



DIRRTA

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## Geographic Provider Numbers

All Doctors-in-Training organisations remain united against any proposal to introduce geographic restriction on provider numbers.

The Australian Medical Students Association (AMSA), National Rural Health Network (NRHN), Doctors in Rural and Remote Training Association (DIRRTA), AMA Council of Doctors-in-Training (AMACDT) and the General Practice Registrars' Association (GPRPA) acknowledge the overall shortage of doctors in Australia. People in rural/remote and urban fringe areas are disadvantaged in terms of access to health care. General practice groups are committed to finding positive solutions that will increase the access of the Australian community to medical care.

However, any attempt to introduce geographic restriction either directly or by linking provider numbers to practices or divisions will not help to fix the problem. Such proposals simply fail to address the real reasons for the reluctance of doctors to take on careers in disadvantaged areas. These factors include: the high on call burden; difficulty in gaining access to local hospitals; professional isolation (particularly for specialists); families' educational needs (ie children entering high school); inadequate financial incentives; poor spouse employment opportunities; lack of privacy; and poor housing.

Further, geographic provider numbers would undermine general practice and result in fewer doctors entering and staying in general practice. Recent years have seen a 25% drop in the number of applicants for entry into GP training and there was difficulty filling the available training places in 2003. The fall is largely driven by the current climate of poor remuneration, extraordinarily long hours and increasing bureaucratic interference in general practice. Attempts to dictate their practice location will only make general practice even more unattractive, further disadvantaging those areas with problems of access to health care. Potential applicants will not apply for GP training and training numbers will fall below critical levels.

Also, AMA legal advice is that implementing geographic provider numbers through federal legislation may contravene the "civil conscription" clause in Section 51 (23A) of the Australian Constitution. One might also ponder, as a principle, the restriction of trade inherent in the concept.

Geographic restriction of provider numbers does not address the medical workforce crisis across the nation. Geographic restriction of provider numbers is universally dismissed by GP organisations as failing to address the issue in a manner that will produce a long-term workforce.

In spite of the unanimous agreement from GP groups that geographic restriction will not work, this policy has not been relegated to the pages of history but periodically resurfaces. Queensland National Party MP De-Anne Kelly again raised geographically restricted provider numbers in the last week of Parliamentary sitting in 2002. Further attempts to constrain where doctors live and work will only make general practice an unattractive option, thus reducing doctor numbers and the availability of medical services.

There is international precedent. The Canadian Government, in an attempt to overcome rural workforce shortages, implemented restrictions on where doctors worked. Doctors, dissatisfied with restrictive Government policy, left practice.

It is our belief that the same outcome would occur in Australia.

Programs to attract doctors to areas of workforce shortfall need to be incentive driven. They need to consider the lifestyle of the doctor and consider the support structures for the doctor's family. The AMA's *Work Life Flexibility* project has identified lifestyle issues as key issues in future medical workforce planning.

It is profoundly difficult convincing a junior doctor that a career and life in a rural location is an attractive option when banks close, services leave, economic rationalisation moves companies out of smaller towns to centralise their corporate operations. We live in a nation with a strong social framework pushing us towards the cities. We can add to the mix our own cultural backgrounds; our social support network that we develop when we are in our late teens and early twenties is likely to be metropolitan based.

The medical community and the Government are pushing against this urbanisation. To do so requires creative thinking, foresight and planning not reactionary policies.

- Geographic restriction of provider numbers does not address the nation-wide shortage of doctors.
- Geographic restriction of provider numbers will reduce the number of doctors willing to work as General Practitioners.
- Geographic restriction of provider numbers will worsen the access of the Australian public to medical care.

**Contacts:**

- Dr Joseph Sgroi, President AMA CDT, 0408 422 665
- Dr Cameron Loy, Chair GPRA [chair@gpra.com.au](mailto:chair@gpra.com.au) 0417 147 737
- Dr Rod Martin, Chair DIRRTA [rod.martin@uqconnect.net](mailto:rod.martin@uqconnect.net)
- Nick Brown, President AMSA, [president@amsa.org.au](mailto:president@amsa.org.au) 0403 324 362
- Fiona Hadden and Juanita Rayner, co-Chairs NRHN, contact c/o Jan Reudavey, NRHN Administrator, [jreudavy@cyllene.uwa.edu.au](mailto:jreudavy@cyllene.uwa.edu.au) 0416 113 530