



SUB 6 ✓

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Dear Sir,

Before putting my thoughts to you, I would like to introduce myself.

5/12/03

This is my fiftieth year in General Practice, and I have worked in both country and city solo practices. At 74 I am rapidly approaching retirement. I am not vocationally registered, as I feel that V.R. is unfair to young doctors, and a major reason for the present mess in the career I love.

A look in any medical journal in the job section will show discrimination against the non V.R doctor, making them almost unemployable except at a discount. Although fully qualified, the young have become low paid slaves to corporate medicine.

After running an ordinary practice for years, I have concentrated for the past 30 years on the problems of drugs and drug addiction. In 1990 I was suspended by the Medical Board for 12 months for daring to treat these unfortunates but won a Supreme Court appeal, the first successful appeal in W.A. since 1894 against the Board.

My career has had its moments. I served 4 years as District Surgeon with the St John Ambulance Brigade as part of more than 20 years service, was in the Royal Perth Hospital team at Long Xuyen in Vietnam during 1969, in Rotary and I am a Paul Harris Fellow, was the Australian delegate for the Catholic Bishops to an international drug conference at the Vatican in 1997 and I am a Papal Knight. As well, I was the President of the Guild of St. Luke for four years. I have at least two students do their general practice time with me each year.-----

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Over the past 13 years, we have seen a change in emphasis in G. P. medicine, from an equalitarian system to a privileged one.

The growth of Divisions, with large sums of money diverted to them, has appealed to the academic G.P, but has taken valuable dollars from the working ones. Many programs that are run are more a public health exercise than the province of a private practice, but the money comes from the G.P, budget.

Again, the accreditation of practice premises with the cash bonuses given, favours new premises and Corporate practices over small or old practices like mine. But do they help patients more, with their glitter and polish?

My big bugbear is the V.R system. It was introduced at a time when it was said that there were 3,500 too many G.P's in Australia and linked to the useless Provider Number, it has destroyed us. Now we search in vain for enough new members, looking overseas in our desperation.

The keen young doctor, after six years as a student, two years as a resident now has a further four years unneeded study before been able to open a practice, unless in isolated areas in the sticks and for low returns at the end, but in five years can become an overpaid specialist. As well, to add insult to injury, there is a bottleneck of places for the young G.P to join a program to become a V. R.

Do you know the penalties of not been a V.R? Due to an agreement drawn up by the previous Labor Government and the Royal Australian College of General Practice, with a substantial cash payment to the College, the fees of non V.R doctors are fixed forever at 1991 prices, ie at \$17.85 a standard consult. NO OTHER GROUP OF CITIZENS IN AUSTRALIA IS PLACED IN THIS POSITION OF NO WAGE OR INCOME CHANGE, WHATEVER THE INFLATION RATE, DUE TO AN AGREEMENT BETWEEN THIRD PARTIES.

As a sweetener to the College the V.R doctor pays an annual fee to the College. As I pointed out to Tony Abbott in his previous position, he opposed compulsory unionism but did nothing about this rip off. I called him a hypocrite.

As well, all the easy payments, for example to treat those with mental illness or shared care are closed to us even if, like myself, we do the qualifying courses. My income has halved in this time, and I now rely on built up assets to continue practice. At my age I can do this, but young doctors cannot, and so try to continue studies or on a salary as long as possible.

V.R means that a recent graduate will be approaching 30 years old before been able to start his own business. By this time many are settled in their lifestyle and not anxious to try the bush. In contrast, I was 24. I feel this is a factor in the shortage of young doctors willing to try their hand in the bush, especially after years of low responsibility as second class doctors.

The Provider Number situation penalises the non V.R young doctor, and protects the established doctor, as without a number many services are not available. A new practice becomes difficult if not impossible.

Coming at last to the questions asked. Unless the rules are changed, the small increase in Medicare rebates will have no effect on other non-V.R. doctors or me. Unfortunately most of my patients are unemployed drug users, but with the Govt. agreement with the R.A.C.G.P. of which I am not a party, my fees stay the same, so that my relative position, and that of other non-V.R doctors will worsen.

Compared with the wages when I started medicine, I would need to see two and a half patients now for each patient then to keep my standard of living the same. I can understand the quick turnover doctors, who have big rent and staff costs. However the cost in stress and personal health increases hugely under these conditions. This

is leading to many of my friends leaving medicine prematurely, depression, drug taking and suicides. There is massive despair in G.P ranks, especially with the younger ones, who have families to support.

Another sore point is the Points System. After a tiring day in the office, they are forced to attend lectures, which may not have any importance to them, to keep their V.R rating. I escape this, but when I go to these meetings, it is impossible not to hear the rumbles.

The question of the increase of overseas doctors is a vexed one. It must be accepted that any doctor is better than none in a country town, but a reasonable time in an area is needed. Many only stay a short time, before isolation drives them to the city. If it were easier for young graduates to commence their own practices as in the past, perhaps this problem would solve itself.

For country practices to flourish it may be necessary to look at different rebates for the smaller, one-doctor towns. With the costs of goods higher in these towns, it is more expensive to operate a practice, and the number of patients may be smaller. As well, the chances of supplementing the income with surgery and obstetrics have gone in these litigation days. I feel this would be fairer and cheaper than the proposals now offered.

My conclusions\_

The Vocational Registration scheme and provider numbers be assessed by an independent auditor to see its effect on young doctors choosing general practice on finishing their hospital training.

Proposed changes do not cover all doctors.

V.R has made wage slaves of the recent graduates.

Medicare rebates have not kept up with expenses.

Small country practices should attract a higher rebate than city or large town practices.

Overseas doctors may be needed in certain areas.

Regards & thanks for the opportunity

P. Branley

I will be, of course, available to discuss or enlarge on any of these comments.