AMA Submission to the Australian General Practice Training
Aboriginal and Torres Strait Islander Salary Support Program
Review 2016-17

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As the peak professional organisation representing doctors across all medical specialties in Australia, the Australian Medical Association (AMA) welcomes the opportunity to make a submission to the 2016-17 review of the Australian General Practice Training (AGPT) Aboriginal and Torres Strait Islander Salary Support Program.

The AMA is strongly committed to improving health and life outcomes for Aboriginal and Torres Strait Islander peoples, and is working to shape a health system that is responsive to the unique health and cultural needs of Aboriginal and Torres Strait Islander patients. The AMA asserts that initiatives such as the AGPT Aboriginal and Torres Strait Islander Salary Support Program are crucial to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples through building a medical workforce that increases access to services for, and provides holistic and culturally safe health care to, Aboriginal and Torres Strait Islander patients.

This submission outlines some key concerns relating to the AGPT Aboriginal and Torres Strait Islander Salary Support Program that have been raised with the AMA by its members and key stakeholders as part of this review.

Program Intent and Distribution of Salary Support Funding

The AMA considers the AGPT Aboriginal and Torres Strait Islander Salary Support Program as a key component to increasing the number of doctors working in Aboriginal and Torres Strait Islander health. It provides opportunities for GP registrars to train and learn in specialised environments, and supports Aboriginal Community-Controlled Health Services (ACCHSs) to employ GP registrars.

It is widely known that Aboriginal and Torres Strait Islander communities have the smallest health workforce in Australia, and that many ACCHSs often find it difficult to attract and recruit well-qualified, experienced GPs. As identified by the Department of Health (DoH), over 300 Aboriginal Medical Services across Australia were seeking to place a GP registrar in their
facilities in 2016, and of these, 19 per cent were without a registrar for more than 90 days. This indicates a high demand for GP registrars to work in Aboriginal and Torres Strait Islander health.

The AMA acknowledges that funding through the AGPT Aboriginal and Torres Strait Islander Salary Support Program is used to support GP registrars to undertake training in locations that are determined by Registered Training Organisations (RTO), in conjunction with ACCHSs. However, with the current maldistribution of the health workforce across Australia, and with the health needs of Aboriginal and Torres Strait Islander people being two to three times higher than non-Indigenous people, the AMA considers that funding through the AGPT Aboriginal and Torres Strait Islander Salary Support Program should be distributed on a basis that addresses need. A lack of an effective workforce affects the capacity for essential programs to be delivered, and has an adverse impact on the health of Aboriginal and Torres Strait Islander people.

**Salary Support for GPs**

The AMA is aware that the number of GP registrars undertaking training in Aboriginal and Torres Strait Islander health has increased significantly over recent years, and that the ongoing sustainability of the AGPT Aboriginal and Torres Strait Islander Salary Support Program is a concern for the DoH. However, this should not warrant changes to the AGPT Aboriginal and Torres Strait Islander Salary Support Program Policy that would see a restriction in the number of GP registrars supported through the Program, or restrictions on the length of time that salary support is provided to GPs during their training.

The AMA considers that any changes to the AGPT Aboriginal and Torres Strait Islander Salary Support Program that restricts the number of GPs supported through the Program will impact on the delivery of primary health care in Aboriginal and Torres Strait Islander communities and will have an adverse impact on the operational capacity of ACCHSs.

Furthermore, the AMA is concerned about the proposition of limiting the time that support can be provided through the AGPT Aboriginal and Torres Strait Islander Salary Support Program to twelve months. The AMA considers that limiting salary support would result in a loss of experienced GP registrars for ACCHSs, a loss of cultural knowledge and experience, a loss of patient trust, and would undermine the efforts of the Indigenous health sector in encouraging more GPs to work in Aboriginal and Torres Strait Islander health.

The AMA is aware that, in a recent review of the Aboriginal Community Controlled Health sector, it was identified that there was a decline in access to specialist health care for Aboriginal and Torres Strait Islander communities. Therefore, the AGPT Aboriginal and Torres Strait Islander Salary Support Program should seek to prevent further erosions of GPs working in Aboriginal and Torres Strait Islander health, and continue to focus on building workforce capability.

The AMA asserts that the AGPT Aboriginal and Torres Strait Islander Salary Support Program should support GPs who have a strong commitment to Indigenous health to keep working in local Aboriginal and Torres Strait Islander communities throughout the entire duration of their training. Supporting GPs to continue to work in Aboriginal and Torres Strait Islander health.

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communities for longer periods of time allows for continual relationships between doctors and their patients. Current evidence suggests that the longer doctors train locally in Indigenous health, the more likely they are to stay in the community. This makes a valuable contribution to increasing the GP workforce in the Aboriginal and Torres Strait Islander health sector.

Salary Support Funding Eligibility

The AMA is aware that under the current AGPT Aboriginal and Torres Strait Islander Salary Support Program Policy, registrars who are undertaking their first year of general practice training are not eligible for salary support. It is the AMA’s view that, if a training facility is accredited by an RTO, the Royal Australian College of General Practitioners, and the Australian College of Rural and Remote Medicine as being appropriate for registrars in their first year of training, and an RTO considers that a specific registrar meets the necessary cultural competencies to work in an ACCHS, then this should not be limited by Government policy.

Furthermore, a recent survey of GP registrars participating in the AGPT Program identified that there is a peak interest in working in Aboriginal and Torres Strait Islander health among registrars in the earlier stages of training. According to the AGPT Registrar Satisfaction Survey in November 2015, 32.6 per cent of registrars considered working in Aboriginal and Torres Strait Islander health before they applied to the AGPT program, 5.6 per cent considered working in Aboriginal and Torres Strait Islander health when they applied, and 3.7 per cent of registrars considered working in Aboriginal and Torres Strait Islander health at the end of their first year of training. This compared to only 1.7 per cent of GP registrars who considered working in Aboriginal and Torres Strait Islander health at the end of their second year of training.

There is an opportunity to attract more GP registrars to work in Indigenous health, by expanding the eligibility of registrars in their first year of training to participate in the AGPT Aboriginal and Torres Strait Islander Salary Support Program.

27 JULY 2017

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