

# YOUNG DISTRICT MEDICAL CENTRE

**Dr Khurum Ajaz**

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The Senate Community Affairs Committees

**Re: The factors affecting the supply of health services and medical professionals in rural areas**

I wish to make a number of points about the 10 year Moratorium on Overseas-Trained Doctors and the exemption for permanent Resident/Australian Citizen Medical Practitioners under 19AB of the Health Insurance Act 1973 and the impact on the supply of health service in rural areas:

1. The moratorium forces Overseas Trained Doctors (OTD) into rural areas- the majority of whom do not want to be there as they leave family behind in the cities. This is particularly the case in regard to General Practice Registrars on training programs in RA2 & RA3 remote classifications  
This leads to lack of continuity of patient care with little or no opportunity for that important doctor patient relationship to form as the OTD moves closure to the cities after each 6 month term on the training program. The positions closer to the cities are always the most popular.
2. Local resources and time are used by local practitioners in training these OTD at the expense of patient consultations only to have the Registrars move on with continued regularity back to the cities
3. Those Registrars and OTD's who do stay cannot access procedural skills in their local Hospitals. The opportunity in many towns exists for local GP Proceduralist to train these Registrars. This could be supplemented by EHealth supervision and the occasional weekend training workshop.
4. OTD if they chose to do proceduralist training in a designated training hospital do not currently get credited with that time against their moratorium
5. Cash incentives and handouts for OTD to work in rural areas is a short term solution with no long term benefits to the community. A far better option would be to offer subsidised housing loans, stamp duty exceptions or land tax breaks for the purchase of residential property in rural areas so the applicant actually forms some permanent roots in the town
6. It is my view that it would be beneficial to have only one pathway into rural general practice thus creating an even playing field for all applicants instead of having different options. There is a huge learning curve been working in a city based hospital system and working as a rural general practitioner and the best course of action if you wish to make that transition is to take a position with a Regional Training Provider

Thank you for the opportunity to express my view on the rural retention of doctors

Khurram Ajaz