

## **2007 STATE ELECTION RURAL GENERAL PRACTITIONERS POLICY PLATFORM**

From Walgett to Wollongong, NSW people are entitled to equitable and timely access to high quality health care.

The NSW Liberal/Nationals Coalition believes that access to high quality health care should be universal, and not determined by postcode. Country NSW should have the same standard of high quality health care as Sydney.

As a result of distance, size and isolation it will always be challenging to deliver high quality health care in country NSW. This is why the NSW Liberal/Nationals Coalition understands that a **greater funding priority** must be given to rural health care.

The role of the doctor in tight knit country communities extends past the provision of health care. They make an important contribution to the social fabric of country towns and cities, a contribution that cannot be replicated by 'fly-in' locums.

The NSW Liberal/Nationals Coalition has developed an Action Plan to breathe life back into country NSW health care and increase the number of country doctors and other health professionals.

We will reverse more than 12 years of under investment and neglect from the Lemmon/Costa Labor Government and invest \$53 million on a range of initiatives to get more doctors into regional and rural NSW.

### **Our \$53 million Action Plan includes initiatives to:**

- 1. Attract more rural doctors by improving their conditions and opportunities.**
- 2. Provide more training opportunities for rural doctors.**
- 3. Increase local decision-making by rural doctors in relation to local health and hospital services.**
- 4. Establish a new Rural Health Directorate to co-ordinate rural and regional health strategies.**
- 5. Ensure country NSW gets its fair share.**

## 1. ATTRACTING MORE RURAL DOCTORS

**We will introduce a new \$24 million Rural Doctor Incentive Scheme** to provide recruitment and retention incentives for Visiting Medical Officers working in rural hospitals. The funding will be available to enable more generous remuneration and benefits for rural doctors to make a move to country practice more attractive. We will consult with the AMA and the NSW Rural Doctor's Association on implementation options.

**We will implement 'safe working hours' codes in consultation with the Australian Medical Association and various professional Colleges.** These will include a greater payment for on-call commitments for anything less than one in four rosters – *'a guideline advised by colleges as a reasonable and safe service expectation.'*<sup>1</sup>

**We will commit an additional \$8 million for capital grants for local hospitals** to help provide rooms and procedural opportunities at hospitals as an incentive to attract experienced and multi-skilled GPs who may be unable to raise the funds to buy into existing practices or establish rooms from scratch.

## 2. TRAINING MORE RURAL DOCTORS

**We will commit \$20 million to fully fund an additional 30 training positions in the NSW General Practice Procedural Training Program** with priority given to surgery, anaesthetics and obstetrics training. This will encourage 150 new doctors into these three disciplines over the next five years, and will ensure there are new doctors to replace doctors retiring in country areas.

**We will work with the Commonwealth and the NSW Rural Doctors' Association to establish a four-year rural GP registrar scheme** to train GP registrars in rural procedural obstetrics, surgery and anaesthetics. The scheme, as proposed by the NSW Rural Doctors' Association, will provide mentoring and high quality training that will attract more doctors to become rural GP proceduralists. The voluntary scheme matches training needs to workforce needs. It also relies upon better use of existing resources and recruitment programs.

**We will commit \$2 million to work with the Australian Medical Association and professional Colleges to strengthen the networking connections between country and city specialists** and hospitals to ensure country doctors receive continuing professional development, clinical second opinions, and access for the referral of patients needing higher-level services. This funding will also be used to host an annual Country NSW Health Forum.

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<sup>1</sup> VMO News, AMA NSW July 2006

### 3. A GREATER LOCAL ROLE FOR RURAL DOCTORS

**We will ensure that rural doctors wishing to get more involved in local decision-making have the opportunity to do so.** Local rural doctors will have the opportunity to participate formally through appointment to **District Health Boards**.

We are committed to replacing Labor's bureaucratic and Sydney-centric Area Health Services with District Health Boards that include doctor representatives as well as representatives from hospitals and other health services within smaller areas and with a community of interest and clinical referral patterns. Final boundaries for the new smaller Districts will be determined after consultation with local communities and clinicians.

District Health Boards will be appointed by the Health Minister and will include local community representatives with links to non-government organisations and with relevant financial, legal or administrative expertise. District Health Boards will comprise seven to fifteen members including at least three clinicians - a doctor, a nurse and an allied health professional. District Boards will be appointed for three-year terms in line with the current three-year forward budget cycle.

Through their participation in our District Health Boards, local doctors will have direct input into the operation of country hospitals including input on levels of staff support, as well as provision of advice on specific infrastructure and equipment requirements, including information and communication technology requirements.

### 4. A RURAL HEALTH DIRECTORATE

To ensure a greater emphasis on the delivery of health services in rural NSW we will commit \$1 million to establish a Rural Health Directorate.

This new Rural Health Directorate will:

- Coordinate rural and regional health strategies.
- Work with District Health Boards to develop practical solutions to local issues.
- Develop a plan to improve access to regional health care.

### 5. A FAIR SHARE FOR REGIONAL NSW

**We will ensure regional NSW gets a fair and equitable share of funding** for rural health services. We will support a move to have the Australian Health Care Agreement specifically detail funding for regional hospitals. This will increase transparency and accountability, and make sure that country NSW gets its fair share.

## COSTING AND FUNDING

	2007-08 \$Mil	2008/09 \$Mil	2009/10 \$Mil	2010/11 \$Mil	TOTAL \$M
Rural Doctor Incentive Scheme	6	6	6	6	24
Capital Grants for Local Hospitals	2	2	2	2	8
Funding 30 training positions in the NSW General Practice Procedural Training Program *	5	5	5	5	20
A Rural Health Directorate	0.25	0.25	0.25	0.25	1
<b>TOTAL</b>	<b>13.25</b>	<b>13.25</b>	<b>13.25</b>	<b>13.25</b>	<b>53</b>

\$53 million will be committed over four years for these initiatives.

This funding will be provided from cutting identified waste and duplication within the bureaucracy, including a recruitment freeze on Sydney backroom bureaucrats and cuts to expenditure on government advertising to free up funds for increased frontline services.

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\* This initiative forms part of the NSW Liberal/Nationals Coalition "Supporting Country Mothers" policy retrieved from [www.peterdebnam.co.au](http://www.peterdebnam.co.au) on 25 Jan 2007.