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Hon Emma McBride MP
Member for Dobell
Assistant Minister for Mental Health and Suicide Prevention
Assistant Minister for Rural and Regional Health
PO Box 6022
House of Representatives
Parliament House
CANBERRA ACT 2600

RE: Federal assistance for the provision of medical services in regional and rural Australia

Dear Assistant Minister McBride,

Thank you for your time at the recent ACLG forum. It is so valuable for Local Governments to be able to liaise directly with our Federal Members and we very much appreciate the opportunity to do so.

Following the panel discussion, I approached you regarding the issues we are facing in regional, rural and remote areas in attracting and retaining GPs, and the concerns we have around the increasing cost burden being borne by our Local Government areas, echoing the concerns raised during the question time, by the CEO from City of Greater Geraldton. I mentioned that the Shire of Dundas had presented a motion at the ALGA AGM in those terms, which was carried by the assembly, with no opposition. You requested I forward a copy of that motion to you. Accordingly, please find below, a copy of the motion as it appeared in the agenda, (complete with the odd typo 😊).

Shire of Dundas Medical Services Item:
[NGA24 Business Papers.pdf \(conferencoco.com.au\)](#)

***Motion number 113 Shire of Dundas WA
This National General Assembly calls upon the Australian Government and the Federal Minister for Health and Aged Care, Hon. Mark Butler MP, to plan and fund the provision of medical services (in consultation with relevant local governments) to regional, rural, and remote communities.***

NATIONAL OBJECTIVE

Over the last couple of years, the cost to councils and their ratepayers has been increasing, and rural doctor shortages have been highlighted across the nation. Demands from our small Community Medical Practice cost is increasing to almost 15% of our revenue, and this will impact the council's ability to keep delivering other services to the community; it could be that positions within the council may have to be removed to provide these increased demands from our local practice.

KEY ARGUMENTS

RACGP - DPA change making rural GP recruitment harder

"There has been 'an immediate impact' on the GP workforce in rural and remote areas following a decision to expand Distribution Priority Area (DPA) status, newsGP has been told. Last month's Federal Government announcement means that GP catchments in Modified Monash 2 (MM 2) areas, which include most large regional towns, now automatically have DPA status.

Some outer-urban areas within large cities, classified as MM 1, have also gained DPA or partial DPA status".

The continuation of Bulkbilling is also a concern across Australia. Councils now has to take on providing Medical Practice business and recruit Doctors as a staff member, as remote practices and Communities are impacted negatively if these services are not available. A range of issues are making it more difficult to attract GPs to remote areas, including staff availability to fill admin positions for their practice and housing in remote areas being severely impacted by the lack of Federal and State Government investment.

As you would be aware, Local Government areas (LGAs) have recently been asked to provide some commentary as to the sustainability of Local Government. The cost of attracting and retaining medical services in smaller LGAs has become an increasing burden which is having a significant effect on their sustainability.

Smaller communities, with the least capacity to pay, are struggling to fund medical services as doctors make demands for extra funding to stay in rural areas. Incentives such as the provision of housing, and often, a vehicle, as well as a cash component, have become increasingly, 'the norm' for local governments wishing to encourage or retain a doctor in their community. The unintended flow-on effect of the well-meaning acquiescence to these demands, along with the inherent administrative burden of tendering etc. is leading to a reduction of other services the LGAs are able to provide their communities. And, as demands are increased, any hesitation or reluctance on the part of the LG to increase support, can, and has, led to the withdrawal of medical services altogether. I believe this stems from a fundamental lack of understanding by the general populace, including doctors, as to how Local Govt works and how limited our funding sources are.

It is a Federal Government responsibility to maintain the number of doctors in Australia (through Commonwealth-funded university places) and to ensure they are distributed equitably across the country. As stated, the expansion of the DPA to include large regional towns and some outer-urban areas within cities to have DPA or partial DPA status, has had an immediate impact on recruitment of medical practitioners to smaller, and more remote communities. The current bulk billing rebate has an impact on the provision of medical services in more sparsely populated areas where income potential is already impacted, leading to doctors requesting extra incentives, in order to cover their costs.

Any 'excursions' by LGAs into the sphere of providing or supporting the provision of medical services in their communities is, typically, not through choice. We are virtually being held to ransom and told we either accommodate the request of the doctor or the

medical service is withdrawn. For this reason, any advocacy around this issue must necessarily include the Australian Medical Association (AMA).

In an effort to reduce the ever-increasing costs being borne by LGAs, we would very much appreciate your assistance and support in terms of the motion put forward by the Shire of Dundas and supported by the assembly of LGAs.

Thank you for your time in relation to this matter.

Yours sincerely,

Laurene Bonza