



Rheumatology Needs in the ACT

Budget Submission

Purpose

To outline the needs in the rheumatology workforce in the ACT in both CHS and the Community Sector

Background

The ACT has recently lost a full-time rheumatologist who worked in private practice and at the hospital (she passed away suddenly). The cascading effect for the workforce in the ACT is enormous. ALL private practices have now closed their books in the ACT. The closet option was the Goulburn Health Hub but it has also now closed it's books. People who are seeking a private adult rheumatologist now have to travel to Sydney for care.

Australia wide there are 231 FTE adult rheumatologists, which equates to approximately 1:110,000 adults in Australia. AIHW data shows that 1:4 GP consultations involve a client living with a form of Arthritis. To meet the current population needs we need to essentially double the adult treating rheumatology workforce to a level of 1:55,000.

In the ACT we have a catchment population of approximately 1,000,000 (meaning those that come to the ACT for specialist treatment).

The Public Hospital Rheumatology Service has existed since 1976. In 2011 it was servicing approximately 500 consultations per year. In 2023 the service saw approximately 4800 occasions of service, with 1300 new referrals. The service uses a holistic approach and is able to increase it's capacity with the RN clinics and the physiotherapy clinics. It has a current specialist workforce of 1.5FTE available.

It currently cannot participate in any research, education, capacity building of GP services or liaison with other areas that may assist in the care of the medically and socioeconomically complex client load. This is often an expectation of such services.

The current disease prevalence of inflammatory rheumatic conditions is 2.5% of population, and of these 49.9% have more than one chronic condition, 26.1% have a

comorbidity of a mental health/behavioural condition. To meet the needs of this population an increased workforce is required.

What is needed:

- 1FTE Basic Physician Registrar position based at the Rheumatology service. The idea behind this to increase the workforce in the ACT. Currently Rheumatology Specialist Trainee Registrars come from Sydney, and the majority return on completion of training as they have already established their lives in Sydney or other areas. By commencing with a basic physician trainee you are more likely to encourage someone who is local or who builds their life in Canberra with it being up to 5 years to complete their training as opposed to 2 years for someone only doing the specialty and generally returns to their home of origin following this training period.
- .8 FTE extra Specialist Rheumatologist to meet the current and growing patient cohort.
- .5 physiotherapy to extend current physiotherapy clinics at the Rheumatology Service. The current .5 position allows for 20 patient consultations per week. More than twice this is required to meet the current needs of the population.
- 2 RN Lvl 2 positions. Very few hospital lead clinics in Australia utilise nurse or physiotherapist lead clinics but in the ACT this has been found to be beneficial to patients and increases the number of patients that can be managed by the service. One RN 2 position could be utilised to increase biologics co-ordination. The other position would be utilised for patient education, NDIS education and advocacy and to work with community partners to provide a guided navigation service between the hospital clinics and community programs. This position could be funded either through the hospital or through a community partner such as Arthritis ACT.
- Funding of GP registrar positions to allow for 6 monthly rotations through the service to increase the GP community knowledge of rheumatological conditions which account for 1:4 GP presentations.

Budget considerations

These recommendations are uncoded but are the basic requirements of the Rheumatology Service at CHS presently and on current population growth expectations would support the service for up to 10years.

This submission has been prepared by Arthritis ACT in recognition of the shortfall of services in the ACT and from feedback from the community members who are unable to gain access to the supports they require.

