

ISSUES AFFECTING HEALTH WORKFORCE IN RURAL AREAS

1. The incentives for GPs already in rural practice need to be substantially increased. This is only fair and is also a practical way for the government to support rural health and the continuance of rural communities into the future.

2. The ASGC-RA Classification system is superficial and does not differentiate between small country towns where doctors (sometimes solo or two or three for one town) provide primary and secondary level care from major regional centres and coastal tourist resorts. It also needs to factor in distances from major centres.

3. IMGs provide a large proportion of rural general practice care. Those doctors need to be supported in continuing their medical education to help them improve the quality of the care they give and to attain their specialist qualification. This would be best done without their having to travel huge distances to attend educational events which is expensive, and takes them away from their patients and their source of income. More money needs to be made available to appropriate education providers, similar to the grants previously available through HWA.

The supervision required for IMGs in general practice also needs to be financially supported. In private practice this is currently done at the expense of the practice principals.

4. To cope with the huge burden of chronic disease, there needs to be more financial support in employing practice nurses. It is appropriate that much of the routine care for patients with chronic disease be done by practice nurses, but practices need to be more financially supported to be able to do this in a cost effective way.

Yours sincerely

Rosalind Menzies