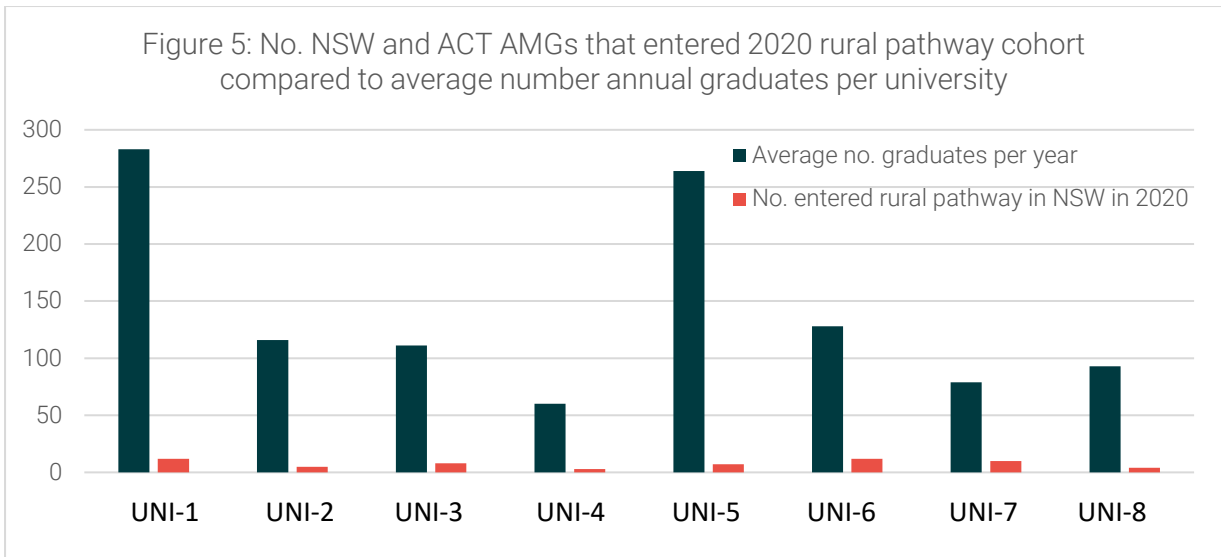
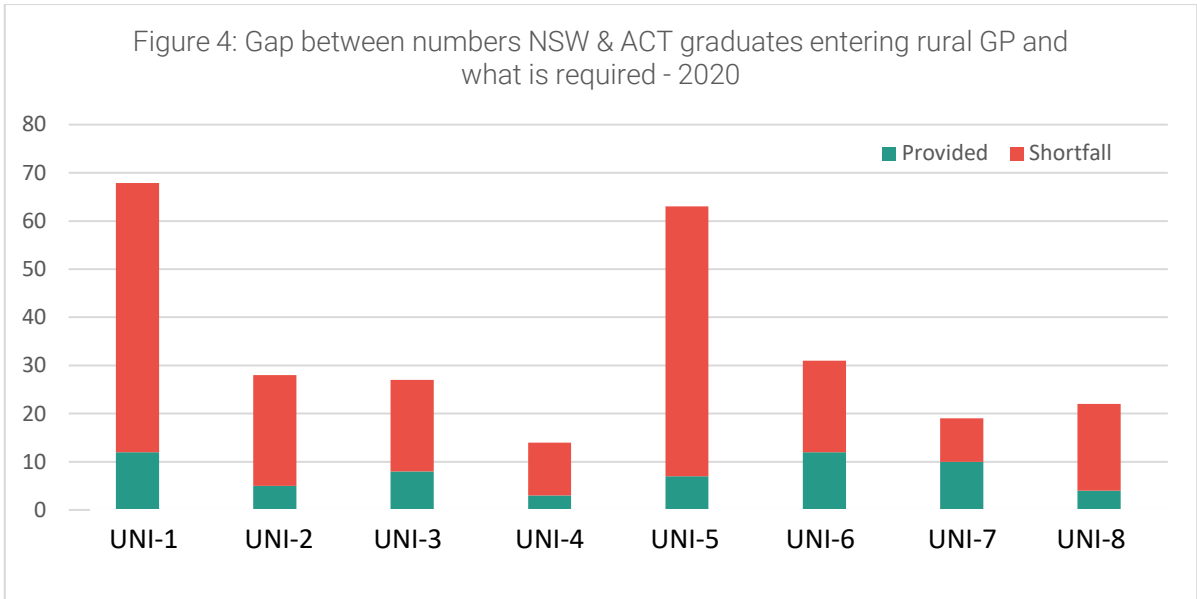
In line with this trend, despite a 73% increase in Australian Medical Graduates in NSW and ACT from 645 to 1115 between 2009 and 2017, interest in rural GP in the AGPT program amongst NSW and ACT Australian Medical Graduates has continued to decrease. As shown in figure 1 below, in 2017 94 Australian Medical Graduates accepted a rural training place, falling each year to 61 acceptances in 2020.



