

Senate Inquiry into Factors Affecting Workforce Supply and Distribution
Submission Dr L A Woollard

Dear Sir/Madam

I am a rural proceduralist having practiced in Moree NSW for 31 years. I do office GP, obstetrics anaesthetics, Emergency medicine, short term intensive care and most other subspecialties.

I have been active in medico politics and have watched centralized bureaucracy systematically destroy essential health services for people living in small rural communities for several decades

There are clearly 4 levels of health care in Australia as follows

1 Major metropolitan centres capital cities Geelong Newcastle etc with populations in the hundreds of thousands to Millions. These can support super specialists and require office GP only. Included in this would be smaller places within 1 hour or so of a major centre

2 Provincial centre's e.g. Townsville Tamworth with populations above 30000 people These can support a range of specialists and these days also require office GP only Included in this would be smaller places within 1 hour or so of a major centre

3 Large rural towns 3000 – 300000 e.g. Moree Parkes Cowra Dalby Emerald etc If like Moree these towns are more than 1 hour from a base hospital they do require hospitals with operating theatres for some surgery, obstetrics anaesthetics and emergency resuscitation. The only viable model is to have rural generalists/GP proceduralists preferably each with 2 of the 4 main skills Surgery Anaesthetics, Obstetrics and high level emergency medicine

4 Isolated small communities of < 3000 these require GPs with high level of acute resuscitation skills for the occasional life threatening emergencies

Sadly whilst Levels 1 and 2 are supported via governments via dedicated training pathways level 3 is ignored and health depts. Have actively campaigned to shut those services down preferring to see rural people disadvantaged and die unnecessarily rather than spend money that could in their opinion be better spent looking after voters in Levels 1 and 2

At least the federal govt via the Remote vocational I training scheme provided a training pathway for doctors in level 4 communities but no government has ever done so for rural generalists prior to Qld recently. However rural generalism is the only pathways NOT supported by the Federal government.

Recently we have had the absurd situation where the ASGC-RA Classification system treats Townsville and the whole of Tasmania as being as remote as Moree

I am reliably informed that with this change 400 GPs in Townsville received the same \$18000 grant that doctors in Moree received.

This is just another nail in the coffin for services in my level 3 towns.

I have no idea why politicians and health bureaucrats continue to actively discriminate against those people working in health in my designated level 3 and 4 towns.

The people in those towns pay taxes just like anyone else. They get less of their tax dollars returned and have worse health outcomes

Dr Les Woollard