



NATIONAL RURAL
HEALTH
ALLIANCE INC.

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MedicarePlus: a plus overall but not very 'rural'

Sue McAlpin, Chairperson of the Alliance, has welcomed the Government's revised Medicare package as a larger and much better investment in the future of medical services, but one that offers little for bulk-billing in rural areas and nothing for primary health care in remote areas.

The largest part of the package (over one billion of \$2.4 billion) is directed at medical workforce initiatives. The Alliance welcomes this portion, including the extended Practice Nurse proposals and the extra support for GP training places and GP supervisors. Happy and supported rural placements will increase the likelihood of rural practice – and that support is required for both trainees and supervisors. “The same sort of assistance is needed by nurses and allied health students on rural placement - and for the same reasons,” Ms McAlpin said.

The Alliance is glad to see recognition of the valuable role of procedural GPs (who include those who do obstetrics, anaesthesia and surgery) because of their special importance in rural and regional areas. Proceduralists will be provided with financial support for their training.

Ms McAlpin also welcomed the significant changes relating to Overseas Trained Doctors (OTDs) contained in the MedicarePlus package. “OTDs are particularly important for rural areas but we need to be certain we do not poach doctors from developing countries. Even though we are still short of doctors ourselves, Australia ought to aim towards making a nett contribution to less developed countries. We can do this by freeing up the training of doctors and other health professionals and training greater numbers overall,” Ms McAlpin said.

Under the proposed new arrangements, Temporary Resident Doctors will be permitted to stay for four years instead of only two. Immigration rules will be changed so that it becomes easier for doctors from overseas to succeed with immigration application. The system for integrating OTDs already here into medical work in Australia will be streamlined - currently only a proportion of those eligible are dealt with by the system each year.

“The \$5.00 incentive to bulk-bill is sensibly targeted at children and concession card holders, but this represents a serious move away from universality that will disadvantage other need groups and create poverty traps. The incentive will deliver most benefit in metropolitan areas because of their higher numbers of doctors and their higher existing rates of bulk-billing.”

The Government has estimated that the ‘average doctor with average charging policies’ will be about \$15,500 a year better off with the \$5.00 incentive. Our estimate is that the average rural doctor with the average rural charging policies might expect about \$5,000 a year. But because rates of bulk-billing in the country are as low as 40-50 per cent and average out-of-pocket costs are above the \$5.00 incentive on offer, this \$5,000 will be eroded by any additional services they bulk bill. So it remains to be seen just what impact the incentive has on bulk-billing rates in country areas.

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