

Dear Honourable Minister,

Inquiry: The Rural, Regional and remote Medicare access and funding.

Submitter Details:

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The following is a personal submission and does not reflect the views of Cohealth as an organisation.

I began working at Cohealth Bicheno General Practice seven and a half months ago after moving from the eastern edge of Melbourne metro. The community has around 1,000 permanent residents and increases in size significantly during summer holidays. The town itself is serviced by a community pharmacy, paramedics (that rely heavily on volunteers to help), police, volunteer fire service, post office, one IGA supermarket, a hardware store, a few cafes and restaurants and accommodation providers, and many short-term rentals. Bicheno is about two hours by road from Launceston and two and a half hours by road from Hobart. There is a small hospital in St Helens with basic iStat (bedside) blood testing capacity and X-rays. The nearest fully serviced Emergency Department is in Launceston. The nearest other medical centres are based in Swansea and St Marys each about 45 minutes away by road.

Ordinarily Cohealth Bicheno General Practice would have 1.6 to 1.8 full-time GP's (General Practitioners) and 0.6 to 0.8 full-time Registered Nurse time (usually two to four nurses who work part-time are rostered on). There is 1 full-time receptionist (CSO) (usually two who work part-time). There is a visiting Physiotherapist who visits one day a week, a Podiatrist who visits one day per fortnight, an Optometrist who visits about once every six weeks, a Mental Health Trained Social Worker who visits one day per week, Royal Flying Doctor Service (RFDS) Exercise Physiologist who visits one day per week and an RFDS counsellor also.

The other permanent GP who was working 3 days per week retired on the 27th August 2025. Since this date we have relied heavily on locum GPs to help with the number of patients that need care. It is a Modified Monash Model 6 town. There is a high burden of disease with a higher than average rates of hypertension, heart disease, diabetes, cerebrovascular disease, cancer, mental health disorders and many other medical conditions. Many patients present much later in the disease process than in urban settings. Patients often come into their appointments with multiple problems and conditions. It is also quite difficult to access imaging and specialist services due to Bicheno's physical remoteness and isolation.

Another particularly challenging problem is that Cohealth Bicheno General Practice essentially functions as an Urgent Care Centre with usually at least two patients each day with a category 4 (or more urgent) Australian Triage System (ATS). We typically send about 3 to 5 patients each week away to an Emergency Department in either Hobart or Launceston. These range from chest pain, suspected stroke presentations, severe infections and severe injuries. This does not include what the Tasmanian Ambulance Service takes directly to hospital. However, for some crazy reason Cohealth Bicheno General Practice is unable to access additional funding for the expensive equipment needed to run an Urgent Care Centre.

Our inability to obtain additional funding for expensive emergency equipment is compounded further by the fact we are now bulk billing all Medicare card holders for time-based consultations (e.g. 3, 23, 36, 44, 123) and cannot charge extra for emergency presentations for the expensive equipment that is sometimes used (e.g. IV cannulas, drip sets, IV fluids, nebulisers, syringes, needles gloves, suture materials, dressing packs, expensive dressings and etc).

Other challenges include the lack of rental accommodation options in town for essential workers. Cohealth is having to find and take out lease agreements for expensive long-term rentals to house myself and another doctor. I am very fortunate to be able to have a lease until October 2026 with my rent mostly covered. However, there is no guarantee that this can be extended. Several of our staff here, commute 1 hour each way (two hours total) to work here.

Cohealth is a not-for-profit community health organisation that is doing its best to provide wholistic primary care service to the community of Bicheno. However, the Medicare funding model is manifestly insufficient to provide Urgent Care. It also cannot compete with the income opportunities offered by private billing medical practices in larger urban centres like Hobart or Launceston. The incentives for working in such a remote area barely reach parity with income earning potential at urban private billing medical practices.

Additionally, the Urgent Care Centres also offer hourly pay rates better than can be earned in private General Practice.

To cap off the difficulties of working here, Cohealth has been unable to secure any locum GP to help in one of the busiest times of the year from the 5th December to the 24th December 2025. I have been working as a solo GP since the 5th December. Our poor Reception team and Nursing teams have been triaging and prioritising our existing patients who need to be seen before 25th December. We have been sending away everyone else who is visiting Bicheno as we do not have the capacity to treat them.

Unfortunately for the beautiful people of Bicheno, if we don't secure another permanent doctor here on the team by the end of 2026, I also will take my leave and head elsewhere. Working here as a solo GP even with locum support isn't sustainable. No amount of money is worth burning out for.

Sincere regards,



Dr Anthony Brown