Submission to the Senate Committee on The Factors Affecting the Supply of Health Services and Medical Professionals in Rural Areas

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Following is my submission to the Committee. There is no matter I would regard as confidential.

I have practised in the country for nearly all my working life; six years taken to obtain a specialist degree in Obstetrics and Gyneacology and then fifty-four years in country practice. I obtained Fellowship of the RACGP. I have spent most of the time in Cooma, a town which is unusual in many ways, having a cool climate and only an hour's drive from a city, but since retirement from my private practice in the town sixteen years ago I have have been taking positions as locum mainly in general practice. I have worked in country areas in all states, with most time spent in the north of Western Australia, North Queensland and the Torres Strait Islands.

I will confine my submission to the three factors which I feel affect medical practitioners most in going to rural areas:

(1) First on the list is the fact that our specialist colleagues in the cities do regard those in country practices as inferior to those who work in the cities. An answer to this is somehow to encourage our better medical graduates to set up practice in the country, and to some extent this is being done by the medical schools, and by generous grants to help. However, I would rather see some of these grants spent on arranging visits by country GPs to city hospitals where they might work with city colleagues for, say, two weeks every six months, and where the two groups may contact each other to mutual advantage. I, myself, have arranged such visits many times over the years to keep in touch with the latest advances in medicine. I found this easier to arrange in Scotland and England where such exchanges are much more accepted practice.

During these trips to various places of learning, I have sometimes felt like a rather uncomfortable burden on my hosts, but if these visits are arranged officially, they would feel more legitimate. A free trip to the city perhaps with one's family and good accommodation would feel more like a holiday, and revenue spent specifically on this would be more thrifty than a generous but unspecified monetary grant given for working in a rural practice, which might be frittered away on trifles. Again, for me, just the arranging such visits has usually taken up valuable time, work which could be done by someone else.

(2) A second obstacle to setting up in rural practice as a young doctor, is the education of the children. Unless a child is naturally brilliant, a great advantage to the average person in after life is to have gone to a well-known school, much as we would prefer to deny this, and indeed it has helped me in many ways. Boarding school is a really great expense, and I would suggest that the school fees for rural medical practitioners' dependents should be paid directly in large part by the state, as in the case of Torres Strait Islander children, whom I understand may go to high school on the mainland at state expense. Again, I suggest that this money be taken from rural grants and be bound by the remoteness of the parents' practice.

(3) The third factor which I feel deters younger doctors, particularly women from practising in an isolated place is the feeling of inadequacy in dealing alone with severe illness or injury.There is good help available by telephone,and this is particularly well done in Western Australia, but it is still not as comforting as a physical presence at the moment required. A partial answer for this I have mentioned above, planned and frequently arranged visits to city hospitals, perhaps exchanges with hospital interns. In the case of the average GP, I would suggest two weeks twice yearly working in the emergency department. If an anaesthetist, work should be given as an anaesthetic registrar. Certainly, if one has recently worked in a busy emergency department, one is confident in taking the right decision in treating an acute illness. Also, confidence in being able to place a cannula in a vein under any circumstance is a great comfort and this skill is soon lost without frequent practice.

I would like to add that from my experience as a specialist in obstetrics, I do not feel that any delivery should now be planned in a small hospital and that adequate hostels be provided so that mothers may wait for their big event at centres where expert help is available if need be.

I trust that this submission may be of some value.

Gilbert Wallace