GUMERACHA MEDICAL PRACTICE

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28 November 2011.

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam

Regarding: Medical Professionals in Rural Areas / Rural Relocation Incentive Grant

We write in response to correspondence from Senator David Fawcett. As a general practice in rural South Australia, we have been effected by the shortage of GPs . Gumeracha is in the Northern Adelaide Hills, approximately 1 hour from the Adelaide CBD. Remoteness classification is RA2 (inner regional), or previously Rural Remote, Metropolitan Area classification RRMA 4.

Our practice has a catchment area with a population in the order of 10,000. We have approximately 6,000 patients on our books, and of those, 2500 attend our practice regularly. Our practice is responsible for providing doctors to cover the 24 hour emergency on call roster for the local Gumeracha District Soldiers' Memorial Hospital (GDSMH), and this vital service is available to patients from across the catchment area.

Currently our practice is owned and operated by three associates – Drs Symons, Lang and Boyer, supported by three full time GPET Registrars. This has increased from the original two full time GPs, supported by part time assistants in 2002

In 2003, the three assistants left Gumeracha; one for family reasons, one to take up a career interstate and another to take up a full time role in a city based practice. This left the practice principals, Dr Symons and Dr Lang to operate their private practice and maintain 24 hour on call for GDSMH. We advertised extensively and sought assistance from the Rural Doctors Workforce Agency to find additional doctors to work at Gumeracha. Several candidates were interviewed, but all declined to take up the position, citing distance from the city and difficulty in travelling here, inability to relocate the family to the area because of perceived lack of educational opportunities , and the frequent, regular requirement for after hours work as major factors in their decision not to come here.

After extensive searching and eventually through word of mouth, we were able to encourage a recently graduated doctor to do rostered weekend on call work. This gave some respite to the two principals.

In 2004 we became an accredited training post for registrars taking part in the General Practice Education and Training Program (GPET). This has been invaluable in providing opportunities for doctors to learn the expectations of general practice in a supported environment. The major benefit has been the subsequent return of registrars on completion of their training to practices which have hosted GPET placements.

Demand for medical services in our area has progressively increased over the past decade, and our private practice continues to have increasing patient numbers. However, the workload for the doctors is intensified greatly by the provision of the 24 hour on call service, and has previously become quite onerous.

Our practice was successful in obtaining funding through the Medicare "Round the Clock" and "Investing in After Hours GP Services" grant programmes and this has proved very successful in enhancing our ability to recruit additional doctors to take part in the afterhours roster by allowing us to pay more attractive retainer payments. Additional doctors on the on call roster mean greater flexibility and a more appealing workload for potential registrars and employed doctors.

Our experience of recruiting and retaining doctors has demonstrated some of the difficulties faced by practices which are similar to ours, and we understand these difficulties would be amplified as distance from Adelaide increases. The responsibility of providing 24 hour cover to accident and emergency departments, and long-stay residents in country hospitals is a major factor in recruiting permanent doctors.

It seems incongruous that country hospitals where local GPs provide 24 hour per day care are given the same zoning as larger regional hospitals or city hospitals that have larger staffing levels and/or access to locum agencies.

We feel that small regional and rural towns are disadvantaged in the distribution of incentive payments under the current inner regional zone which allows the same payments for doctors to re-locate to larger centres.

We feel our local hospital is essential to the community and the commitment of GPs to ensuring the viability of country hospitals, like GDSMH, should be encouraged and rewarded. Targeting higher incentive payments to areas where community need is demonstrated, particularly those with country hospitals, may be a mechanism for increasing the number of GPs relocating to those areas.

Yours sincerely,

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