The percentage of Australian Medical Graduates required to fill all available NSW rural pathway training places is significantly higher (24%) than the percentage currently coming through the pipeline (6%) as shown in figure 2 & 3.



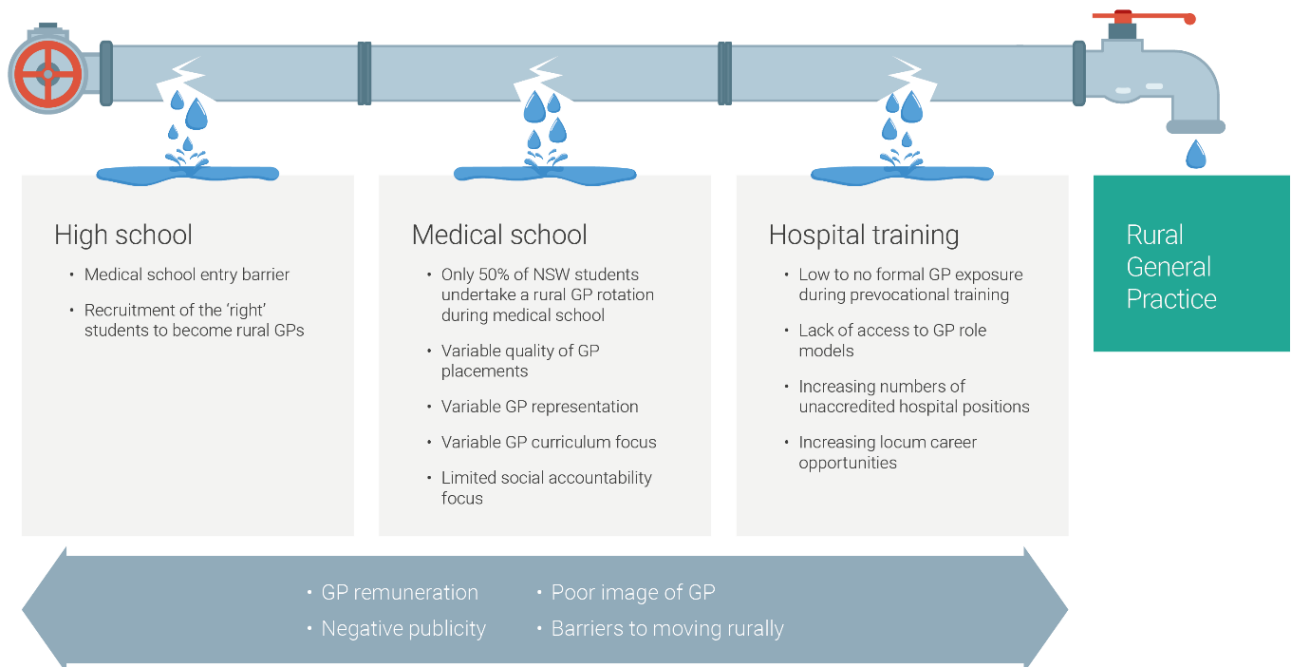
The number of Australian Medical Graduates accepting rural pathway training positions is very small compared to what is required (figure 4), the number of graduates per university (figure 5) and is not improving with time (figure 6).



Why is this happening?

There are many reasons for this decline, which range from medical student selection through to the attractiveness of the general practice profession, a lack of exposure to general practice and GP mentors during formative career decision making years and more lucrative career options

The leaky rural GP career pipeline



Benefits of exposure to rural general practice during training.

Recent studies have highlighted that a well-timed GP experience is pivotal to specialty decision making. Further, much of the research points to positive exposure to GP early.

Early exposure to rural general practice as a medical student and junior medical officer has a strong alignment with doctors choosing a career in this field.

We must consider greater opportunities for medical students and JMOs to experience rural general practice and have access to rural GP mentors.

The Prevocational General Practice Placement program (PGPPP), was active in the period 2010-2014. This saw JMOs undertake a 12-week rotation in general practice.

PGPPP's synergistic approach of utilising the vocational training infrastructure established for AGPT delivery in a coordinated approach has successfully linked prevocational training to vocational training.

PGPPP demonstrated that prevocational training could provide successful conversion to a well-trained GP workforce where it is needed.

60% of those trainees that completed a PGPPP rotation have undertaken the AGPT program

Providing the opportunity for hospital-based doctors to undertake a rural placement during their prevocational training should be considered by NSW Health. Programs such as the federally funded Rural Junior Doctor Training Innovation Fund (RJDTIF), whilst not a like for like replacement of PGPPP, provides one mechanism for this to be achieved. However, to achieve the objective of strongly influencing career decisions and significantly increasing the number of junior doctors selecting rural general practice as a career of first choice, it requires immediate implementation across all jurisdictions by NSW Health and

collaboration between GP Synergy, NSWDRN, LHDs and others to ensure a streamlined approach to supporting these doctors whilst they are in the program.

