



# Inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians

Submission by the  
City of Greater Geraldton

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The **City of Greater Geraldton** is a local government area in the federal electorate of Durack, 415 kilometres north of the state capital, Perth on the Indian Ocean. It covers an area of 12,625.5 square kilometres (4,874.7 sq. mi) and includes the communities of Geraldton, Mullewa, Walkaway and Greenough.

It is home to 38,231 people, Greater Geraldton supports **16,653 jobs** and has an annual economic output of **\$7.154 billion**.

The region faces ongoing challenges attracting, retaining and educating / upskilling health sector workers (including General Practitioners, allied health workers and specialists). As have other small regional shires, the City of Greater Geraldton has taken on the role of attracting and retaining medical professionals, at considerable local expense by providing incentives to subsidise the provision for the town of Mullewa.

The City supported GP also operates as the chemist as there is no chemist in Mullewa.

The City funded GP is the only doctor in Mullewa. As a result, the Mullewa hospital also utilises the City funded GP.

Local Government's should not have to provide incentives such as housing and medical centre facilities to attract doctors to regional areas. The provision of health services is not the responsibility of Councils. It is the responsibility of Federal and State Governments. If Local Governments need to remain in this space, then the Federal or State Government need to offer operational service agreements to at least allow the local governments to recoup their expenses. Local Governments only receive less than three percent of the total Australian Tax burden and these scarce funds should be utilised on essential services such as roads and waste collection.

Doctor shortages in regional areas continue to be an ongoing issue. A proactive approach by Government to addressing this issue is critical. There is a need for the engineering of a stream of graduates that would find working regionally and rurally acceptable.

Opportunities for Federal intervention include:

- Incentivise graduate medical students from the regions who are likely to be attracted back to spending their career regionally or rurally.
- Incentivise placement of health sector workers with strategies to optimise experiences in the region and maximise retention.
- Work with regional training providers to facilitate further professional development support for health workers, including those wishing to specialise.
- Investment in deteriorating health buildings and infrastructure that are impeding capacity to deliver quality essential health services in the region.
- Consider classification changes to the Modified Monash Model to re categorise areas based on their Local Government Area rather than by individual town.

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## **IMPACT OF COVID**

The release of COVID into the community is of great concern to rural communities. There is a large percentage of rural communities that are not trusting of Governments. The medical resources are simply not in place to manage an outbreak.

## **CURRENT STATE OVERVIEW**

Geraldton is one of two non-metropolitan centres in Western Australia with both public and private hospitals, which provide a range of general and specialist health services. The St John of God and Geraldton Regional hospitals are serviced by both resident and visiting medical specialists, however complex cases are normally referred to tertiary hospitals in Perth.

The Geraldton Hospital continues to face significant capacity constraints and funding has been sought for several years for an extension. The recent State Government Budget announcement saw a \$2 million allocation for stage two of the Geraldton Hospital upgrades – a project worth \$82.3m.

Ageing Health infrastructure in Mullewa is also awaiting replacement. Planning for the redevelopment of the Mullewa Health Centre is continuing and once completed the Mullewa Health Centre will include:

- a contemporary emergency department;
- Emergency Telehealth Service videoconferencing facilities;
- group therapy rooms;
- allied health consultation rooms and treatment spaces;
- multi-purpose consultation rooms enabled with telehealth; and
- an ambulance bay.

WA Country Health Service (WACHS) has a presence in Geraldton. The Geraldton Hospital, regional executive and corporate services, regional health service teams and other clinical and non-clinical support services are based at the Geraldton Health Campus. WACHS operates smaller hospitals, nursing posts and health centres at a number of locations including Mullewa.

Other major primary health care organisations include Geraldton Regional Aboriginal Medical Service, Silver Chain and the Royal Flying Doctors Services (RFDS) to Geraldton and Mullewa. Collectively these organisations provide a wide range of health services, including Aboriginal and community health services, health centres, aged care, after hours General Practice [GP] services and coordination, allied health and mental health services, chronic disease management, emergency services, general practice support, nursing posts and workforce development and support.

WA Primary Health Alliance in Geraldton operates to strategically address health education and training needs of the region.

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## HEALTH WORKFORCE OVERVIEW

As at August 2021, there are around 50 GPs based in Geraldton. Public and privately funded allied health professionals deliver community based and outreach services across a wide range of communities outside of the Greater Geraldton region.

It should be noted that World Health Organization recommended doctor to population ratio of **1:1,000**. **Western Australia had the lowest per capita rate of GPs (183.5 per 100,000 persons)**. Source 4102.0 - Australian Social Trends, April 2013 ([abs.gov.au](http://abs.gov.au))

Health care and social assistance is Greater Geraldton's largest individual employment sector with 2,376 workers (ABS 2016) representing 14% of the regional workforce. Health Care & Social Assistance pays \$243 million in wages and salaries, more than any other sector in Greater Geraldton. However, sustainability of the health workforce is a challenge for the sector.

