

14 February 2012

Senator Rachel Siewert
Senator for Western Australia
Unit 1, 151 Brisbane Street
Northbridge WA 6003

Dear Senator

Re: Threat to effective delivery of locum services for rural GPs

Rural Health Workforce (RHW) is the national peak body representing the seven Rural Workforce Agencies (RWAs) operating in each Australian state and the Northern Territory. Our agencies are long standing providers of a broad range of health workforce services to rural and remote communities including General Practice recruitment and retention programs.

I write to raise our significant concerns over recent changes to funding arrangements for the national Rural General Practitioner Locum Program (RGPLP) which RHW administers on behalf of the RWAs. Under broader reforms associated with the establishment of consolidated flexible funds, this program has been transferred from the Department of Health and Ageing Health Workforce Funding Pool to the Medicare Locals Fund.

Whilst we acknowledge the intent of consolidating the many individual program grants into broader funding pools, the relocation of the RGPLP into the Medicare Locals significantly risks undermining the delivery of desired outcomes to rural and remote communities in a cost effective way. We are concerned that these changes:

- Will unnecessarily fragment a successful national program that has developed a highly effective delivery and administrative structure through RHW
- Will effectively threaten what is currently recognised as an efficient, sustainable national service well understood and appreciated by locums, practices and rural communities

- Will increase duplication, complexity and confusion while at the same time reducing services, efficiencies, integration and articulation with the Government's other workforce programs
- Contradicts the Commonwealth's fiscal reform agenda of minimising administrative spend. Currently the Commonwealth achieves 'value for money' via contracting one agency, with distribution to seven RWAs. In the Medicare Locals Fund, the RGPLP could potentially result in administration by up to 55 individual rural Medicare Locals
- Damage the cohesion of the national rural locum strategy which in addition to RGPLP encompasses the Specialist Obstetricians Locum Scheme (SOLS) and the General Practitioner Anaesthetist Locum Scheme (GPALS). These programs remain in the Health Workforce Flexible Fund; therefore it is inappropriate for RGPLP to sit separate from these.

The RGPLP operates under the auspices of the National Rural Locum Program (NRLP), an element of the Rural Health Workforce Strategy developed to ensure rural doctors are able to obtain adequate time off for personal leave and professional development. RGPLP has been successfully managed by RHW and the RWAs since the program started in November 2009, delivering more than 3,700 days of locum relief for rural GPs.

RWAs, such as Rural Health West, have significant expertise and experience in locum schemes as they have been running state-wide locum services since 1988. Collectively the Federation provided approximately 11,000 days of locum service in state-based programs in 2009/10. It is this knowledge, expertise and capacity that the RWAs have brought to the RGPLP which has ensured delivery of cohesive locum services and program success. Having a single provider in each state and Territory for rural GP locum services ensures efficient delivery of these services by minimising logistical confusion.

The delivery of these programs through our network has been associated with high significant positive professional and personal benefits to individual GP's and communities in rural and remote areas;

- RHW and the RWAs have consistently exceeded RGPLP targets to provide the rural and remote GP workforce with efficient and cost effective locum support and sustain quality and safety in rural practice by facilitating access to leave for GPs.
- Significant locum expertise already sits within RHW and the RWAs, particularly in the complexities of registration, vocational recognition, provider number legislation, terms and conditions, and clinical privileges at the local hospital etc.

- RWAs, leveraging their local community knowledge, deliver a tailored service matching locums to host practices to ensure the best outcome and continuity of care.
- RWAs coordinate GP vacancies and can facilitate a locum placement in a town with a GP vacancy for a “try before you buy” experience.
- RWAs know first-hand the most ‘in need’ GPs in their jurisdictions and proactively target these doctors to ensure that they have access to locum support and take a break, reducing the risk of burnout and ensuring continuity of care for rural communities.

In summary, the RGPLP is currently administered as a highly efficient, effective and sustainable program delivering health services to rural and remote communities most at need. There is no benefit, and significant risks in the RGPLP remaining within the Medicare Locals fund. We seek your support in retaining the RGPLP within the Health Workforce Fund.

I would welcome an opportunity to meet with you at your earliest availability to discuss this matter.

Yours Sincerely

Mr Greg Sam
Chief Executive Officer
Rural Health Workforce

