



Rural health — the facts at a glance

- at least 1000 doctors are needed immediately in rural and remote Australia to ensure even basic medical coverage in the bush
- in 2005-06 alone, it is estimated that rural Australians received \$157 million *less* in Medicare-funded general practice services than those living in the cities
- approximately \$100 million of the Commonwealth's Private Health Insurance subsidy is diverted annually to urban Australia instead of rural Australia, because those living in the bush have less access to private healthcare facilities and therefore have a lower take-up of private health insurance
- over 50% of Australia's small rural maternity units have been closed in the past 10 years
- many rural Australians must wait 6 weeks or more for a basic consultation with a rural doctor, or must drive hundreds of kilometres to see a doctor because there is no doctor in their town
- on average, rural Australians live 3 years less than those living in the cities. Indigenous Australians live 17 years less on average and have increased rates of chronic disease
- as at March 2007, only 2 of the 280 Queensland medical graduates from 2005 were working in rural and remote locations, and over the past 15 years less than 5% of Queensland and NSW medical graduates have gone bush
- "20 years ago there was just a 20 per cent earnings differential between a rural GP and a city specialist, but now the gap is 200 or 250 per cent" — source: 'Right time for rural crisis focus' by Adam Cresswell, *The Weekend Australian*, 15 September 2007
- 1 in 5 rural practices are not economically viable
- rural doctors work an average 56 hours per week, with 40% working over 60 hours (compared to 26% of metropolitan doctors working over 60 hours per week)
- the average age of rural doctors in Australia is nearing 55 years, while the average age of remaining rural GP proceduralists (*ie.* rural GP anaesthetists, rural GP obstetricians and rural GP surgeons) is nearing 60 years