



## Media Statement

***EMBARGOED until 12pm Friday 15 March 2024***

### **Western Australia needs 300 extra GPs by 2030; report reveals urgent need for reform**

Western Australia will need more than 300 GPs by 2030 to meet the health needs of rural and remote communities.

A report released today at the WA Rural GP Summit shows that Western Australia is lagging behind the rest of the nation in the recruitment and retention of rural and remote GPs.

The report was authored by international consultancy McKinsey & Company and commissioned by Rural Health West.

According to the report, WA will need more than 1,270 GPs by 2030 as a result of population growth and growing chronic disease – up from 943 GPs currently working in rural and remote communities.

The report also underscored the challenge with data showing that WA is facing a declining trend in the number of rural and remote GPs with 77.1 GPs per 100,000 people compared to the national average of 88.9.

The report was released today as part of the State's first rural and remote GP summit convened by Rural Health West – the State's dedicated rural and remote health workforce agency.

Rural Health West Chief Executive Officer Tim Shackelton said the report and the Summit outlined an achievable, practical, and feasible vision of reform for rural and remote general practice.

“The data is plain and compelling. Action is needed across the sector if we are to not only arrest this crisis in general practice but turn it around over the next five years,” he said.

“Those of us at today’s Summit are custodians of the health system in WA. We simply cannot allow this situation to continue to drift because this has profound impacts on the lives of people in rural and remote communities who are already experiencing growing chronic health outcomes.

“The report and the Summit aren’t just about problems, it’s about commitment from across the sector to reforms that those working in rural and remote health have identified as being practical and feasible in meeting this crisis,” he said.

The Summit has brought together the State's leading rural and remote health policy and decision makers including the WA Minister for Health, the Honorable Amber-Jane Sanderson, the Chief Medical Officer, Dr Simon Towler, the National Rural Health Commissioner, Adjunct Professor Ruth Stewart, rural GPs and representatives from peak health organisations including the AMA and the Aboriginal Health Council of WA.

The key findings of the report include:

- There will be an incremental "gap" of up to 1.4m GP attendances in rural WA by 2030, equating to 370 additional GPs needed.
- Rural WA's population is expected to grow to 630,000 people by 2030 from 594,000, representing the major driver of increased demand.
- In 2018, rural WA had 86.9 GP FTE per 100,000 compared with 94.4 for rural Australia – this has worsened to 77.1 GP FTE per 100,000 compared with 88.9 for rural Australia in 2022 – a situation that is only going to worsen without sector-wide reform.
- On a per capita basis, the Wheatbelt and the Pilbara are the most disadvantaged in terms of GP supply, with GP per 100,000 population rates of 59 and 66 respectively (compared to the Great Southern and South West at 90).
- The rural GP workforce is ageing, having experienced record retirements over the past two years, and up to 18 per cent of the workforce at risk of retirement in the next three years in some regions.
- Rural WA continues to be reliant on International Medical Graduates – with some regions now up to 70 per cent reliant on International Medical Graduates (IMGs). However, there is no comprehensive strategy to provide ongoing support to this important cohort of doctors and their families.
- The number of rural and remote GP FTEs has flatlined over the past five years and has declined on a per capita basis.
- The 65+ population is a key driver of GP attendances, contributing to 33 per cent of WA's regional and remote GP attendances in 2022, up from 30 per cent in 2018 — GP attendances for 65+ year olds grew faster than the 65+ population (7.6% p.a. compared with 4.9per cent p.a. nationally).

Mr Shackleton said the rural and remote GP report card was aimed at getting a broad sector-wide consensus on strategies to meet current and future challenges.

"This is the first report of its kind and the most comprehensive analysis of the state of rural and remote GP practice and the future outlook for WA," he said.

"It clearly quantifies the size of the challenges ahead and the targets we need to meet in delivering primary health care to people living in regional and remote communities.

“We now have a very valuable insight into the issues we struggle with in attracting and retaining GPs in rural and remote communities as a result of WA’s vast geographic and demographic diversity, especially when compared to other states.”

“This report and the outcomes from today’s Summit will provide us with beneficial benchmarks that will enable all of us working in rural and remote health to measure our progress.

“And importantly it will provide us with a clearer set of agreed strategies that will underpin the recruitment and retention of rural GPs, which is so important to improving the health of people living in rural and remote areas.”

Mr Shackelton said the report had identified 10 key initiatives that combined if prioritised would be feasible and effective in addressing the potential crisis in rural general practice in WA.

“These initiatives are based on an extensive review years of reports and studies plus a survey of more than 160 GPs and key academic, professional and policy stakeholders with a specific commitment to rural and remote general practice,” he said.

The key initiatives outlined in the report included:

- Provide IMGs with financial, social, and professional supports and programs that support IMGs to effectively train and work within the Australian health care system,
- Ensure that GP registrars have meaningful access to leave, including parental, personal, annual, study and cultural leave Increase support for rural practices to host medical students,
- Target financial incentives more carefully according to a town’s population size, geographical remoteness, and local needs,
- Ensure GP generalist practice is strongly embedded into medical school and post-graduate training curricula, pedagogy, and assessment,
- Market general practice as the ‘go to’ career option for medical students incl. highlighting the variety that general practice careers offer,
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- Establish pathways to allow GPs to upgrade and maintain their advanced/procedural skills for rural general practice,
- Simplify communication pathways between GPs and the hospital sector, particularly processes for escalating GP queries and concerns, and
- Continue to explore improvements to the Fly-in-Fly Out and Drive-in-Drive Out model for persistently hard-to-serve locations.

Mr Shackelton said a full report of the outcomes of the Summit and the commitments to reform will be published by Rural Health West in the coming months.

**ENDS**

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*Rural Health West aims to improve access to quality healthcare for rural communities through the provision of a highly skilled, motivated and sustainable medical and allied health workforce. We are a not-for-profit organisation primarily funded through the WA Country Health Service and the Australian Government Department of Health.*