From: RDAA CEO <rdaa_ceo@rdaa.com.au>
Sent: Monday, 22 October 2018 1:07 PM
To: Griffin, Luke
Subject: HPE CM: Re: RDAA application for re-authorisation [SEC=UNCLASSIFIED]

Record Number: D2018/00154128

Good afternoon Luke

Further to our discussions for more information last week -

Current situation in rural medical workforce

The Rural Pathway for General Practice training after the first round selection was over 100 applicants under subscribed for registrars to commence in 2019. We understand after round 2 there was not significant change in the numbers, and the Department of Health has agreed for an unprecedented third round selection to occur. This means that many rural General Practices will be understaffed next year, and this will have a flow on impact for a number of years to come.

One of the key issues in Victoria, is that junior doctors undertaking General Practice training, if they wish to (generally it is driven by community need) also practice in the local rural hospital they must then undertaken individual contract negotiations with their employing Local Health Network – in Victoria there is 86 of these. This has a particular impact in rural communities as the doctors to maintain services at the hospital work in both general practice and the hospital. Each LHN negotiates the contracts with doctors individually, this is a deterrent to rural general practice recruitment in comparison to all other specialty training which occurs in the overwhelming majority in the public hospital system only. There is significant variance in contract arrangements and doctors are instructed not to discuss their contract arrangements with others – though they invariably do. The individual arrangements also impact on rural patients who often are required to pay an out of pocket expense for an emergency presentation at their local rural hospital, when if they presented in a large city hospital the same service would be free. The individual contract arrangements have also created an environment where more rural GP's are declining to participate in the after hours service which is placing the sustainability of the service at significant risk.

The issues in Victoria are significant and the Rural Doctors Association of Victoria has seen its membership grow by over 25% in the last 12 months. Contracts for Visiting Medical Officers in a survey was one of the main issues identified by members which they want RDAV to address. RDAA recognises that negotiation remains optional for the LHN management if this expansion is approved.

South Australia – while there was Country Health SA, RDASA was able to negotiate with a single body for its members. With the new Government, RDASA will be liaising with the management of the new health structure which will be six regions to continue the industrial negotiation process. For the South Australian amendment, this is about retaining the status quo under a new organisational structure of six regions which covers the previous Country Health SA boundaries and doctors.

I hope this information is of assistance for you.

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