

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
CANBERRA ACT 2600

Dear Secretary

Inquiry into the factors affecting the supply of health services and medical professionals in rural areas.

Thank you for the opportunity to express my views regarding the supply of health services in rural areas. My town is sized about 7000 population, with one practice, which cares for this population, as well as the surrounding area of perhaps another 4000. We also provide after hours care to our community in the local hospital. We provide 24 emergency, obstetric and anaesthetic services.

The main challenge that we have had regarding provision of health services, over the years, has been the recruitment, and subsequent retention, of doctors, and other health providers (physiotherapists and midwives in particular are noticeably reduced in numbers). There have been times of extreme amounts of work including on call requirements, which has lead in the last few years to us looking off shore to other (generally more disadvantaged) countries for doctors. This has resulted in our position being such that numbers are good. However, we are aware that these overseas doctors will not infrequently “do their time” in a rural area, before moving on to supposedly easier jobs, without on call requirements, in larger towns, or cities. Of more concerns, however, is that their experience in the range of medical activities is generally low, and they are all too infrequently, not proceduralist.

I believe whole-heartedly, that the involvement of our local Division has been useful owing to their support of these new recruits, in many ways – helping with spousal employment, child-care, arranging of social outlets... One hopes that proposed changes will allow this to occur, but local knowledge beats most attempts, hands down. Through the use of Rural retention payments, I believe we can maintain a workforce for longer. However I have to say, the contraction of the “improved?” ASGC-RA does not seem to provide equitable payments. Each area has its idea of how rural they are. My wife uses distance from a Myers as an important gauge (I’m more a Bunnings man) but in reality, it revolves around what can and cant be done by the doctor on the ground. Areas of Need are a similar example. We lost a non-proceduralist GP to the lovely Gold Coast Hinterland, on the basis this was an “Area of Need” some time ago. In my opinion, our town is one which is both large enough to continue to be able to provide and support an ongoing emergency department, and obstetric services, but not large enough to need or consider a specialist obstetrician. It is one which has some great visiting speciality services to the local and nearby hospitals, but without junior hospital based doctors able to staff the hospital, and minimal to no residential speciality services (despite the Government’s plan for Berri to be a “Base” type hospital). We are certainly more remote than Launceston for example.

There are many issues involved, these are but a few, and my time to do this is up, I appreciate the opportunity.

Dr. Cameron Robertson

Loxton Health Centre