Retention of GP Registrars following completion of training

The University of Adelaide undertook a graduate tracking study for some regional training organisations including GP Synergy in 2019. This study examined the effectiveness of the AGPT program in addressing geographic maldistribution by determining the current practice location of over 1,500 GPs who graduated from NSW/ACT RTPs/RTOs in the last six years (2012-2018).

Of the graduates studied, 63% were general pathway and 37% were rural pathway trained. The study found that 24% of all graduates were currently working in a rural location (this comprised 67% of rural pathway graduates and 33% of general pathway graduates).

The researchers found “the study provided evidence that Regional Training Organisations such as GP Synergy are helping to address the geographic maldistribution of the workforce by supplying graduates that work in areas that have known workforce shortages – outer metropolitan and rural and remote locations. Moreover, Regional Training Organisations are also having a positive impact on GP workforce within NSW, with most of these graduates remaining in NSW to practice.”

Using data from registrars that followed between 2012 and 2018, they found:

- 33% of graduates currently working in a rural area were trained in the general pathway
- for every 10 week increase in total FTE rural training weeks, the GP Synergy graduates are 27% more likely to be currently practising in a rural location
- for every 10 week increase in total FTE rural training weeks, the GP Synergy rural pathway graduates are 20% more likely to be currently practising in a rural location
- GP Synergy graduates who are Australian medical graduates are twice more likely to be practising in a rural location than those who were international medical graduates.

Retention of doctors in rural communities can be influenced in many ways. Involvement from all stakeholders in a region, including LHD, local practices, councils, PHNs and politicians is beneficial. For example, stakeholders in Kempsey, been able to improve the number of doctors training in the region by working collaboratively to identify needs and opportunities for improving the registrar experience. The Mayor welcomes new registrars and a concerted effort is made to immerse the doctors in the community and involve them in local activities. Community driven meetings coordinated by NSWDRN and attended by GP Synergy, local GPs, LHD, PHN, and local hospital representatives has enhanced outcomes for the services available to the Kempsey and South West Rocks (SWR) area with six new registrars commencing 2021.1 and four staying from 2020.2. There will be a total of 10 registrars in the Kempsey SWR area for 2021.1. (up from one in 2020.1 and two in 2019.2)

A simple straightforward approach is required attract junior staff, who may end up becoming senior staff. Ideally a relocation allowance would be offered along with accommodation and childcare options, funded courses, clear salary with overtime expectations, clear role description, quality supervision, and a level of responsibility that matches the level of experience. Again, strong collaboration is required to ensure these enablers are optimised and to reduce duplication.

To create a positive junior workforce culture, with the view of achieving sustainable momentum of quality healthcare delivery, junior doctors need to have a positive experience both at work and in the community. Word of mouth is the most powerful recruitment tool. If a junior doctor has a transparent tangible pathway with clear opportunities and incentives, recruitment and retention is simplified. Junior doctors contemplating regional, rural or remote often can't see the wood for the trees. This can be improved through initiatives such as the Clarence Valley Regional Training Hubs simple promotional document about their area and training. We now have two registrars on their way to being long term Vocationally Registered (VR) healthcare providers in both community and hospital settings there and more are on their way.

(d) patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW;

patient experience, wait-times and quality of care in rural, regional and remote NSW and

how it compares to metropolitan NSW

Key Facts:

- General Practice registrars make up to 60% of the primary care workforce in some rural and remote settings
- Practice demand for General Practice registrars exceed the number of registrars currently available

Things that work well:

- GP Synergy has implemented a sub-region training model to ensure rural and remote regions within the Commonwealth defined Regional Training boundaries are serviced by General Practice registrars.

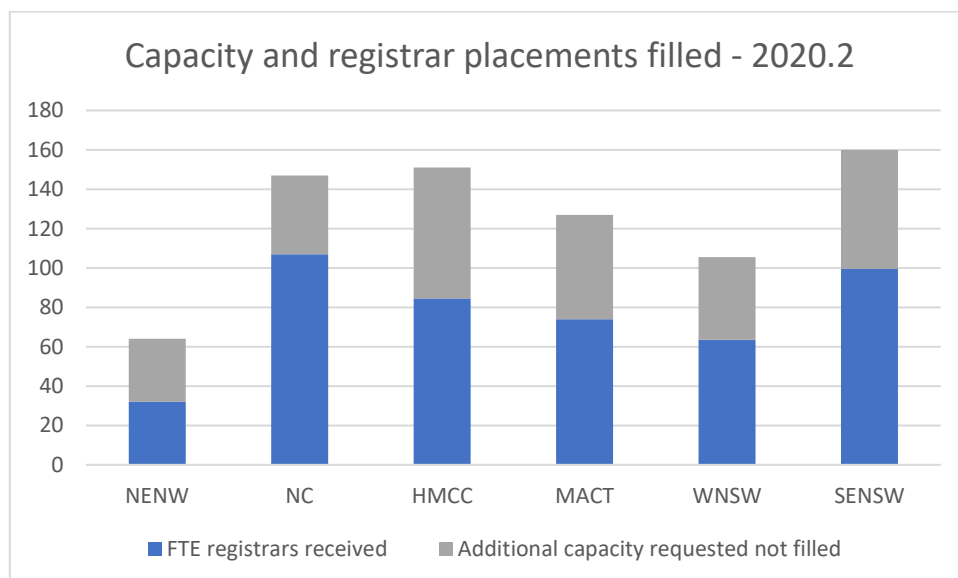
Opportunities:

