

MEDIA RELEASE



Monday 28 February 2011

Medicare Locals: not the magic pill for rural after-hours care

The Rural Doctors Association of Australia (RDAA) has warned that after-hours services are under severe threat in many rural areas and that funding for Medicare Locals to address this issue may not solve the problem.

RDAA President, Dr Paul Mara, said that while he welcomed recognition in the current health reform agenda of the important role of doctors in meeting substantial patient health load in the community, significant numbers of rural doctors were considering their future participation in after-hours services in light of the current proposals.

“This is a particularly important issue in the bush, where doctors are often the first point of call for patients seeking healthcare through general practices, with these same doctors also servicing the local hospital both during-hours and after-hours” Dr Mara said.

“Unfortunately, many of these hard-working country doctors have already spent years providing these services with little support, and a tipping point has been reached—after-hours care in rural communities across NSW and in many other areas of the country is under threat.

“There are already a number of country towns where doctors have been forced to withdraw after-hours services due to doctor burn-out and excessive workloads.

“This is a very difficult and stressful decision for any doctor to make, particularly where they are intimately involved with their local community.

“We want to work with Medicare Locals to ensure their role in co-ordinating after-hours care complements and supports existing local after-hours models that are already working well, rather than replaces these services, competes with them or renders them unviable.

“However, the real issue is around the ongoing health workforce shortage. The only solution is to build increased health workforce capacity in rural communities, so doctors can cover after-hours without having to work extended hours, can have adequate time off to compensate and can meet the needs of their communities locally.

“This means turning one-doctor towns into two-doctor towns, and two-doctor towns into three and four-doctor towns.

“It also means a national training scheme that delivers the advanced skills required to provide medical care in isolation, backed up by financial compensation and incentives that reflect the complexity and conditions of rural practice, so junior doctors see rural practice as a viable and rewarding career path.”

Available for interview:	Dr Paul Mara Jenny Johnson (RDAA CEO)	0466 665 933 0429 931 120
Alternative media contact:	Patrick Daley	0408 004 890