



## Special Commission of Inquiry into Healthcare Funding

### Outline of evidence: Dr Miriam Grotowski

1. Dr Miriam Grotowski is the Clinical Dean at the Peel Clinical School, University of Newcastle Department of Rural Health (UONDRH) based in Tamworth.
2. Dr Grotowski graduated from the University of Newcastle with a Bachelor of Medicine in 1989. She completed her Fellowship of the Royal Australian College of General Practitioners (FRACGP) in 1995 and has undertaken a Diploma in Psychiatry (Eating Disorders). She completed her Masters in Medical Education (Dist.) through Dundee UK in 2020.
3. As a practice owner and General Practitioner (GP) Visiting Medical Officer (VMO) at Tamworth Rural Referral Hospital, Dr Grotowski has been providing GP services to her local community for over 25 years.

#### The Peel Clinical School:

4. The Peel Clinical School (Tamworth) has state-of-the-art education and research facilities and a large on-site academic team available to support students. The clinical school is located close to Tamworth Hospital and has a long-standing partnership with the Hunter New England Local Health District.
5. The school's facilities include:
  - a. Advanced simulation centre
  - b. World-class clinical skills laboratories
  - c. Health library
  - d. Interdisciplinary learning areas
  - e. Multiple seminar, tutorial, and lecture theatres
  - f. Extensive offices and meeting rooms
  - g. Student hub areas
  - h. Student accommodation (subsidies may be available through the University of Newcastle Department of Rural Health)
  - i. Collaborative clinical educators



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6. The Clinical School hosts a wide range of students and training options/courses. Some courses require short-term stays (6-8 weeks), others require students to be in Tamworth for a year or more (such as interns at the hospital). The longer-term training allows students to become part of the community and to build relationships in the area.
7. There is subsidised student accommodation on site. It is conveniently located, just a short walk to training and to the hospital.
8. Students from different disciplines reside at the one location. This is beneficial for integrated training and for students to learn about different professions at an early stage in their career. It allows for both formal integrated training (as part of the programs on offer) and informal learning (discussions in the shared residences).
9. One aim of the Clinical School is to try to retain people to work in the geographical area. To this end, it is important to try to keep as much training as possible in the region. The risk of people travelling to other locations for training is that they may settle down, start a family etc and then choose not to move back.

### **Changes observed in GPs/practices over time**

10. From her work as a GP, Dr Grotowski has observed an increasing trend of late presentations of chronic diseases and later stage cancers.
11. Dr Grotowski has also noticed gaps in the availability of GPs in the region. It is an ageing workforce and fewer new GPs are coming through. This makes it difficult for people to find a doctor. There are long wait times to see a GP and some practices have closed their books.
12. There are also shortages in specialties. For example, there are now fewer GPs in obstetrics and anaesthetics in the region.
13. Tamworth used to have 7 live-in psychiatrists (totalling four full time equivalent positions) and now there are none. There is some Fly-In Fly-Out support, but



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this is more expensive. It costs the same amount to have someone fly in for 2.5 days a week as it would to have someone living in Tamworth and working 5 days a week.

14. In Dr Grotowski's opinion, Government actions don't accord with the data and studies highlighting the importance of primary care in prevention and in keeping people out of the Emergency Departments/hospitals generally. This is evidenced by the limitations on Medicare. The current system promotes fast medicine but this is of little to no value in rural practice in particular. For example, quality care can't be delivered in a 6-minute bulk billing window in complex cases. The number of complex presentations is increasing.
15. Dr Grotowski is of the view that the Health system and Governments are too focused on the 'pointy end' of the system (hospitals). The metrics, KPIs, etc are all focused on acute care.
16. The recent growth in rural generalism is encouraging.

### **Suggestions for improvements**

17. Dr Grotowski believes that healthcare in Tamworth could be improved if the community had timely access to quality multidisciplinary primary care. Co-location of services would be ideal.
18. More community engagement and a focus on local responses for local communities would also be beneficial. This includes:
  - a. Models where community engagement is as important as health engagement - currently it just seems to be the loudest policy advocate who gets the attention.
  - b. The need for local solutions for local problems - community led and health informed – for example, a focus on education, responses and facilities in relation to farming accidents, pollen related health issues, cardiovascular health and mental health in this area.
  - c. Strategic community education and communication to encourage self-care, early intervention, treatment and prevention.



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19. Dr Grotowski also believes that we need to find a way to evaluate the impact of healthcare on local communities via local outcomes. Each community is different and has different needs.
20. Greater access and availability of paediatric services would also really help the local community (occupational therapy, speech pathology, physiotherapists etc). These services would assist families to address issues at an early stage.
21. Finally, it would make a significant difference if there was better integration of systems between the primary and acute care sectors. The duplication of tests because one facility can't access data from another facility is inefficient and can be detrimental to the patient.
22. The Single Patient Record would be more useful if it incorporated GPs but there is insufficient funding to include them.

### **Primary Health Network (PHN)**

23. The relationship between GPs and the PHN could be strengthened.
24. The PHN has rolled out some good projects and research, including in relation to domestic violence. However, the PHN's initiatives are of limited benefit in the day-to-day work of GPs.

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