Committee Secretary

Senate Standing Committee on Community Affairs

P O Box 6100

CANBERRA ACT 2600

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

Dear Secretary

As a representative of the communities of Warrumbungle Shire I present the following submission for consideration.

Yours faithfully,

Aileen Bell

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WARRUMBUNGLE SHIRE COUNCIL

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warrumbungle SHIRE COUNCIL

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

Warrumbungle Shire covers an area of 12,380 square kilometres and is located in Central Western NSW. The shire has a population of 9,810 residents. Coonabarabran is the largest community and is the administrative centre for the shire. Coonabarabran is located 470kms from Sydney with a resident population of around 3000 people.

Coonabarabran and other health services within the shire are classified as RA3 (OUTER REGIONAL) locations on the ASGC-RA. An hour from Coonabarabran is Gunnedah which is also classified as RA3; Gunnedah is less than an hour from Tamworth RA2 (INNER REGIONAL) with a large Base Hospital and the range of services associated with such a classification.

We are concerned that Warrumbungle Shire communities are classified similar to much larger centres that are much closer to regional centres and facilities. Of course those centres are more attractive to intending medicos seeking to locate or re-locate into RA3 locations; in many cases without compromising their lifestyles.

While the resident population for the shire is less than 10,000 the location of the towns within the shire on major north south and east west highways means that medical and emergency services are called on to provide for high numbers of incidents for travelling public whether they be tourists and family travellers or interstate freighters. The major highways include the Oxley and Newell Highways passing north and south through the township of Coonabarabran and the Golden Highway passing east and west through Dunedoo.

The economy of the shire is based on agriculture and tourism and there is a high level interest in mining and extraction of coal seam gas, each of which will impact on population growth over the next five years.

Medical services across the shire vary and one might consider this to be based on population:

- Coonabarabran has a Health Service provision with 21 beds as well as Cooinda which has aged care and high needs dementia care facilities, a retirement village and varying levels of independent living accommodation;
- Dunedoo has a Multi Purpose Service as do Baradine and Coolah;
- the communities of Mendooran and Binnaway do not have on- site medical care facilities but operate Community Health rooms for visiting practitioners.

From time to time each of the communities can be without a doctor:

- Coonabarabran is serviced by five GP's – two of whom have VMO rights at the Coonabarabran Health Service (hospital);
- Coolah has one GP with VMO rights to the Coolah MPS;
- Dunedoo has two GP's with VMO rights to the Dunedoo MPS;
- Baradine has one GP with VMO rights to the Baradine MPS;
- While Mendooran and Binnaway have no resident medico.

A TOTAL OF 6 VMO's ACROSS THE SHIRE TO SERVICE ALMOST 10,000 RESIDENTS.

The shire has pockets of population who are identified as being of low socio-economic status and distances to other centres for medical attention create difficulties for residents, many of whom do not have the luxury of private transport and in the case of Binnaway and Mendooran, are not serviced by local ambulance services. Many of the roads travelled are regional roads which are impacted by weather, climate change and the government's changing responsibility and cost shifting for transport services (rail) and maintenance:

- Binnaway is located 35kms from Coonabarabran, 52kms from Coolah and app 150kms from Dubbo;
- Mendooran is located 75kms from Coonabarabran, 75kms from Dubbo and 40kms from Dunedoo;
- Coonabarabran is 155kms from Dubbo and 185kms from Tamworth in the north west;
- Baradine is 45kms from Coonabarabran, 70kms to Coonamble, 230kms to Tamworth and 200kms to Dubbo;
- Coolah is kms from Mudgee and kms from Dubbo; and
- Dunedoo is 85kms from Mudgee and kms from Dubbo.

There is one dentist in Coonabarabran and this practice services the whole shire; residents also travel to Dubbo, Gunnedah, Coonamble and Narrabri to access dental services.

The small towns across the shire experience difficulty with attracting and retaining medical professionals and in many cases the reasons can be sourced as related to lifestyle options – the distance to other centres (and hospitals), the services provided within the community for lifestyle pursuits, or simply a lack of understanding on the part of the intending residents about how small communities operate – the local culture is not necessarily about ethnicity, but more about lifestyle.

These factors, coupled with incentives that do not differentiate in a meaningful way, make it increasingly difficult to attract medical professionals to Warrumbungle Shire communities.

In Coolah and Coonabarabran, the established medical practitioners and dentist have experienced increasing difficulties in attracting new staff much less to identify a young new entrepreneur who might even consider the purchase of their practices; this, in the foreseeable future, will see the practices close and the communities be left without dental services and a further reduction in medical provision.

