



THE HON BRUCE SCOTT MP
SECOND DEPUTY SPEAKER
FEDERAL MEMBER FOR MARANOA

Senator Rachel Siewert
Chair
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Senator,

Re: Inquiry into the factors affecting the supply of health services and medical professionals in rural areas.

Attracting doctors to regional and rural areas is always a struggle, and the Maranoa electorate is not immune to the problem. There are many communities across the electorate which are relying on locums and overseas trained doctors to fill the gap until a permanent doctor can be found.

Speaking with local medical centres, it does not take long to realise that the shortage of doctors is starting to become a real concern across the electorate. In fact, according to one study, people in some areas of the Maranoa electorate have a rate of preventable mortality of 1.8 to two times the norm.

The population growth as a result of the CSG and coal developments in the Surat and Galilee Basins is having a significant impact on local health services. The situation is set to become worse as a Deloitte Access Economics study has estimated that the Surat Basin will need 5500 new resource sector workers by 2020.

I have heard reports of medical centres in Dalby that have new patients waiting for up to eight weeks to see a doctor. This has serious flow-on effects, with new patients presenting with urgent medical problems having to be seen by doctors at the hospital where services are already stretched.

The growing town of Chinchilla, another strategic hub for the burgeoning coal seam gas industry, is also suffering from a lack of doctors. Local mothers are fearful for the future of the maternity ward at the Chinchilla Hospital as more and more senior doctors leave town. This means that local families are forced to have their babies outside of Chinchilla, either 60 minutes down the Warrego

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Highway in Dalby, or, if the Dalby Hospital is on bypass, they must travel to Toowoomba, a further 80 kilometres east. The situation will only become more extreme as more people move to the region.

The state of affairs in Dalby and Chinchilla is reflected across the entire electorate, and particularly in other communities feeling the pressure of the resources boom in the Galilee Basin including Longreach and Barcaldine.

Communities that are located in the east of the electorate, away from the resources regions are also experiencing problems in attracting doctors. In small communities such as Killarney and Allora, the cost of establishing an appropriate surgery to attract doctors is a significant burden. Both Allora and Killarney have aged care facilities and hospitals, yet are unable to attract and retain local GPs due to the cost of establishing medical consulting rooms.

There is a range of government incentive programmes designed to attract doctors to regional and rural areas. One of the programs, the Rural Relocation Incentive Grant, uses the Australian Standard Geographical Classification – Remoteness Areas map, the same flawed map used for the criteria for independent youth allowance. Dalby is located in the ‘inner regional zone’, along with Toowoomba, Hervey Bay on the coast, and Hobart, the capital of Tasmania. This means that doctors from the cities who choose to move to any of these places within the ‘inner regional zone’ will be eligible for the same incentive. Similarly, doctors who relocate from city areas to towns in the outer regional zone such as Chinchilla and Goondiwindi are eligible for the same government payments available to those who choose to work in well-serviced coastal cities like Townsville. It appears that rather than attracting doctors to rural and regional Queensland, the current system is pushing them further away.

The Government needs to consider a classification system which takes into account the geography, health workforce supply, healthcare access and opportunities for social interaction of a community. The Accessibility/Remoteness Index of Australia (ARIA+) is an index of the accessibility of places to service centres and could be used as a guide for an amended classification system. Under ARIA+, geographical areas are given a score between 0 (highly accessible) and 15 (very remote). According to ARIA+, towns in the ASGC-RA map’s ‘outer regional zone’ like Chinchilla and Goondiwindi are considered to be more remote than Townsville which is also classified as ‘outer regional’ under ASGC-RA. I acknowledge that there may be some anomalies with the classification, but it appears that the ARIA+ ratings provide a more accurate reflection of remoteness in the Maranoa electorate.

To encourage more doctors to relocate permanently to rural and regional Queensland, the Government needs to look beyond financial incentives to attract rural doctors and health professionals. When choosing to relocate, many GPs will consider a number of factors which their urban counterparts will take for granted such as support for families, good schools for their children, support for further study, local community interaction, infrastructure support, locum relief and adequate IT facilities. The Government should be investing in the liveability of our communities and providing additional support for rural doctors

and health professionals while they are practicing in rural and remote Queensland.

Doctors who wish to upgrade their qualifications currently have to leave smaller communities to access post-secondary education and professional development courses. Similarly, the cost of educating their children becomes a significant financial burden and many will choose to relocate their families so they can attend their chosen high school and university.

Doctors in regional and rural areas should receive assistance in accessing secondary and post-secondary education for their families. They should have access to a non-income and non-means tested basic grant, for students that are geographically isolated. The criteria for the Assistance for Isolated Children allowance could be used as a guide to develop a grant for the children of doctors in remote areas. It would enable them to access assistance for their children to attend secondary education whilst still practicing in a rural town.

Many areas in the Maranoa electorate have clinical services provided by the Royal Flying Doctor Service. The service was originally set up to provide a GP-service for remote communities, but unfortunately the RFDS is now becoming an evacuation or transfer service to take patients to larger regional centres for medical attention. The Indigenous people in the very remote community of Birdsville who use the Birdsville Clinic which is operated by the RFDS cannot receive benefits under the Closing the Gap Pharmaceutical Benefits Scheme Co-Payment Measure. As it currently stands, the Indigenous community in Birdsville have to travel great distances to Charleville or Longreach to access medical care which meets the Closing the Gap criteria. This situation could be remedied if there were an opportunity to expand the RFDS services to a Medicare funded service as well as a clinic funded service.

The shortage of doctors is a significant issue across the Maranoa electorate, and is set to become an even greater problem as the population grows with the development of the resources sector. It is imperative that the doctors working in our smaller communities receive adequate support and that rural and regional Queensland receive a fair share of royalties from the mining industry to improve not only the liveability of our communities, but the health services as well.

Yours sincerely,

BRUCE SCOTT MP

13 December 2011