As a Dr in Cooma NSW the new classification of rurality seems to me to be problematic.It doesnt do enough to help us attract and retain doctors.

In Cooma we have a hospital, which is covered by the local GPs. As a result we end up providing the after hours care to a huge area from the Victorian border to bredbo. The Local Gps work in the day at thier surgeries or sometimes at the hospital in the A+E dept, then will work the night at the hospital, then work the next day. This work is remunerated via the NSW rda award, and only pays for callouts. This is a major source of conflict for the GPs in rural areas, in that we may be up all night working at the hospital then have to work the next day in private rooms, or again at the hospital.Unfortunately when you are on call for the night its hard to have the next day off ,as if you get no calls over night you earn nothing. If you get lots of calls you are paid better but then working the next day is hard.Despite having this work we are an RA 2 area under the new scheme, and there is very little incentive for Drs to move to the area.

In rural NSW there has been an exodus of GP VMOs from the local hospitals, and there has been a huge influx of locums to cover the hospitals. In a lot of cases there are GPs in town, but the lack of remuneration and the night work stops them working at the local hospital. A number of hospitals on the NSW south coast fly in Drs from other states and even NZ for a few days to a week at a time. 10 years ago all of these hospitals were run by the local GPs. The remuneration and night work has stopped this is the majority of NSW rural towns. The complexity of medicine has meant that in most small towns there is no point haveing a GP on call at night for patients, its better for the GP to be on call at the hospital to cover hospital patients and any locals. This means only one doctor has to be up at night. There needs to be better systems to reward Drs who do night work in rural areas who are also local GPs.

I.T. is also an issue. It has been said that health in rural Australia has a first world bureaucracy and a 3rd world infrastructure. We never seem to have a shortage of managers in any of our hospitals, only doctors and nurses.In australia there should be a requirement that all small hospitals with A+E presentations over 10000 a year have a CT scanner onsite, not in a private clinic down the road or in a near city but on site. When an injured patient comes in they should be able to get a CT scan, this can then be sent to an after hours reporting service and reported almost instantly. This means that the information rather than the patient is transferred. And if the patient is transferred they have a diagnosis and get fast treatment at the base hospital. In Cooma , for a number of historical reasons we do have a CT scanner. We can usually get a CT at 2 in the morning faster than a large hospital like Canberra can. This means that we can sort out patients that need to be sent to Canberra and those that can stay locally. There are lots of examples, ie head injury, abdominal injury, patients with a stroke.
This would also make the NBN useful rurally. It makes no sense with current technology to be sending patients on an 8 hours return trip by road in an ambulance from a rural hospital to a base hospital to get a CT, and yet this happens multiple times every day in Australia. CT scanners are now inexpensive but the health depts tend to look at the cost of the CT and say we don't have $500,000, we will send patients by ambulance as that comes out of a different bucket of money. Even though ambulance transfers are very expensive.

Being able to manage these locally makes the job in Cooma more interesting and rewarding, and may be one reason why Cooma hospital unlike Yass, Moruya, Pambula, Queanbeyan hospitals has not had a day without doctor cover, and never been on bypass. All of these other hospitals afre frequently without Doctors.

It would also make sense to reward Drs who travel from larger towns to smaller towns to work. We would like for Cooma to have enough GPs that we can send them to Bombala to work and help run the hospital there where they have an acute shortage of Doctors. Traveling from Cooma to Bombala is a 3 hour round trip, that is unpaid and costs petrol, so there is very little incentive to do it other than love of the job. Having more GPs in Cooma makes it easier to cover the hospital also. These sort of issues need to be looked at. We should make the job better for local Drs rather than fly in short term locums at huge cost who have no long term interest in the local hospitals and towns.

There are lots of other IT issues etc, but feel free to contact me.