

# Senate Standing Committee on Community Affairs

PO Box 6100

Parliament House

Canberra ACT 2600

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## Barriers to recruiting GPs to rural areas

1. Current calculation of area of need status which divides medicare consults by number of GPs in an area. This does not account for overworked GPs who see the same number of medicare consults in 1/2 a week that city counterparts see in a full working week

That bill "outpatients" = emergency patients under medicare  
That also do anaesthetics deliver babies work in prisons aboriginal health services arrange continuing medical education, advise hospitals on all medical matters do surgery teach students, RMO's, GP registers in the other 1/2 of the week. (average 80-100hrs weeks in Pt Lincoln)

- so we plead for exemption or area of need status. + our patients wait 6 weeks to get a non urgent apt.

2. Consults are complex. simple matters are handled by nursing staff. Scripts paperwork + telephone calls done after hours (it is 1026pm as I write this and I still have paperwork to do)
3. So much work to do young GPs don't see any life outside medicine yet alone lifestyle
4. Big practices get less locum relief time as it is expected they will "cover each other" - in what spare time I don't know.
5. Part time drs who do 5-6 sessions get no locum relief yet often work 50 hrs a week with hospital work included.
6. On call at the hospital means 24hrs so working a full day after is often dangerous. Forgoing income to take time off is not recompensed

7. That Hobart is rural, remote is patently a joke.

suggest. Fully subsidised locum relief to compensate for 1 session lost for on call in bigger country towns 10,000 + people.

. Housing for the locum provided at peppercorn rent.

. Housing for Drs in smaller towns at min rent.

. Education for children allowance either tax deduction for boarding schools or similar. costs for university education of children.

. 6 weeks fully subsidised locum for all Drs in rural, remote areas. not inner regional or outer metropolitan areas.

. Medicare rebates for country Drs ↑ @ CPI  
& based on earlier models which were 85% of AMA fee.

Continue to provide <sup>pay for</sup> CME (Continuing Medical Education) through Medicare locals. Allow CME offices from across the state to regularly meet so quality education can be delivered to country Drs (as used to happen in SA).

. Adequate staffing of country hospitals.

Relocation grants based on realistic distances & difficulties in recruiting doctors.

Salary sacrifice type arrangements for on call allowances as occurs for salaried medical officers.

. Long service leave locum arrangements.

Don't count GP registrars & RMO's who bill Medicare as full time equivalent GPs for area of need status. (or retired or dead GPs)

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