

Tuesday 11 May 2010

## **With a severe lack of rural workforce measures, this budget really needs a doctor**

**The Rural Doctors Association of Australia (RDAA) says it is “very frustrated” with the glaring absence of serious measures to boost the rural doctor workforce in today’s federal budget.**

“When it comes to real measures to improve access to healthcare in the bush and entice more doctors and other health professionals to rural and remote Australia, this budget is in serious need of a doctor...literally” RDAA President, Dr Nola Maxfield, said.

“While a number of initiatives in this year’s federal budget are positive for Australia’s health system, the Rudd Government is still not focusing on the main game in fixing the rural health crisis—the need for more realistic measures to entice more doctors to work in the bush.

“Instead of trying to paper over poor access to after-hours medical care with the *Medicare Local* national health telephone service, why not put in place real measures to get more *Doctor Locals* into the bush? After all, if there is no doctor in a rural town anyway, where is *Medicare Local* going to direct those after-hours patients needing serious care...Sydney, Melbourne or Perth?

“It is great that the Government has ticked off step number 1 as part of its health funding reform negotiations with the states—funding for many more GP training and prevocational places across Australia. However, it continues to ignore the logical next step—the introduction of realistic measures to actually entice these and other doctors to move to the bush *once they have graduated*.

“In this context, it is again disappointing that the Government has not funded the much-needed Rural Rescue Package called for by RDAA, the AMA and the Australian Medical Students Association to entice more doctors to the bush, and to better support rural practices as the small businesses that they are.

“We welcome the new funding to recruit practice nurses, as this will better support rural practices in employing these health professionals and widen the scope of services they can provide to their patients. We are pleased that the Government will be applying rural loadings to this program.

“We also welcome the increased locum support to enable rural nurses to take a break or undertake upskilling, and encourage the Government to expand this to midwives as well.

“While we acknowledge the Government’s budget announcement that it will fund some additional infrastructure assistance to assist practices to supervise the GP training and prevocational placements, it doesn’t appear to be anywhere near the amount required to meet demand. This will make it extremely difficult for the Government to drive forward any real uptake of this measure if practices simply can’t afford to take on these placements.

“Some of the \$7.3 billion package in health funding announced by the Government as part of its health reform negotiations will benefit rural and remote Australia, but given that over 30% of Australians live in rural areas at least one-third of this additional funding should be allocated to rural and remote hospitals and health services—particularly given there is already a Medicare underspend of around \$1 billion annually in the bush.

“At the end of the day, rural Australia is a pretty big target. We are amazed that the Government continues to miss it by not addressing the healthcare needs of rural families.”

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**Available for interview:** RDAA President, Dr Nola Maxfield and RDAA CEO, Steve Sant.  
Interviews are available tonight (Tuesday) and all day Wednesday (except between 9am and 11am AEST). Dr Maxfield will also hold a media doorstep at the Senate Entrance, Parliament House, at 11:45am AEST on Wednesday.

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