



The Committee Secretary
Senate Standing Committees on Community affairs
P.O. Box 6100
Parliament House.
Canberra. ACT

10.11.11



Dear Sir / Madam,

Re: Senate enquiry into Rural Health.

I have been approached by David Fawcett, Senator for S.A. to make a submission to the above committee.

As a solo rural medical practitioner with a strong commitment to undergraduate and post graduate education in rural medicine I have a strong insight into the issues affecting the supply of doctors to rural Australia.

Many issues affecting, supply, commitment and continuity are already well known and there is little point in belabouring what other colleagues will have already covered.

I would focus, rather, on one issue which affects the supply of doctors, the viability of our country hospitals and the ongoing shabby funding models both state & federal for rural health.

Rural general practice and generally practice across the country is not considered "sexy" as one rural colleague has succinctly put it. General practice, per se, is considered by many undergraduates to be, sadly, a second rate choice in medicine.

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In Australia there is nearing, or now greater than 50% of the medical work force who are specialists or subspecialists, protecting their own "turf" as it were.

The perceived very high incomes, glamour and exclusiveness unfortunately drive the thinking of many undergraduates towards a specialist career.

This is compounded and driven by the almost exclusive specialist college exposure + teaching in the major teaching hospitals and their control of medical curriculums.

General practice is subtly, but surely very much "dumbed down"

Specialization + subspecialization has driven the costs of medical care spiralling upwards and at the same time subsequently driven down the rewards of general practice.

Approximately 5 years ago a national survey of general practitioners showed that 38% would give up general practice "tomorrow", if they could.

Governments have tended in recent years to seek the opinion and advice of specialist colleges and certain specialist individuals on widespread funding + service delivery issues.

Such colleges and guilds are happy to give advice on Rural health, doctors and hospitals - where they have little or no experience or understanding of rural medical practice. But they have "politicians ears."

In S.A. the governments covert attempt to close 17 country hospitals in a 10 year time frame, (Hill, Sherbon et al) 3 years ago with a bizarre "hub + spoke" model of care to replace acute clinical care + drive out serious rural practitioners



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is but one state based Example.

The current role out of "Medicare Locals" at a national regional level, and the current lack of direction and confusion has resulted in a lack of confidence by many local medical practitioners.

Hardly inspiring to the small number of current young undergraduate and post graduates who may consider a career in rural medicine.

I would be happy to expand in detail or comment further if so requested.

Sincerely



Tony LIAN-LLOYD
QUORN. SA