

General practitioner shortages across Australia heighten health crisis

John Mackay
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Broad areas of regional and rural Australia are seeing a dire shortage of general practitioners (GPs), leaving the frontline of healthcare in what has been described by experts as a “perilous state.”

An unprecedented decline in the supply of doctors has led to numerous towns and regional centres across the country without any GPs. It is not uncommon for one doctor to service the needs of thousands of people.

This is forcing people to seek care from emergency departments in regional hospitals that are already overstretched due to years of funding cuts, exacerbated by the COVID-19 pandemic and now influenza.

Speaking to the *Sydney Morning Herald* (SMH), Richard Colbran of the New South Wales (NSW) Rural Doctors Network in the country’s most populous state said: “The reality is there isn’t a town in rural NSW that isn’t at risk of being able to sustain viable primary care right now. For every general practitioner that leaves the workforce there will need to be three to replace them to keep up with demand. After COVID-19, floods and bushfires, GPs have never felt a time when the system is in such a perilous state. They are exhausted.”

Colbran said that at least 600 rural general practitioner proceduralists, who also work as doctors at local hospitals, have left their positions in the past 10 years. There are now fewer than 200 GP proceduralists working in rural NSW, with authorities concerned this number could dwindle to less than 100 within the decade.

Dubbo, in central NSW, has recently seen three of its twelve general practices close. Dr Ai-Vee Chua, a local GP told the SMH “I’ve worked in rural NSW for more than 20 years and the shortages we are seeing now are the worst they’ve ever been, especially with the increasing population.”

Dr Chua said patients were being forced to go to emergency departments because “they have no other option.”

In Queensland, Kingaroy in the state’s southeast is seeing a GP shortage so severe that waiting lists for local doctors are 8 weeks. There are just seven medical clinics for the town of over ten thousand, and practices are not taking on new patients.

A recent report published this year by Deloitte Access Economics, titled the “General Practitioner work force report 2022,” found that the crisis will only advance, as the aging and growing population will see demands for GP services increase by 38 percent by 2032.

The study reported that on current trends, the supply of GPs will decrease by 15 percent in the cities and 4 percent overall, resulting in a shortfall of 11,392 GPs in 2032. That would equate to 1 in 3 of the GP workforce.

The lack of basic healthcare services place both patients and staff at extreme risk. Earlier this year at Yass Hospital in southern central NSW, such a lack of doctors left a paramedic and an enrolled nurse to run the hospital. Twenty-four clinical staff associated with the hospital then wrote an open letter demanding urgent action over the staffing crisis and describing the situation as dangerous and unprecedented.

Rural healthcare in Australia has been under-resourced for decades, subjected to funding cuts under both Liberal and Labor state and federal governments. For years, patients with acute serious illness have needed to be flown to city hospitals for urgent care. Sufferers of chronic diseases must travel to city or major regional centres for optimal care.

The resulting anger in rural communities was evident in submissions to the NSW State Parliamentary Inquiry into regional, rural and remote healthcare. This inquiry, established in September 2020 following a succession

of preventable deaths in rural and regional hospitals, which have underscored the disastrous state of health services in these areas.

The conditions highlighted in the report have been superseded both in terms of GP shortages and the added and the intolerable workload of those who are left. However more recent findings from this submission reveal the deepening crisis in the future from GP shortages in rural NSW. Currently, Wellington NSW has a population of 10,000 and yet only one doctor practices at its local hospital. Over the next 5-10 years, at least 43 small communities in the state are at risk of losing GP services altogether.

The South Australian and Northern Territory Chairman of the Royal Australian College of General Practitioners Dr Zakaira Baig told *NewsGP* earlier this year that the workforce shortage is “becoming an Australia-wide issue.” Baig said that attracting young doctors and medical students to general practice remains the biggest challenge as they have lost interest in pursuing a career in the field.

“There are multiple reasons for it,” Baig stated. These include “the big discrepancy in remuneration for a GP and other specialists; while GPs are recognised as specialists, GPs are not paid at the same rate. Young doctors are often in relationships, there are no work opportunities for their partners if they go rural ... so they are not keen to go rural unless there are special incentives. [There are also] limited schooling opportunities for children of rural GPs. Many move out to cities for this reason when their children grow up.”

Many doctors choose to work in areas already well serviced by existing medical practitioners to avoid professional isolation and the expected excessive workload.

An Australian Institute of Health and Welfare study published just prior to the commencement of the pandemic in late 2019 revealed that “on average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services, compared with people living in metropolitan areas.”

The report concluded that poorer health outcomes in rural and remote areas may be due to multiple factors including lifestyle differences and a level of disadvantage related to education and employment opportunities, however this also included limited access

to health services.

Funding to primary care has not seen an increase for eight years. Patient rebates for GP services have been frozen since 2014, by the Abbott Coalition government, after the Gillard Labor government introduced it as a “temporary” budget measure in 2013.

The result is GPs have been forced to charge patients “gap fees” to offset funding cuts, shifting the crisis onto the backs of the working class. With rapidly rising costs of living due to inflation many people are having to forego health care because they cannot afford the cost with dire consequences for the health and well being of ordinary people. It means without treatment preventable medical conditions advance to become chronic or life-threatening.

The new Albanese Labor government, in the course of the election campaign promised to inject very limited funds into health care. But within a matter of weeks of forming government, Labor has instead nominated healthcare as one of the key areas for spending cuts, as the national debt, accrued through handouts to big business over the past two years, is paid off by the further destruction of essential services.

There is no solution to the healthcare crisis, which is deepening on multiple fronts, from big business governments or the capitalist system. It is up to the working class to fight for an alternative.

The Socialist Equality Party is calling for workers to form rank-and-file committees, independent of the corporatised unions, at health workplaces throughout the country, in regional, rural and urban areas alike.

These committees must be established to unite all health workers in a common struggle, for decent staff pay and conditions, and high-quality, free public healthcare for all. That poses the need for an alternative, socialist perspective aimed at reorganising society to meet social need, not the profits of big business and the banks.



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