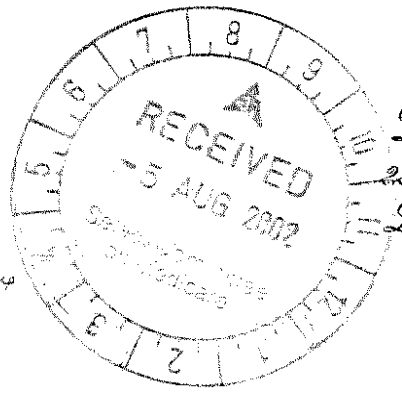

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Senate Inquiry into Medicare

31/7/03

Dear Sirs

I was unaware of your visit to Perth, until I saw today's W.A. Australian. Perhaps you could consider my views in Medicine.

To introduce myself. I am a G.P. in this 50th year of solo practice. I am not vocationally registered as I believe V.R. is unfair to young doctors, I bulk bill as 90% of my patients are on social services as I service mainly drug addicts. I work a 40 – 50 hr week, for a last years net from my practice of about $ 39 000. I currently mainly live on my assets

Bulk billing is not likely to be resumed by most G.P's unless the rebate is increased, and more young doctors are encouraged to become G.P's.

As you are doubtless aware, in 1991 Australia was said to have an excess of G.P's – some 3,500 excess, and provider numbers and V.R. were introduced. Both to the detriment of the working G.P.

After a sweetheart deal with the RACGP, who were desperate for members and a reason to be, the V.R. was introduced. The consequence, the keen young doctor, after 6 yrs undergraduate studies, and two years compulsory internship, was forced to do a further four years of largely irrevelant studies before he could start his own practice. To run a practice a provider number was needed, which were limited. To specialise takes between 4 – 6 years, while employed at an attractive rate as a registrar in a Public hospital. I believe I would do as so many young doctors do and specialise.

A look at Medicare funding illustrates my point. After the agreement between the RACGP + the Government, the fees of a non-V.R doctor (e.g. myself or young Graduates, is fixed forever at 1991 rates – $17.95 / standard consult. All the recent

fiddling with G.P. returns does not affect a non-V.R. doctor, so that each year his returns becomes smaller — the only section of the Australian population where this happens.

For the V.R. Dr it is slightly better at about $25. However, if this is compared to percentage of average incomes a different picture appears. Comparing the percentage of the standard wage in 1954 when I commenced private solo country practice, if V.R. I would need to see 2 - 2½ patients now to equate with 1954. Compare this with the specialist rebate of about $101.

The bulk billing young Dr is faced with two choices. Be a good doctor and starve, or push patients through quickly and badly but be able to feed and support their families. This conflict of interests has led to dissatisfaction in many of my young colleagues.

The fancy fee additions - mental health, diabetics, practice accreditation etc favour the larger practices, especially the corporate practices run by outside businesses. The extra paperwork, need to consult colleagues etc make them unsuitable for solo or small practices. Similarly, older surgeries have difficulty in reaching the standards for accreditation.

My own surgery is a mess. However, I have bookings well in advance, and am often consulted by patients for second opinions when unhappy with V.R. accredited practices. My standing, I believe, in W.A. medicine is high, not because of my non existing polished surgery, but the standard of my care and diagnosis.

However, it is only a question of time before the $17.85 rebate does not cover the costs of staff + rent etc, and I become extinct.

Regds

Pat Hambly