Senate Standing committee on Community affairs

7/11/11

PO Box 6100
Parliament House
Canberra ACT 2600

Barriers to recruiting GP's to rural areas

1. Current calculation of area of need status which divides medicare consults by Number of GP's in an area. This does not account for overworked GP's who see the same number of medicare consults in 1½ 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 registras in the other 1½ of the week. (average 80→100hrs weeks in PI Lincoln)

- so we plead for exemption of 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 GP's dont 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 dont 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 24 hrs so working a full day after is often dangerous. Forgoing income to take time off is not recognised

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 + pay for CME (Continuing Medical Education) through medicare locals. Allow CME officers 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.

Dont count GP registrars + RMO's who bill medicare as full time equivalent GP's for area of need status. (or retired or dead GP's)

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