

Response to Small Business Victoria

GPV is the peak body for the 29 Victorian divisions of general practice, and is continuing to provide support to the divisions as they transition to form Medicare Locals, with other partner organisations. This brief submission addresses some of the questions in the Department of Business and Innovation's *Small Business Victoria* discussion paper, with a particular focus on general practice.

1. *What are the major taxation, regulatory or compliance burdens facing your business? What are the specific issues that impeded your business productivity and growth? What effect will a carbon price have on your business?*

The investigation undertaken by the Productivity Commission remains an important source of information about the issues and the significant administrative and compliance costs in general practice. (See the overview of findings and recommendations at www.pc.gov.au/projects/study/gpcompliance/docs/finalreport) Although the report was published eight years ago, and some details have changed since, the issues facing general practice remain broadly consistent with those identified in the report. The suggestion that compliance costs should be taken into account when government departments seek the involvement of general practice to achieve their public interest aims, remains highly pertinent.

The Department of Business and Innovation's study into reducing red tape for doctors last year covered similar and very relevant issues.

4. *How easy or difficult is it for you to access information about Government grants and other assistance programs?*

An important source of information about government grants for general practices is the network of Divisions of General Practice. Divisions communicate regularly with all practices in their area, and are seen as a trusted source (and filter) of information. The state peak body, General Practice Victoria, and the national peak body, AGPN, are important vehicles for government to use in communicating with the divisions, and through them, general practices (approximately 1700 in Victoria). Medicare Locals and their state and national peak bodies will continue to fulfil this function, as Divisions transition to become Medicare Locals, over the next 12-18 months.

9. *What workforce skills are hardest to find or retain? What are the main barriers to finding and keeping the right staff?*

11. *Are you finding that your workforce is getting older? What opportunities or challenges does this present?*

The average age of general practitioners has been increasing over a number of years. In Victoria the increase over a 10-year period is from 47.4 in 2000 to 49.8 in 2009.¹ This presents well-recognised and well-documented challenges for the delivery of health care in Australia, particularly given increasing rates of chronic disease in the community; the ageing of the population and the consequent burden on the health care system; the changing expectations of

¹ AIHW 2011. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW. Viewed 2 November 2011 <<http://www.aihw.gov.au/publication-detail?id=10737419680>>. Table A10: Primary care practitioners^(a): selected characteristics, states and territories, 1997 to 2009

younger generations of doctors (including the increase in part-time work arrangements, decreasing interest in investing in general practice as a private business, and inadequate capacity to host training placements, which are necessary to train not only GPs, but all doctors as well as nurses and students in the allied health professions).

The lack of physical infrastructure is a barrier to implementing and expanding multidisciplinary care in general practice, and is a barrier to hosting clinical placements for allied health providers, as well as for doctors. (Additional space is required for practice nurses, for other health providers and for trainees. See GPV's previous submission to National Health & Hospitals Reform Commission for further details, at:

www.gpv.org.au/files/downloadable_files/Policy/Submissions/WorkforceinfrastructurepolicyAttachmenttNHRCsubmission.pdf)

A detailed 2008 report by Burgell Consulting on what is needed to support medical clinical placements in Victorian general practices said:

Analysis undertaken by this project indicates that over the next 10 years the demands for medical student placements in Victorian practices will grow by 165 % on current levels and by 125% in the medium term.

The investigations have also involved the development of an initial profile of the distribution of Victorian practices with an indicative commitment to hosting medical students and other GP learners. This shows there are 1729 GP practice sites across the state with 571 sites likely to provide learner placements.

If no additional practice sites are recruited for medical student placements, then by calendar year 2017, those practices with a commitment to the support of learners will on average be asked to provide 136.8 sessions per practice per annum of medical student placement time or 68.4 days per practice per annum. Similarly, by calendar year 2011 they will still be asked to provide 104 sessions per practice per annum or 52 days per practice per annum. These figures represent huge demands on practices and yet they do not incorporate other practice placement requirements for GP registrars, prevocational doctors and international medical graduates.

If a range of pressing and major problems are not overcome the clinical teaching capacities of GP practices and the universities will be totally incapable of meeting the educational needs of the predicted future numbers of medical students entering the Victorian university system.

Pivotal issues which must be addressed include funding of adequate practice space and IT/infrastructure for placing students, strengthening payment levels and arrangements to practice based GP teachers for their student teaching roles, recruiting more practices to host students, upgrading state wide practice data management about educational commitment, strengthening inter university coordination in placement planning and liaison with practices and enhancing university teaching models for 'in practice' GP clinical education.²

The specifications for car parking in current planning regulations also present an impediment to expanding practices to enable multidisciplinary care, and to taking on clinical placements. Many practices in recent times have been awarded a Commonwealth Government infrastructure grant only to find that their plans are refused at local council level due to their failure to meet the parking requirements. GPV recently made a submission to the Department of Planning and Community Development's Review of Parking Provisions, raising this issue.

² Burgell Consulting, February 2008, Medical Student Clinical Placements in Victorian General Practices – Final Report. <
www.gpv.org.au/files/downloadable_files/Programs/Workforce/policy%20and%20advocacy/Medical%20Students%20Mapping%20Concluded%20Final%20Report.pdf > p.3. Report can also be downloaded via:
<http://www.gpv.org.au/content.asp?cid=12,147&wid=912&t=Policy%20andamp:%20Advocacy%20for%20Workforce>