Six reasons why it's so hard to see a GP

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Credit: AI-generated image (disclaimer)

The recently released Strengthening Medicare Taskforce report found more people are delaying care or attending emergency departments because they can't get in to see a GP.

And it's likely to get worse. General practice is shrinking rapidly, with estimates Australia will be 11,500 GPs short by 2032. This is one-third of the current GP workforce.

So why is it harder to access and afford GP care? Here are six key reasons why.

1. Patients are older and sicker

The population is aging, and more people with multiple chronic diseases —such as cancer, diabetes and heart disease—are living longer in the community. Rates of mental illness are also rising.

This not only increases GPs' clinical workload, it also shifts a greater load of care coordination onto the GP. This decreases the number of patients a GP can see.

GPs have also been under increasing pressure from administrative and compliance activities for Medicare, as well as paperwork for the aged care, disability, social security, health and workplace sectors.

2. General practice is no longer financially viable

GP clinics are less financially viable than they used to be. One survey of doctors found 48% of respondents said their practices were no longer financially sustainable. As a result, many are closing.

The Medicare rebate has increased much more slowly than inflation and was frozen from 2014 to 2020.

While this was a huge saving for the government, a low rebate meant the gap between the cost of care and the rebate had to be passed on to GPs and their patients.

A GP's fee has to cover the costs of the whole practice. There are growing operating costs for insurance, rent, wages, information

technology and consumables like gowns, gloves and single-use clinical equipment. When a GP bulk bills, their businesses absorb the gap between the cost of care and the Medicare rebate. The rebate is now so low (for example, the rebate for a 45 minute consultation for mental health is A$76), and costs are high, few GPs are able to afford to bulk bill patients. This means people on low incomes have trouble affording the care they need.

Women doctors in particular feel these cost pressures. Medicare rebates are lower per minute for long consultations and female GPs see more patients with mental ill-health and complex chronic disease requiring longer appointment times. This leaves women GPs earning at least 20% less than their male colleagues.

3. GPs, like other health workers, are becoming unwell

The rate of physical and mental illness among GPs is rising. The causes are complex, and include the stress of increasing workloads, vicarious trauma (the cumulative effects of exposure to traumatic events and stories), administrative overload and financial worries.

The suicide rate for female doctors is more than twice the national average, and rates of depression are high. It can be difficult for doctors to access care, particularly if they work in rural practice.

Abuse and violence is also more common, with one survey finding at least 80% of GPs saw or experienced a form of violence at their place of work.

However, it is the moral distress of knowing how to help patients, but being unable to do so, that often damages their health the most.

4. Fewer junior doctors are choosing general practice

Around 40% of junior doctors used to choose general practice as a career. It is now 15%.

Junior doctors now carry more than A$100,000 in HECS debts, so it is understandable they may choose other specialties with similar lengths of training that will earn them double or triple the yearly income.

However, we suspect one of the key reasons junior doctors avoid general practice is the denigration of GPs. GPs are portrayed as greedy, unethical and incompetent.

We cannot attract young doctors to a profession that is constantly under public and political attack. Education Minister Jason Clare recognised this in teaching, saying "It's also about respect. [...] We need to stop bagging teachers and start giving them a wrap." We need this for GPs too.

5. Rural GPs are leaving

It has always been challenging to attract GPs to country practice. Rural practice often involves a wider scope of practice, personal isolation and increased workloads with less professional support.

Rural GPs often work long hours and have on call responsibilities. Jobs, schools and services for GP families can be difficult to access.

Despite a growing number of programs for educating and training rural doctors, the uneven distribution of GPs may be worsening.

6. Fewer overseas-trained doctors are arriving

There is a global shortage of all health-care workers, which is expected to worsen. Supply of international medical graduates may drop as their options for work in other countries increases. Border closures during COVID have also reduced supply.

International medical graduates make up more than 50% of the rural workforce. However recent changes mean these doctors can now work in urban locations, rather than the more isolated practices in rural areas. This may worsen GP shortages in rural communities.

International medical graduates have to fund their own training and assessment. This starts with becoming registered as a doctor in Australia and then involves training as a GP. The training is long, arduous and expensive, and doctors often need additional support. There is also an ethical question of recruiting health-care workers from countries that need their services more.

While the Strengthening Medicare Taskforce supports GP care, it doesn't identify the specific changes required to improve accessibility and affordability and requires significant structural change.

It will be months before the recommendations of the report can be translated into policy, and it may be years before radical changes can be implemented. Without addressing the GP shortage in the meantime, there may be a much smaller workforce to strengthen.

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