

Media release  
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## Survey confirms rural doctor shortage and difficulties accessing GP services in country SA

Over 23% of SA's rural doctors expect to leave general practice within the next 5 years, while 23% also report that patients are waiting more than 3 weeks to see their usual doctor, a survey by the Rural Doctors Association of South Australia (RDASA) has found.

The annual survey gauges the views of RDASA's country doctor members on a range of issues. Results from this year's survey include the following:

- 77% of doctors reported that patients are waiting more than 3 days to see their usual family doctor, 23% reported that patients are waiting more than 3 weeks, and 6% reported that patients are waiting more than 35 days—leading to inadequate access to care, lack of continuity of care, and poorer health outcomes for rural patients.
- Within the next 5 years, 23% of the country SA doctors surveyed expect to leave general practice, over 56% do not intend to provide the same level of on-call accident and emergency cover, and 35% of GP proceduralists (*ie.* GPs who also provide anaesthetics, obstetrics and emergency medicine services) intend to retire.
- Over 80% of the doctors said they need more GPs in their practices/towns, whilst nearly 50% of practices are actively seeking more GPs to join them to provide greater services for their communities. With the average age of country GPs in SA now being 51 years, it is critical that measures are put in place to ensure there are enough doctors to provide services in SA's rural communities into the future.
- There is an estimated shortfall of *at least* 13 GP anaesthetists, 7 GP surgeons and 22 GP obstetricians across country SA. As a result, many rural patients are being transferred to metropolitan centres for simple surgical procedures and to deliver their babies, putting further strain on the metropolitan health system as well as taking rural patients away from their family and support networks.
- Rural practices are able to apply for Commonwealth grants to help them build or expand their practice. Expansion helps to meet patient need, accommodate more doctors, provide additional training to medical students and young doctors, and increase other patient services through the provision of practice nurses, mental health workers and other allied health professionals. However, whilst 59% of the doctors surveyed said their practices had applied for grants in the past 3 years, only 27% had been successful.
- 80% of the doctors surveyed are actively involved in teaching medical students, interns and registrars. They noted that, whilst they find this work rewarding, restraints on practice infrastructure and doctors' time (particularly given current doctor shortages) are major impediments in them taking on any extra training load. The more training that can be provided in rural environments, the more likely it is that these doctors will opt for a career in rural practice and be long-term rural doctors into the future.
- Over 95% of the doctors are providing after-hours and weekend emergency on-call services for their local hospital or community.
- 48% of the doctors are on-call more than 1 in 4 nights over a 7 day period, and 32% are working more frequently on weekends than 1 in 4 rosters, meaning considerable interruption to family and recreational time.
- Over 32% of the doctors are spending more than 51 hours each week in clinical work at their practice.

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- 80% of the doctors are spending more than 8 hours a week at their local hospital providing important inpatient services on top of their primary care role as rural general practitioners.
- Despite their enormous commitment to local hospitals and their detailed understanding of local health needs, 92% of the doctors said their hospital does not have a formal process to involve them in determining the required medical workforce for their area.
- 33% of the doctors said it is impossible to obtain a procedural locum to cover them should they need to go on leave.

“This year’s survey provides a significant warning of the looming doctor shortage across country SA, and shows that ‘big ticket’ measures need to be urgently implemented by the federal and state governments to entice and retain more doctors in rural practice” RDASA President, Dr Tim Wood, said.

“These include increased infrastructure support, guaranteed locum support for rural doctors, improved payments for doctors providing on-call services, increased Medicare rebates to recognise and reward rural doctors who provide advanced skills to their communities, formal engagement with local health services on workforce issues and rural isolation payments for rural doctors.

“We also urgently need a federal independent review of the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system, as this has removed any incentive for doctors to practise in many smaller towns across Australia, given they can receive the same relocation and retention payments for taking up practice in many larger regional centres (including in some idyllic coastal locations) and even Hobart.

“Despite these challenges, there is some sunshine on the horizon. The SA Health Minister and Country Health SA are now considering a proposal formulated through the Rural Doctors Workforce Agency (in collaboration with RDASA members and practising rural doctors, as well as many teaching and training bodies) for a Rural Training Pathway for country SA. If implemented and backed with adequate government funding, this would provide a clear pathway to entice more young doctors into rural practice while also training them in the advanced skills needed to practise competently and confidently in the bush.

“We are also hopeful that our current negotiations with Country Health SA on the next three year contract for rural doctors providing VMO services in SA’s public hospitals will deliver improvements in various areas of the contract, making rural practice in this state a more appealing career option.”

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The full survey results can be found at [www.rdasa.com.au](http://www.rdasa.com.au).

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