Provision of health workers is generally market driven, with communities or service providers typically able to attract personnel if the right conditions are met. In some cases, while professionals may be present in communities, they may not be available full time, after hours or equipped to meet all community needs.

## LOCAL GOVERNMENT STEPPING IN - MULLEWA

The City of Greater Geraldton has taken on the role of attracting and retaining medical professionals, at considerable local expense to subsidise the provision for the town of Mullewa.

The town of Mullewa had previously been served by a long serving General Practitioner. When the GP resigned, replacing the role proved very difficult. In 2015 the Council agreed to seek a General Practitioner for Mullewa through an Expression of Interest. The EOI sought Expressions of Interest from organisations or consortia for the provision of a General Practitioner Service at the **Mullewa Medical Centre (MMC)** located at 3 Thomas St, Mullewa.

In exchange for the MMC being open a minimum of three days per week for a minimum of 42 weeks per year, the city offered the following to attract a new GP to the town:

- Provide the MMC facility to the Provider free of charge.
- Pay the costs associated with the utilities necessary for the MMC function (Gas, Electricity, Water, Telephone and internet).
- Provide a fuel card (\$1000 set limit each financial year).
- Provide ongoing maintenance and upkeep of the MMC and shall provide the following services (Cleaning, Gardening, Pest control, General waste collection, Clinical waste collection, Preventative maintenance).
- Provide a premise for the Provider's personal accommodation, free of charge. Costs associated with this accommodation (gas, electricity, water, fixed telephone line, and bin) shall be paid by the City. The provider is required to enter into a separate tenancy agreement for this accommodation.
- Provide access to one additional premises for the personal accommodation for the Providers administrative and nursing staff, at a cost of \$105 per week to this tenant. The tenants of the property will be responsible for paying all associated utilities and charges related to their tenancy of the premises. The Providers

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administrative and nursing staff will be required to enter into a tenancy agreement.

- Provide free monthly advertising in the Mullewa Mail community newsletter.
- Provide free ICT equipment and ICT support.

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It is noteworthy, that the provision of general practitioner services is **not a local government service or responsibility.**

It should also be noted that there are other rural communities of Mullewa's size that have doctors, are subject to more favourable market dynamics (e.g. less competition, more affluent clientele, and/or more lifestyle opportunities for doctors). For example, the Shire of Morawa and Shire of Perenjori share a doctor between their respective medical centres, with no competition locally or within 100 km. This also applies to the towns of Kalbarri and Northampton; however, those communities are more affluent and populous than Mullewa and provide more lifestyle opportunities for doctors.

### **ACCESS CHALLENGES**

The City also maintains the Mullewa Airport which is primarily used by the RFDS. The Mullewa Airport runway was severely damaged by Cyclone Seroja. Hence the city is now funding a Pilot Activated Lighting Control (PALC) system at its expense and replacing the terminal which was destroyed in the cyclone. The runway is used by RFDS for emergencies and for patient transport (PATs).

The Greater Geraldton region and beyond does not have an emergency helicopter. With the State Government allowing 60m trucks on the local road network, the number of traffic accidents is increasing. If you are involved in a traffic accident on a rural road, you need to wait for the ambulance to arrive

### **TRAINING REFORMS**

Despite having strong higher education and training providers, Greater Geraldton can also face challenges providing more advanced professional development opportunities for its health professionals. Those seeking particular qualifications or experiences may need to leave the Greater Geraldton to pursue their aspirations, which impacts continuity of provision.

Greater Geraldton and beyond faces some ongoing challenges attracting, retaining and educating / upskilling health sector workers (including allied health workers and specialists).

The city supports any measures that encourage people to enter the medical profession and become appropriately trained. Geraldton TAFE trains nurses which is great. However it is not reasonable to put new graduate doctors and nurses into rural and remote settings where there are no mentors available to assist. The training reform also relies on overseas trained doctors which cannot currently come to Australia.

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## **MODIFIED MONASH MODEL**

Under the Modified Monash Model (MMM) geographical classification system the town of Geraldton is considered a Large Rural Town. However, its Local Government Area covers the towns of Mullewa (classified as MM6 Remote Community) and Greenough (classified as MM5 Small Rural Town).

We would like to see a change to the classification system that provides one classification for the Local Government Area rather than the individual towns. By reclassifying the City of Greater Geraldton area as MM6 Remote Community, it would provide the opportunity for the City to access the Five Year Overseas Trained Doctor Scheme for all of Local Government Locations.

## **ABORIGINAL HEALTH**

Aboriginal people experience poorer outcomes across a broad range of health issues, and have a lower life expectancy compared with non-Aboriginal people. Aboriginal people aged 50+ are included in the Department of Health and Ageing's planning benchmarks that apply to people 70+. For the Aboriginal population, chronic illness and related disease burden occur up to two decades earlier compared with non-Aboriginal people.

With the proportion of Aboriginal people residing in Great Geraldton at 9.4% of the population, there are significant challenges providing services for Aboriginal people with complex health issues residing in outlying communities such as Mullewa.