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Committee Secretary,
Senate Standing Committee on Community Affairs,
P.O. Box 6100,
CANBERRA. ACT 2600

Dear Secretary,

My name is Paul William Beiboer and I have been a rural doctor for fifteen years. I have been practising as a rural GP Anaesthetist in Tumut for nine years and now in Scone for six years. I was attracted to rural medicine because it provided cradle to grave medicine, variety and also the potential to provide both primary and Hospital based care. It also provided the ability to utilise procedural skills such as anaesthetics, obstetrics and surgery.

When I started rural medicine in Tumut fifteen years ago there were numerous doctors in the country providing a large range of services. Over the last fifteen years I have seen the slow death of medicine in rural areas. This has particularly been pronounced in country towns with populations of <10,000.

Loss of rural doctors is a complex issue but for me it has been a combination of the medical indemnity crisis, lack of support for country doctors both in their private practice and in their Hospital setting and lack of incentives for new or interested rural doctors to come to the country.

Two areas that are particularly of concern to me are the impact of the ASGC-RA classification and the impact of Medicare Locals. The new regional classification system has put my country town Scone at a particular disadvantage. Scone used to have a RRMA5 rating which is a rural town of population 10,000. Scone has now gone to a RA2 inner regional classification. Scone has missed out on an RA3 outer regional classification by <10kilometres. This downgrading of our classification has stripped existing doctors in the area of incentives to continue working in rural areas. Also by placing Scone on the same incentives rating as towns such as Port Macquarie and Armidale, it has reduced the appeal for new doctors looking for a town to work. Scone has been chronically under doctored since I arrived here six years ago. Recently we had a highly qualified doctor looking at relocating to a country area but because of the new classification system, he chose Port Macquarie over Scone. I feel his decision may have been different if his incentives to work in a small town had been greater.

It seems absurd to me that a town such as Scone which provides private care and 24 hour Hospital emergency cover as well as procedural work is placed on the same incentive as a town such as Port Macquarie where doctors can basically work 9 -5 and go home in the evenings and hand over their after hours care to the local Emergency Department.

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The complexity of a country doctor working in a place like Scone is far greater than the complexities of a general practitioner working in Port Macquarie. Places like Port Macquarie and Armidale have also been under doctored and deserve incentives but I do not feel that they should be on the same level as smaller rural areas.

The other major concerning issue is Medicare Locals. It has been proposed that they will take over the after hours funding for areas such as Scone. The removal of after hours care from the PIP will significantly disadvantage doctors in small rural towns. The energy, time and sacrifice that country doctors put into after hours care is considerable and I feel there would be less doctors willing to participate in after hours care in small towns if the financial incentives of the PIP were removed.

It seems crazy to me that at a time where a new rural doctor training scheme is emerging in New South Wales, that two other proposals such as Medicare Locals and the ASGC-RA classification system are being introduced to further undermine the viability of country medicine.

I am a dedicated country doctor and love my job and am proud of the service that I provide to rural areas but we need measures that support country doctors and not undermine them.

In summary, I am a country doctor in Scone which has a population of 7,000 people. We struggle to provide a service to the community. The average waiting time for a non urgent appointment to see myself is two months and we have trouble providing after hours care at the Hospital. In 2011 there have been several situations where we almost needed to close the Emergency Department due to doctor shortage. Country towns have been disadvantaged medically for a long time now, particularly towns of <10,000. I feel the Government needs to particularly focus on these sized towns and to provide incentives, not only to recruit new doctors but also to retain the doctors that are currently there.

Thank you for your time.

Kind regards,

DR. PAUL BEIBOER