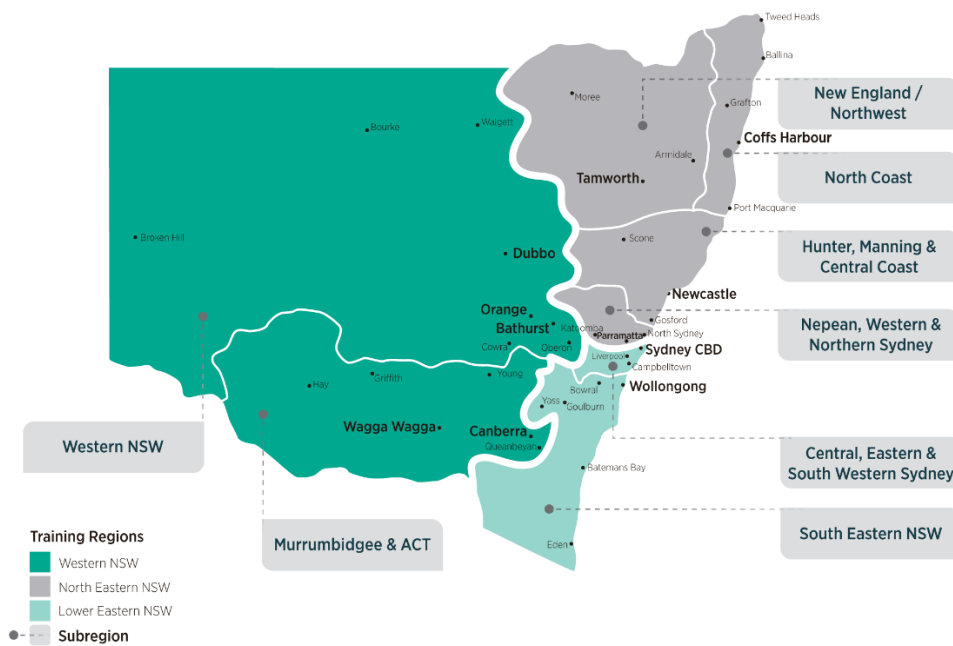
- Collaboration and optimisation of resources, and increase funding where possible to meet practice demand for registrars across rural, regional and remote NSW.

GP Synergy GP registrars play an important role in the provision of primary care, undertaking more than 3.4 million consultations per year. Access to timely care and the ability to see a GP when required, thereby reducing the impact and demand on hospital services, is enhanced through the GP registrar workforce. Unfortunately we are facing a situation where the demand for registrars to train in accredited training posts is greater than the available number of GP registrars in training throughout NSW.

GP Synergy currently has 1507 active accredited training posts.

The chart below shows the difference between the supply of registrars (GPR FTE) and the demand for registrars (FTE Positions) across the GP Synergy rural footprint in 2020.2.





GP Synergy’s sub-region placements model help ensure General Practice registrars selected into one of the three Commonwealth defined training boundaries (Western NSW, North Eastern NSW, Lower Eastern NSW) undertake training in rural and remote settings. <https://gpsynergy.com.au/publications-news/policies-and-forms/>

(e) an analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW;

an analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW;

Key Facts:

- GP Synergy, under the Australian General Practice Training program uses statewide informatics and Regional Advisory councils to inform training, education and placement decisions to better meet the needs of rural, regional and remote NSW.

