



AUSTRALIAN MEDICAL ASSOCIATION (SA) INC

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RURAL TOWNS AT RISK THROUGH SA HEALTH REFUSAL TO SUPPORT RURAL DOCTORS

South Australia's leading doctors' groups have warned the state's rural towns will 'wither and die' because of the South Australian Government's refusal to support their rural general practitioners (GPs).

Australian Medical Association of SA (AMA(SA)) and the Rural Doctors Association of SA (RDASA) have engaged with the Department for Health and Wellbeing's Rural Support Services (RSS) over several months to develop a comprehensive, long-term agreement for rural GPs who, in addition to their general practice work in primary care, are contracted by their local public hospitals to perform essential services such as staffing emergency departments; providing critical inpatient, surgical and post-operative care; and supporting obstetrics patients.

AMA(SA) and RDASA last week received a response from the Department for Health and Wellbeing's Rural Support Services (RSS) and the regional Local Health Networks that they have described as 'unacceptable and deeply inadequate'. The associations are strongly urging RSS to reconsider its response.

AMA(SA) and the RDASA sought an agreement that reflects the high workload that rural GPs experience and the regular out-of-hours care they provide their patients and communities through regional hospitals, in addition to their general practice commitments.

They sought from RSS a package of remuneration, conditions and professional development support that responds to the current and future circumstances confronted by rural doctors. The previous three-year agreement expired on 30 November 2020.

AMA(SA) Vice President and Port Lincoln general practitioner Dr John Williams said that after months of engagement with RSS, the AMA(SA) and RDASA 'had expected a reasonable and workable response from the RSS to our responsible offer'.

'Our offer was designed by rural GPs to acknowledge our work, inject new life into the shrinking rural GP workforce and support country communities through their rural hospitals,' Dr Williams said. 'What we received has led to complete despair and frustration among rural doctors.'

'Instead of responding with a realistic solution, RSS has rejected our suggestions, which would fix the rural doctor workforce crisis, make workable SA Health's own *Rural Health Workforce Strategy*, and demonstrate SA Health's commitment to the health of South Australians living outside metropolitan Adelaide.'

'RSS knows there is a rural community health crisis across South Australia yet continues to make it impossible to attract and retain GPs and GPs in training. It seems the South Australian Government is willing to let South Australian towns wither and die as residents lose yet another essential service.'

RDASA President and Murray Bridge GP Dr Peter Rischbieth said the doctors' suggestions were aimed at fixing a crisis that many rural South Australian communities in the past 10

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years had seen lead to 'their emergency departments on bypass, their maternity units close and a mass exodus of highly skilled GPs from regional South Australia'.

'Many practices are crying out for more GPs to support their primary care clinics and to also provide services at their local hospitals,' Dr Rischbieth said. 'We recommended to RSS a package that would reflect the care and expertise GPs provide and create an attractive environment for younger doctors looking to commit to regional South Australia, now and in the future.'

Dr Rischbieth said GPs had been working on a day-to-day basis at rural hospitals since their hospital contracts expired in November.

'GPs have done this expecting their continued willingness to work tirelessly for their patients and communities – despite not having a new deal in place – would eventually be recognised by RSS. But this response is a slap in the face, for rural doctors and the communities they work for,' Dr Rischbieth said.

'The RSS response also highlights the ineffectiveness of the decentralised model that has six Local Health Care Networks responsible for implementing State Government policy. It demonstrates a clear absence of LHN accountability coordination, efficiency and collaboration.'

Dr Rischbieth said there had been a large decrease in the number of GP registrars (GPs in training) applying for rural placements, from 72 in 2021 to 26 for placements in 2022.

'The only way to fix this decline is to ensure rural medicine is and will be attractive to the next generation of doctors,' Dr Rischbieth said. 'A country town without well-trained GPs, nurses and allied health workers, and a viable local hospital, risks losing the families who want local health services, the businesses they own and the workforce they employ, with massive impacts on our regions and their economies.'

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