Continued attempts to attract allied professionals including speech pathologists, opthalmologists and obstetricians have not met with success and so these communities are forced to seek such services in larger centres. Local doctors refer patients to the most appropriate practitioners, who may or may not be in practice in the health region, in which case the patient is denied support through the IPTAS program further disadvantaging our local residents and the communities**.** In many cases there simply is not a practitioner in even the larger centres RA2 that can address the medical matter and provide the appropriate services for the patient's needs (eg endocrinologists and specialist related surgeons).

Perhaps at this point we should be asking that the IPTAS funding be made available to our residents based on referral by our knowledgeable local practitioners which does not discriminate around regional boundaries.

The incentives offered to doctors to consider re-locating to remote areas and particularly RA3 locations are not sufficiently different to those for RA2 to make it more attractive to choose to move to the outer or more remote regions.

As the system is at present the medico can choose to establish in an RA2 area with comparatively attractive incentives.

The introduction of Medicare Locals has not been clearly defined for comment, however **the expectation that these appointments will administer to a wider geographical area and scope of activity will work against quality provisions for our smaller communities.** Personally I am quite concerned at the expectations placed on the practitioner and we can all lay blame when things go wrong; my deeper concern relates to what we do to the appointed person – the system appears to be set up to fail .. but what do we do with a medico who has delivered at a level that is judged to be below par .. the impact on their standing within the community, the health organisation and then their own self esteem needs to be addressed or we will, into the future, have a batch of medicos who have presented with energy and potential but who have been deemed to have failed in their delivery of services through no fault of their own. We currently have doctors working in general practice surgeries for 8 – 10 hours each day and then having to attend to emergency departments at hospitals after

hours; we have doctors working several nights in a row .. some as many as 12

nights. What does this do to the level of service, their capacity to deliver the services required and their self esteem when things do not go according to plan. In many cases the forgotten person in the cases of the failed medical service is the actual practitioner; we need to ensure we nurture and support doctors in their service delivery to protect their professionalism. **It would appear that the ASGR-RA system has been set up to fail rural and remote communities as the expectations placed on practitioners is to spread the services further with little or no further resourcing or support systems.**

At a time when there appears to be a shortage of Australian trained doctors and dentists, the attraction of Overseas Trained Doctors and allied professionals should be implemented in a way that meets the needs of our communities. On one hand we have OTD's who are reluctant to move to what appears to be remote areas because these candidates have a need to be close to like minded-people, to be in closer proximity to people from the same ethnic background and in many cases their partners are wanting the security of larger populated localities. On the other hand we have OTD's who do take up positions in remote communities only to find they enjoy the lifestyle and attributes of rural living. **Perhaps there is a case for presenting a more positive profile of rural and regional living and instead of dwelling on a deficit model** (no theatre, no language schools, no major shopping centres) we should be promoting the positive aspects of rural and regional communities (openness, friendliness, specialised shopping, great community schools, great community based childcare where people know who the kids are, inclusive communities etc). **Aspects of supervision of OTD's need to be addressed so that the experience is meaningful for both the student doctor and the supervisor.**

Within our communities, medical practitioners are prepared to take young registrars and trainee doctors into their practices to highlight the benefits of working in family practices, rural practices etc .. **the incentives to our doctors to accept more students need to be improved so that more young doctors can see the benefits of working our such communities.** The time allocated for these placements need to be extended so that candidates are able to fully experience rural living.

Nursing services within our shire appears to depend on contract nurses, mainly overseas trained. At each of our health service centres we have nursing staff from either South Africa or New Zealand and while these staff members provide an essential service, we have to ask why? Why are we so dependent on overseas trained personnel? Where is our Australian trained staff? Is the university system of training working against young nurses returning to their own communities,. or to regional communities following their training? Perhaps we need to be considering the in-hospital training programs of a previous

generation, perhaps we need to train our nurses as close to the local community to develop that sense of commitment to their communities. One could not be blamed for suggesting that the conditions for nursing staff need to be addressed if we are to attract well trained personnel back into the system and our communities.

Support systems for doctors and allied health workers need to be strengthened; isolation is a contributing factor to the reluctance of young people coming to remote and regional Australia – **professional isolation as well as physical isolation make working in rural Australia less attractive.**

When considering the ways in which addressing the health service needs of rural and remote communities, we need to be quite clear that we do not ask for a replication of services provided to metropolitan and closer settled areas. Instead we ask that the individual needs of each community are considered when the provisions are being made. We do not want to be seen as comparing our needs and declaring ours to be greater than the city based services – we need to have consideration made on the basis that our communities are different, our needs will differ from community to community and that a fair and equitable provision of health services will lead to a healthier community and nation.