Things that work well:

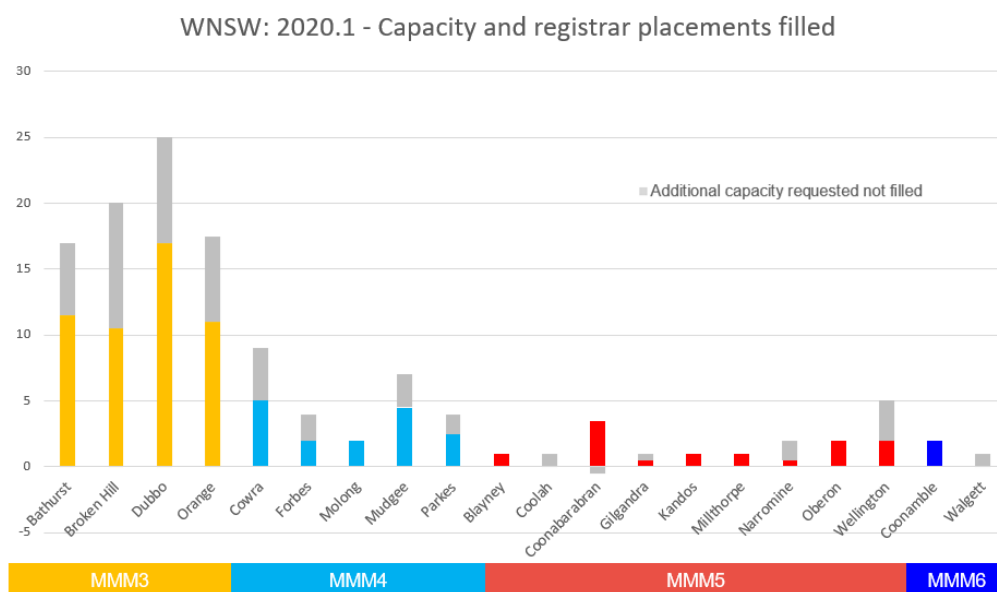
- Available general practice registrars are equitably distributed across rural and remote NSW.

Opportunities:

- Increase AGPT funding to provide additional General Practice training opportunities in areas of medical need.

The management of GP registrar distribution across NSW is a high priority. Identifying communities and health services that would be adversely impacted without registrars is an important component of our placement process. Equally, supporting registrar educational and personal needs or aspirations must also be considered.

One of the important aspects of the term placement process is to facilitate an equitable distribution of GP registrars across regions. As shown in the example below in Western NSW, application of the GP Synergy training location obligations (TLO) and term placement processes have facilitated the spread of registrars across MMM3-7 despite capacity for all registrars to train in larger regional centres (MMM3).



Each GP Synergy subregion has training location obligations process to support the distribution of registrars across each footprint to more rural settings. This has been determined in consultation with local partners including RTHs, PHNs, NSW RDN and LHDs.

HealthDirect data was used to cross match and double check the accuracy of the facilities data and to ensure a complete dataset. The population health, demographic and workforce data was collected from:

1. PHIDU (Public Health Information Development Unit)
2. HWA (Health Workforce Australia)
3. ABS (Australian Bureau of Statistics)
4. Department of Employment (unemployment)
5. Department of Health (Modified Monash)

The process of determining GP registrar distribution in NSW could be further enhanced by drawing into this process information that may become available through a state database of community and health service needs as mentioned earlier.

The success of this policy in ensuring distribution of registrars beyond MMM2 and MMM3 locations is evident in the 2020.1 registrar distribution map below.

Map: GP Synergy registrar distribution 2020.1



(f) an analysis of the capital and recurrent health expenditure in rural, regional and remote

We do not offer comment in this submission to this item as this is not an area of expertise or influence for GP Synergy.

(g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;

an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;

Key Facts:

- GP Synergy is currently training 123 rural generalists across nine disciplines in rural NSW

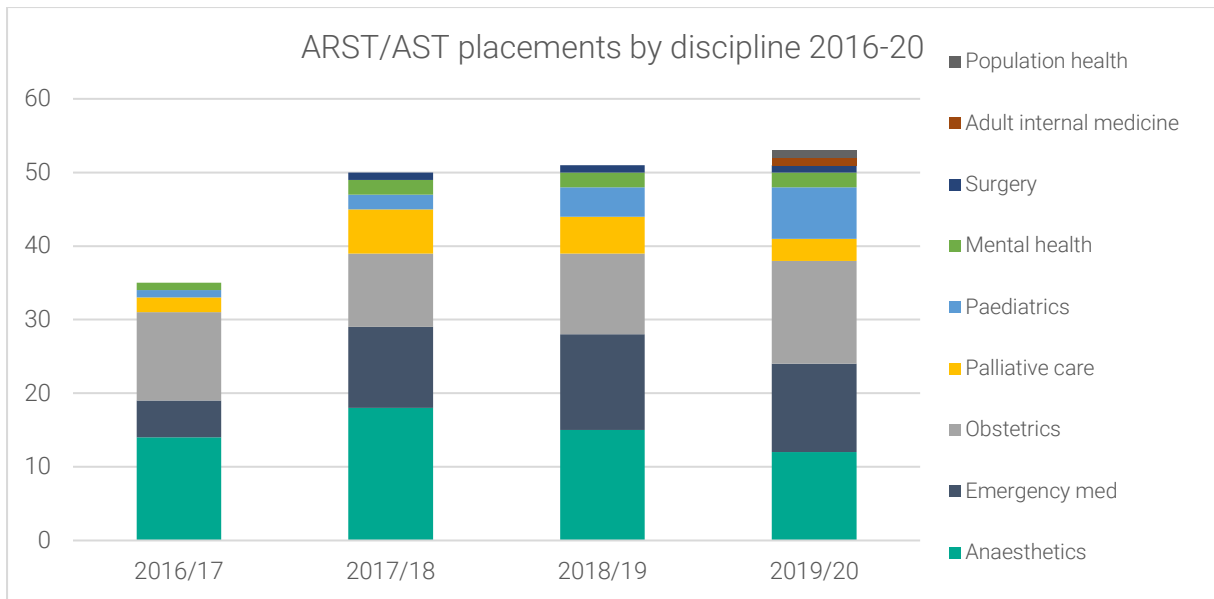
Things that work well:

