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**Transcript:** AMA President Professor Brian Owler, AMA Vice president Dr Stephen Parnis, AMA Council of Rural Doctors Dr David Rivett, Doorstop, Parliament House, 26 May 2016

**Subject:** AMA Plan for Better Health Care for Regional, Rural, and Remote Australia; Medicare Freeze

**BRIAN OWLER:** All right, well, thanks for coming out today. I'm joined by Dr Stephen Parnis, the Vice President of the AMA, Dr David Rivett, and Dr Sandra Hirowatari. We're here today to launch the AMA's plan for better rural health, not only for our patients, but for those people that are serving the communities around Australia in rural and remote communities. The AMA does have a plan to help those living in rural and remote areas of Australia and regional Australia to get access to the care that they need, to see a doctor when they need to. It basically has a number of points, four points.

First of all, we need to invest in hospital infrastructure. Many doctors that work in rural areas, not only GPs, but are actually working in those hospitals as well. Now when those hospitals don't have investment, when their infrastructure runs down, it makes it much harder for rural doctors, particularly GPs, to service patients of their communities. We want to basically retain and recruit doctors that want to work in rural areas, and there are things that we can do to make it more attractive. The AMA's been working with the Rural Doctors Association to develop a package that does incentivise people to work in rural communities. Importantly, we need to encourage those doctors - particularly our medical students and recent graduates - to work in rural areas as well.

Now unfortunately, we had the loss of the PGPPP, a program whereby young doctors could go out and work in general practice, particularly in rural areas, and that was a very important way for them to get experience in working in rural general practice. The AMA's developed a community residency program, which replaces that program and again provides vital experience for those people contemplating a career in general practice, and it does contribute to the services that are provided to people living in rural and remote communities.

We want to make sure that regional training programs are developed whereby instead of having people that are interested in perhaps anaesthetics or a career in some surgeries, instead of them having to give up their life in rural Australia and having to go to a major city and then perhaps be seconded out, there's no reason why those young doctors can't experience and train - in a regional hub, and actually get the experience they need, and be seconded back to the city. It's almost reversing the current geographical situation, and it keeps that link that many doctors have developed through their medical school, residency training, and then continues that through their specialist training and then into the future as well. We want to make sure that we increase the specialist training position numbers. These positions are very important if we are going to train the GPs and the specialists of the future, particularly those places that are provided in rural and regional Australia.

And finally, we want to invest in the infrastructure for rural general practice. We know that infrastructure grants for general practices are very important. They deliver good outcomes, because it is hard for GPs working in those areas to actually put the money into that sort of infrastructure. But we want infrastructure that allows them to have other services in their practices that have medical students, to have trainee doctors come and work in their practices as well. To actually have educational programs run out of their practices. So these

infrastructure grants have been shown to be a very good investment in the past, and we want to see that program expanded. So that's our plan: better healthcare for regional, rural, and remote Australia. I'm very proud of the work that's been done in developing this plan, and we're happy to take questions.

**STEPHEN PARNIS:** Thanks very much, Brian. So workforce is a key issue for rural Australians. We know that on almost every health outcome, the further you are from the capital cities, the more poor your outcomes are. You have even a shorter life expectancy. You have higher rates of heart disease, lung disease, chronic disease. And one of the key factors that improves that is having doctors who live, work, and breathe in country Australia, who've done their training there, who are committed to those local communities. And the AMA is committed to having that training pipeline from day one as a medical student where we increase the proportion of medical students who come from country Australia, where we have those opportunities as a medical student to spend as much time in rural clinical schools, when they are very junior doctors to have as much experience in regional areas, and in their training when they are establishing networks, relationships, buying homes, that they spend as much of that time in the country areas. That is the recipe for sustained medical practice in regional Australia. These people are the backbone of our health system in country Australia; 30 per cent of Australians live outside of the capital cities, and the AMA wants to ensure that we support them to the fullest opportunity that we can.

**DAVID RIVETT:** [GP in Batemans Bay] We've had a medical drought in Australia for many years. At the moment, it's raining young doctors as we train more and more graduates. We want to see this rainfall falling where it's needed, in rural Australia, not just going back to the cities. And this is a huge opportunity for Government to put firm foundations in place to make sure they get the right doctors in the right places in rural Australia, providing quality care to rural Australians. A huge window of opportunity with the tsunami of graduates coming through that we see now.

**BRIAN OWLER:** I've been asked to comment about the Medicare freeze. Look, the Medicare freeze obviously is something that the AMA has been lobbying both sides of politics about since 2014, since the four-year freeze was announced in that budget. And as I've said before, the extension of the freeze in the recent budget has certainly angered GPs around the country. Now we have welcomed Labor's commitment to lift the freeze as of the first of January 2017; we're still disappointed that the Government has not seen fit to invest in general practice in particular, but to make sure that we maintain the Medicare system that is there. I think this freeze issue is going to be one significant issue during the election.

I was in a practice yesterday in a regional community, and the posters, the material was up on the walls from both the College and the AMA. The scripts were being printed with material from the College and the AMA on the back, and importantly, after the consultation had finished with each patient the GPs were telling me that they were having two to three minute conversations with each of their patients. And that practice they tell me bills about 50 per cent of its patients, but the other 50 per cent they feel need to be bulk billed, those people are farmers sometimes in difficult circumstances, people with numerous children, who can't afford to be privately billed.

So, it is going to have a real effect on those practices in rural and regional Australia. I think the impact there is going to be much greater, but I think people need to understand that this issue is being discussed in consultation rooms around the country, and it's certainly one of those issues that we see starting to I think bite in terms of the impact that it's going to have in the various

electorates as GPs have these discussions with their patients around the country. There is still a long way to go in this campaign. I am still hopeful that the Coalition will see fit to address the issue of the freeze, and there is still time to make sure that people's voices are heard, particularly patients' voices are heard, if they speak to their local candidates or MPs.

Thank you.

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26 May 2016

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