Submission

"The Factors Affecting the Supply of Health Services and Medical Professionals in Rural Areas"

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Background

I have been a procedural rural GP for 24 years practicing in Cooma providing private general practice services and working as a Visiting Medical Officer at the local hospital providing on-call services in Obstetrics, Anaesthetics, Emergency Medicine and general in-patient medical care. I am currently the longest serving GP in a town where 2/3 of GPs provide hospital based care on top of their private general practice. Cooma is 100km from Canberra, our nearest tertiary referral hospital, which also happens to be in another state – an issue which pervasively complicates all aspects of medical care

Below is my opinion based on extensive experience in interacting with patients and the health service bureaucratic mileau over 24 years with respect to each point of referrence;

a)

- There is an overwhelmingly "city-centric" attitude among specialist doctors which immediately alienates doctors-in-training from considering a rural medical placement for anything but a short period. We frequently see people from Sydney whose specialists are unaware that the patients can access quality medical treatment for a wide variety of illnesses west of Campbelltown
- Doctors coming out of training are older than previous generations due to the increasing influence of post graduate medical degrees and tend to be more likely to have families and be reluctant to move from family networks
- Higher number of female graduates means predictions of future workforce are flawed as there is time taken out of the equation for child bearing and child rearing – there are only a small minority of female VMOs who return to fully participate in the roster after having children – unfortunately these still count as doctors making it appear towns have more doctors than they really have
- Doctors-in- training are not exposed to having to take responsibility in unsupervised situations and are quite frankly frightened of what they may be confronted with as a front-line doctor in a rural area
- Doctors spouses need to have employment to want them to stay in a rural community and the options are more limited
- Doctors have a realistic fear that their children's education will be disadvantaged by being rural rather than in the city
- There is no recognition in the Medicare Rebate system for the higher level of training required to work as a rural GP.
- City GPs can charge higher fees and not feel community pressure because they often live in a suburb away from their patients. Rural GPs are surrounded by their patients, bumping into them shopping, at school functions and sporting events. This would mean fees are lower. I charge $58 for a level B consult. My mother's GP in Canberra who does no high level care or after hours charges $77 for the same service.

b)

- I see little effect of Medicare Locals on these issues. They have a mandate to support models of after hours care. In rural areas responsibility for after hours care is abrogated to those who work the hospital roster so is handled by the health service which is not involved with Medicare Local. Generally doctors who are not Hospital VMOs close up their surgeries at nights and weekends and leave the after hours care to the VMOs. Some towns may employ fly-in fly-out doctors to work in the hospital as CMOs to cover nights and weekends – often at a pay rate far higher than that offered to VMOs who show a commitment to living and working in their community. Medicare locals could support local communities by redirecting that funding towards VMOs who are committed to the community. There is no point having separate after hours services in smaller towns as this would just require more doctors to be available

c)

i) No comment

ii) No Comment

iii) The Remote Area Classification Scheme has been put together by some very lazy bureaucrats who have shirked away from the responsibility of constructing a fair and equitable scheme to help redress the imbalance between Metropolitan , regional and rural towns when it comes to getting incentives to attract and retain doctors. They need to get out of their offices and into a car and look at some of the inequities in the scheme e.g Cooma and Port Macquarie are rated the same- one is a city with 50,000 people and full access to multiple schools, hospitals and recreational facilities, the other a small town of 8000 with limited facilities where the hospital doctors are providing medical care after hours and hospital care 24/7 for 25000 people from the district because all the other doctors in small towns knock off at 6 o'clock and turn their phones off.

The scheme needs to do more than just a head count of doctors and patients otherwise it risks service towns like Cooma being significantly disadvantaged. We have more GPs but they spend half their time at the hospital looking after theirs and everyone else's patients. Hospital caseload and commitment need to be considered as well as just raw provider numbers vs population

It has to be recognised that inland is less desireable than coast from a large proportion of the population's perspective and schemes need to take that into account