To Senate Committee of Enquiry into factors affecting supply of Doctors in rural areas.

Dear Senators,

I have worked as a rural General Medical Practitioner for 26 years, in the same practice for the last 20. Since 1995 we have noticed that younger doctors, registrars, medical students and overseas trained doctors are happy to work in our practice for up to two years, but all have gone to larger centres where they either don't do on call, or do very little, and those working in Launceston and Riverside practices rarely get called due to the proximity of the Launceston General Hospital. We have had a number of doctors in training who despite the level of support offered (initial phone triage by GP assist, and one of the practice principals rostered on a second on call, as well as a hospital next door to the practice and an ambulance paramedic in the station next to that), have baulked at being "on call" and refused to do it. It is of concern that most younger doctors don't see themselves as wanting to do any on call, and that due to the classification system large rural centres with teaching hospitals and fully staffed emergency departments get the same classification as smaller towns with no other doctors than the local GPs and maybe a visiting specialist. There seems to be no encouragement to share the work, and no encouragemt of Doctors to experience rural medicine at an early enough stage to influence future career decisions. In the last few years this has changed for medical students, third year graduate and registrars, who come to our practice and enjoy it. Perhaps first and second year RMOs should be offered a time in rural practice also, this is the key time when future career decisions are being made. I submit that the RRAMA classification system needs an overhaul-cities (10,000 or more) should not get the same classification as smaller towns with no large hospital with full time medical staff.

A further problem I have experienced over the years is the gradual withdrawal of Nurses skills. Our older nurses (and I ) remember when they did basic plastering, suturing, and other minor procedures, they didn't have to ring the doctor to administer panadol or other non prescription items to patients in hospital or residents in nursing homes, and they didn't scour the drug charts for misspellings and difficult to read items and ring the doctor up in the middle of the night to clarify these. We have stopped these latter annoyances by insisting this is done during working hours or held over to the next working day, but it seems those responsible for Nursing regulations seem intent on making things harder with ever more regulations and paperwork. Nurses should not have to spend 30% of their time documenting what they do, and I see the pressure on for Doctors to do the same. In this technological age it should be easy to make it simpler. Nurses I have spoken to say they don't want to do another 3 years training to become "nurse practitioners", especially as they probably wouldn't be able to continue in their present job.

Likewise there are difficulties communications between hospitals and GPs especially rural ones. Its getting better, but locally we are still in the position where only some things come electronically, other by fax others by post. All the Specialists in Launceston either post or fax their letters to us. Please provide some incentive for them to save trees too, by sending them electronically. Please look into the Federal Privacy Commisssioner's insistence that emailing letters is "unsafe" but post or fax is ok! One wrong number and the fax goes to the wrong person, one wrong letter in an email address and 99% will bounce. The secure email addresses and PKI provided by the Health Insurance Commission is being used by medicare for payments, but no one seems to be using it for electronic communication-it seems all too difficult for everyone. Currently we get an excellence electronic

reporting service from our local Pathology )both private and public) and from our private radiology. The private pathology and radiology services even off online lookup of results so we can check in the nursing home or hospital. We cannot check public radiology or pathology outside of Department of Health and Human Services buildings as they won't allow remote access under any circumstances, nor will they allow us Visiting Medical Officers when in the local hospital to have remote access to our surgery to look up patients files. They have a block on their computers to prevent web access, the building is clad with aluminium foil so wireless wont penetrate and even good quality "blue tick" mobile phones barely get 1 bar of reception inside compared to 4 outside.

In summary there are many doctors who might like to work in rural areas but the lack of encouragement, the various communication difficulties, the increase in paperwork, the poor rural classification system and the down skilling of nurses all act as disincentives. I encourage the senators to look at ways of removing some of these disincentives, recognizing that difficulties with State Health Departments may be hard to negotiate away.

Dr Philip Dawson