- GP Synergy providing individualised support to General Practice registrars and working collaboratively with NSW Health to deliver rural hospital and procedural training: <https://gpsynergy.com.au/training-programs/procedural-rural-generalist-training/>

Opportunities:

- Increased funding to support General Practice rural proceduralists to provide services in smaller rural towns. In particular to provide supervision and support to registrars.
- Increase hospital Visiting Medical Officer (VMO) opportunities for General Practice registrars by NSW Local Health Districts.

GP Synergy has extensive experience in training rural generalist trainees, with a significant increase in registrars undertaking procedural training places and accredited posts from 2016. We are currently training 123 rural generalists across a variety of stages of training and nine disciplines, with 136 accredited sites. We work closely with the HETI NSW Rural Generalist program to ensure that trainees are placed in well supported practices for their Advanced Skills training year. We also provide individualised support and advice to all AGPT Rural Generalist trainees in NSW.



One observation of staffing challenges for NSW Health is that Rural Generalists or GP registrar VMOs are choosing not to move to smaller towns to utilise the skills they have gained and instead are remaining in larger regional centres where they are able to use their skills at higher locum rates. While doctors should be able to choose where they work, the inequality of pay between contract/salary work vs locum work could be reviewed to see if this shifts the balance back to the smaller towns.

Of additional concern is that there are less VMO emergency department opportunities for registrars in towns where GP VMOs have been replaced by V-Health services. It is well established that GP registrars are more likely to continue work in an area that they have trained in (such as after hours, VMO and nursing home). The loss of training opportunity in towns such as Parkes, Narromine and Wellington which now use V-Health mean there are less opportunities for training and succession to practice (even if that is in another town).

(h) the current and future provision of ambulance services in rural, regional and remote NSW;

We do not offer comment in this submission to this item as this is not an area of expertise or influence for GP Synergy

(i) the access and availability of oncology treatment in rural, regional and remote NSW;

We do not offer comment in this submission to this item as this is not an area of expertise or influence for GP Synergy

(j) the access and availability of palliative care and palliative care services in rural, regional and remote NSW;

the access and availability of palliative care and palliative care services in rural, regional and remote NSW;
Key Facts:

- Palliative care is currently an extended skills or advanced skills training option for General Practice registrars undertaking AGPT.

Things that work well:

- GP Synergy has accredited a number of rural Palliative care training sites across rural and remote NSW

Opportunities:

- Increase AGPT funding and recruitment to increase training activity in Palliative care.

GP Synergy provides procedural rural generalist training opportunities in a number of disciplines as outlined earlier in this document. Palliative care is a major role for General Practitioners. GPs are an essential part of the service provision for palliative care in the community. Below is a list of currently accredited palliative care posts in NSW. From Aug 2020-July 2021 there are four GP Registrars in palliative care positions in NSW.

POST LOCATION	GP SYNERGY SUBREGION	ACRRM ACCREDITED	RACGP ACCREDITED
Broken Hill Hospital	Western NSW	Yes	Yes
Lismore Hospital	North Coast	No	Yes
Coffs Harbour Hospital	North Coast	No	Yes
Hastings Network – Wauchope & Port Macquarie	North Coast	Yes	Yes
Maitland Hospital	Hunter, Manning & Central Coast	Yes	Yes
Manning Base Hospital	Hunter, Manning & Central Coast	Yes	Yes
David Berry Hospital	South Eastern NSW	No	Yes

Coffs Harbour is an excellent example of a community where the GP Registrars have been able to assist with both inpatients and community outreach and extend practical face-to-face coverage in peripheral areas of the LHD. Other accredited palliative care positions in NSW are aiming to repeat the model and extend the breadth and depth of community care. The Coffs Harbour Palliative Care post also provides teaching and support for other sites optimising the use of resources in doing so.

(k) an examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities; and

an examination of the impact of health and hospital services in rural, regional and remote NSW on indigenous and culturally and linguistically diverse (CALD) communities; and

Key Facts:

- GP Synergy has been delivering historically high number of General Practice training placements in Aboriginal Community Controlled Health Services in rural and remote NSW.

