To Committee Secretary

Senate Standing Committees on Community Affairs 22.11.2011

PO Box 6100, Parliament House, Canberra, ACT, 2600

From : Dr Jim Wilhelm

Dear Secretary,

I am writing after receiving an invitation by Senator David Fawcett to offer feedback to you on the Senate inquiry into Rural Health, and in particular on the factors affecting the supply of health services and medical professionals in rural areas.

My background is that I have been a rural general practitioner based at Strathalbyn since 1990, working in private practice with access to the local Strathalbyn District hospital (public).

The main factors that I perceive as being critical to recruitment are as follows:

1)There needs to be a significant increase in the percentage of local South Australian students gaining entry into the Medical schools as the current training programmes are training insufficient numbers of local high school graduates. Our practice supports both Medical student and Medical Registrar programmes and we are continually frustrated to be offered overseas based personal who will likely never return to work in Rural areas. Whilst we do not mind training these individuals, we would prefer to be part of a system that will train South Australian born and bred persons in the country so they will stay in the country long-term.

2) For this to be effective there needs to a significant increase in accessibility to Federal funding for Infrastructure to assist with Rural communities to provide this training. The current Infrastructure Grants involve too much "red tape" and our experience is that the process of seeking these grants is expensive, time consuming and in the end you have little chance of gaining assistance as there is always "200 applications and only 30-40 are successful".

3)It has been my observation that the "only way' to effectively and reliably recruit Medical staff to the country is to run effective training programmes within the practice. We have been training Medical students and Registrars for > 10 years and our practice has a reputation for being a friendly place with good support and training- we have been able to fill all training positions and frequently the advanced trainees stay on and join the practice. Our local Pharmacy has set up the same model by becoming an active training facility and they have also achieved a fantastic long-term recruitment strategy.

4)More significant though, if a practice in a rural area is not involved in training at all, this practice will struggle to recruit the younger trainees as these trainees share information about the practices involved in the training but rarely hear about the other non –teaching practices. I discovered this fact a number of years ago when specifically talking to a group of Medical Registrars about how they find a practice in the long-term.

5)For most Rural communities I suspect the lack of Infrastucture is a huge problem for training purposes, recruitment of staff and for the provision of Allied Health services. Our community has been dubbed the suicide capital of Australia and we have had 9 suicides in the last 18 months. Our two Psychologists have 3 month waiting lists and we need 2-4 additional full time staff. I can find the people to fill these positions but we have no Infrastructure to provide these Allied health staff some consulting space. A recent Development proposal put forward to the Alexandrina Council was rejected by the Council as the Council felt that Heritage issues was more important for the town. This project has been permanently shelved and mental health services remain under extreme pressure.

6)Local hospitals in rural areas are generally under constant threat of losing services due to reduced general funding and a slow decline in Rural doctors procedural skills. As the skill base drops, services are lost which leads to Country hospitals finding it very difficult to recruit high quality nursing staff as there is less and less "interesting work" being done in these local hospitals. There needs to be increased training programmes to encourage more GP anaesthetists and surgeons so that level 1 surgery /anaesthetics can continue in rural areas. Conversely every time a Rural community loses services or acute care beds, recruitment becomes so much more difficult or almost impossible.

Medicare Local

For our community the introduction of Medicare Local looks like being a disaster. We have for 10+ years had links with the Adelaide Hills Division of General Practice and have been forced to switch to GP Network South which is based at Noarlunga. We have no ties with Noarlunga and there is no public transport in that direction. We are isolated and on the periphery with no links to anyone who understands our needs.

Incentive Grants

General Practice is under extreme pressure financially to survive as Medicare rebates continue to fall way behind the rapid rises in costs of running a business. Our business has to pay premium wages to attract doctors and this generally means there is little profits left to invest back into the business. Many of our doctors do not live in the town and so their personal costs of working in the country are high due to travel and accommodation. From a recruitment and retrenchment perspective , the Rural incentive programmes potentially could assist with encouraging doctors into rural areas, but the amounts received are inadequate to have a real effect. Much of the work Rural doctors do is more complicated than our city colleagues and there should be a more formal recognition of this to encourage doctors to work in the country. If we are not to be recognised as specialists then a doubling or more of the current Incentive programs would be one simple way of compensating Rural doctors and attracting new personal to the country.

Yours sincerely,

Dr Jim Wilhelm