Things that work well:

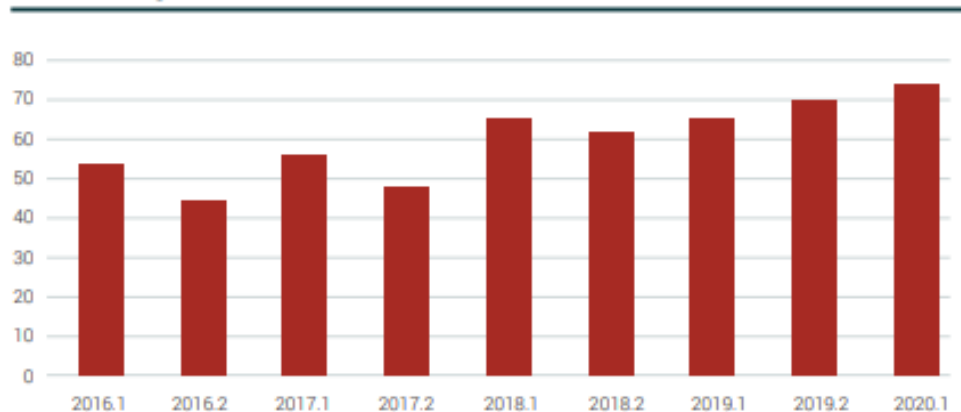
- GP Synergy prioritises Aboriginal and Torres Strait Islander Health training: <https://aboriginalhealth.gpsynergy.com.au/>

Opportunities:

- Increasing the number of General Practice training registrars who identify as Aboriginal and Torres Strait Islander

GP Synergy has a strong commitment to providing health services to Indigenous Australians. We have had significant success in this area across NSW both increasing the number of accredited Aboriginal Community Controlled Health Services (ACCHSs) as well as increasing the number of registrars training in these facilities. In the first half of 2020, 74 registrars undertook a GP training placement in an ACCHS – the largest number to date.

Number of registrars in ACCHS facilities 2016-2020



Accredited ACCHS training facilities in NSW and ACT



To better equip GP registrars to provide culturally appropriate care to communities, GP Synergy has a dedicated Aboriginal and Torres Strait Islander Cultural Education Unit which works closely with our Medical Education team and Aboriginal and Torres Strait Islander Health Committee (whose membership consists of representatives from each of the 33 accredited ACCHSs and 27 branch/additional sites, in our footprint). We work closely with these services in the delivery of GP registrar placements and the important role registrars play in the provision of healthcare in their communities.

GP Synergy also contributes to the development of staff working in ACCHSs to undertake the Diploma in Practice Management, a collaboration with TAFE NSW.

Our ability to respond to changing community need and to remain agile in the support of general practice meeting those needs, is a true strength of GP Synergy's regional model. Local partnerships are essential in identifying opportunities and minimising duplication of effort.

(I) any other related matters.

Additional information and summary of opportunities to improve health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

Although we have a limited ability to influence or change many of the leaks in the pipeline, we are committed to continuing to collaborate wherever we can to increase interest in rural general practice and general practice as a career.

GP Synergy has implemented the role of Head of Prevocational Education in 2020, with the purpose of addressing some of the leaks in the pipeline. The main priorities are to form relationships with the Directors of Prevocational Education and Training (DPETs) in each of the hospitals and be a consistent presence in the education program for Junior Medical Officers (JMOs) who are yet to enrol in GP training. This role also focuses on building capacity within the medical education team and with GPs in local areas to also deliver high-quality education to JMOs and medical students.

We have a dedicated Rural Programs Manager who can meet with aspiring rural GP Registrars and provide career counselling sessions and guidance to assist these doctors to select the best fit community for them and to manage their training in the appropriate skills for that community.

Rural Generalist trainees with advanced skills in obstetrics, anaesthetics or surgery are directly placed into communities where they can use these skills at the local hospital and be supported by both the practice supervisors and the LHD.

Rural Generalist trainees with advanced skills in Emergency Medicine are also able to practice their skills in our rural and remote hospitals as part of their GP training.

GP Synergy provides extra funding for those registrars who are training to be Rural Generalists to attend workshops and other training events relevant to their future rural practice.

All the experienced GPs who supervise registrars during their community terms receive extra support and workshops to assist them in their role of providing optimum level education to future GPs.

We offer tiered financial incentives for registrars to train in rural areas. The more remote, the more financial assistance is provided. Practices are also paid to train their registrars in their community placements.

GP Synergy has decided to allocate any registrar who is undertaking VMO activities in their local hospital as a supernumerary placement, thus allowing practices who supply doctors to service local hospitals to have more registrars allocated to their community.

Rural registrars attend workshops specifically addressing rural medical emergencies and health issues, eg farm safety and joint workshops with the Royal Flying Doctors Service (RFDS) for rural emergency management.

Now in its eighth year, the GP Synergy Medical Student Academic Scholarship program has been highly successful in increasing both awareness and interest in academic general practice, and interest in general practice as a career. 82 students have progressed through the scholarship since its inception with an additional 10 commencing the scholarship in 2020.

We can ensure equitable distribution of registrars in training across our training regions and have a proven track record in doing so. There are challenges in managing workforce distribution, such as training program policy which enables general pathway registrars to complete training without experiencing rural general practice.

We encourage and collaborate with local partners such as NSW RDN, PHNs, Regional Training Hubs and LHDs to support registrars applying to or training in rural areas in a meaningful way.

We will continue to seek, develop and implement innovative approaches to support community and workforce needs and optimise training experiences for registrars.

NSW Health support for general practice, rural medicine, rural training and small hospital VMOs is essential and we must avoid fragmentation and a lack of coordination and consider the opportunity for rural medical workforce to be centralised within the Ministry.

We acknowledge that there is more to be done and encourage stronger alignment of the planning and understanding of the role of general practice as the cornerstone of primary care in rural regional and remote communities.

Investment in primary care and leveraging this investment effectively has the ability to continue to enhance improve health outcomes and access to health services for our regional rural and remote communities

Case studies GP Synergy

Composite pathway (Nepean Western and Northern Sydney & Western NSW) – Dr Ben Tang – Oberon NSW

Dr Benjamin Tang has moved from Brisbane to the small rural town of Oberon in Western NSW for his GP training. On a composite pathway, he is based in the Nepean, Western and Northern Sydney subregion. Enjoying his training in Oberon, including the opportunity to work at the local hospital, Ben elected to stay on for an additional term as he felt privileged to be a registrar in a small town with friendly people and knowledgeable supervisors.

Ben's story: https://gpsynergy.com.au/case_studies/dr-benjamin-tang/



South Eastern NSW – Dr Domonic Manassa – Cooma, NSW

Dr Domonic Manassa was born and bred in Sydney but decided during his hospital training that the city life and lack of patient continuity of care was not for him. Wanting to be involved in community-based health and gain the breadth of experience a rural setting offered, in conjunction with still being able to work in a hospital setting, he chose GP training with GP Synergy in Cooma. Relocating at the beginning of 2016, Domonic has now fellowed and is working as a GP in Cooma and loving it.

Domonic's story: https://gpsynergy.com.au/case_studies/gp-story-dr-domonic-manassa-dr-andrew-egan/



New England/Northwest – Dr Hamze Hamze – Moree, NSW

Dr Hamze Hamze is an international medical graduate who moved to Australia after graduation, completing his internship and residency, and starting his emergency training in NSW. Realising that general practice was a better fit he started his GP training in Moree in 2013, intending to stay there for six months. Hamze completed his GP training in Moree in 2015 having found the community to be culturally diverse, generous and welcoming. Hamze is now also a GP Synergy GP supervisor based at Pius X Aboriginal Corporation in Moree.

Hamze's story: https://gpsynergy.com.au/case_studies/gp-story-dr-hamze-hamze/



Western NSW – Dr Sally Plunkett – Dunedoo, NSW

Dr Sally Plunkett grew up on the coast but undertook her final year of medicine in Dubbo at Sydney University School of Rural Health and completed her internship and residency at Dubbo Hospital. Based on her husband's family farm near Dunedoo, Sally aimed to become a rural GP in Dunedoo to address the health care gap there. Completing her GP training with GP Synergy, she followed in 2019 and is now practising in Dunedoo, with rooms at the local hospital.

Sally's story: https://gpsynergy.com.au/case_studies/gp-story-dr-sally-plunkett/



New England/Northwest – Dr Maelle Morgan – Moree, NSW

Dr Maelle Morgan chose New England/Northwest for GP training as she was looking for a rural training setting where she could use her skills in both general practice and in a hospital setting in emergency medicine and surgical assisting. She moved to Moree from Brisbane with the intent to stay for two years. Five years later, she and her husband have adopted two dogs, bought a house and had a baby. Maelle is now a GP supervisor because she wants to share her enthusiasm for rural medicine.

Maelle's story: https://gpsynergy.com.au/case_studies/gp-story-dr-maelle-morgan/



Murrumbidgee & ACT – Dr Katherine Smith – Wagga Wagga NSW

Recently fellowed GP, Dr Katherine Smith is living and practising as a GP in Wagga Wagga. She undertook her GP training in Wagga Wagga as it's a great place to raise a family and she loved the concept of being able to practice in a smaller community looking after patients through every stage of their life. As a registrar she enjoyed the quality and variety of medical education for GPs in the Murrumbidgee area so much that she also took on the role of Registrar Medical Educator with GP Synergy.

Katherine's story: https://gpsynergy.com.au/case_studies/my-gp-story-dr-katherine-smith/

