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# General practice

## The 'ground central' of rural health care

■ **It's not often that Murray Bridge in rural South Australia is called upon to host visiting dignitaries.**

However, a recent phone call from the Rural Doctors Association of Australia (RDAA) saw this all change, with the red carpet being dusted off for the imminent arrival of the Prime Minister, Kevin Rudd. He and the Federal Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery, Warren Snowdon, came to Murray Bridge as part of the government's national listening tour on health reform. As well as undertaking a health consultation session with the local community, they also visited Bridge Clinic – the rural general practice at which I am a partner – following an invitation from the RDAA to do so.

### The visit

Our scheduled 15 minute briefing with the Prime Minister at Bridge Clinic turned into an hour long discussion and, importantly, the Prime Minister seemed to gain a genuine appreciation of the enormous scope of care that is being provided through rural general practice.

So why was the Prime Minister's visit to Bridge Clinic so important in terms of the national health reform debate? Put simply, it showed him why rural general practice really is the 'ground central' of health service delivery in the bush, and why it should continue to be so.

### The clinic

Bridge Clinic provides a wide range of health services to Murray Bridge and the surrounding region, including comprehensive primary care; inpatient care at the local hospital, including anaesthetic and obstetric care; accident and emergency care, both at the practice and the hospital; and training placements for doctors-in-training, medical students and others.

We also have five practice nurses onsite, host 28 visiting specialists and allied health professionals including psychologists, and have an Aboriginal health clinic at a satellite branch. We see an average of 417 patients each day (including 126 patients each day in our emergency rooms) and we deliver around 280 babies annually.

As in many rural and remote areas, the same doctors who see

you at Bridge Clinic invariably are the doctors who, with a range of other health professionals at the local hospital, deliver your baby, stabilise a psychotic patient, save your life in the hospital emergency department after a car accident or heart attack, treat your child in a paediatric emergency, and provide the anaesthesia for local surgery.

In short, our rural general practice is a GP super clinic except in name, and this was a key message we wanted to get across to the Prime Minister: that if the Federal Government wants to roll out more GP super clinics across rural Australia, the best way to do this is by leveraging on the rural practice infrastructure that already exists in many country communities. This will provide more 'bang' for the 'taxpayer buck'.

### The investment needs

To ensure rural general practices such as Bridge Clinic can continue to meet growing patient demand, additional Federal and State Government investment is urgently required. This must include:

- rural loadings on Medicare patient rebates to entice and retain more doctors in rural and remote Australia. The RDAA and the Australian Medical Association have for some years jointly proposed a rural rescue package that, if introduced by the Federal Government, would achieve this aim cost effectively and virtually overnight
- better infrastructure supports to enable rural general practices to accommodate growing patient loads, the visiting specialists who provide outreach services, and more medical students, interns and registrars undertaking rural clinical training. The Prime Minister was concerned to hear that Federal Government funding that aims to assist rural general practices to expand their practice infrastructure is currently taxed at up to 45%, creating a huge disincentive for practices to apply for this critical funding
- better supports for high school students from rural areas to study medicine and other health disciplines (given they are much more likely to return to the bush to practise) and more clinical training placements in rural general practices for medical graduates (given that graduates who undertake these placements are four times more likely to embark on rural practice in their ensuing career)

- better supports for the overseas trained doctors who play a vital role in providing medical care in rural and remote Australia, given the current shortage of Australian trained doctors in the bush.

Significant investment is also required in many areas of direct patient support, such as improved assistance for those patients who must travel to distant centres for treatment.

### The way forward

Of course, Bridge Clinic is just one of thousands of rural general practices across Australia, and for this reason the RDAA has urged the Prime Minister to visit a wide range of practice types as the national health reform effort warms up.

We want the Prime Minister to visit rural practices with numerous doctors through to those with just one doctor, from those operating as sustainable businesses through to those struggling to remain open on a day-by-day basis. We also want him to experience the success stories where, because of the constructive efforts of local communities and health professionals, sustainable health care services are thriving.

Importantly, we want the Prime Minister to recognise the crucial role that small rural hospitals play in delivering much needed local medical care, and why these services must be maintained. Over half of all previously existing rural hospitals across Australia have been closed or downgraded over the past decade alone, placing the remaining rural hospitals under increasing pressure in meeting growing patient demand.

Perhaps now, more than at any other time in recent history, health reform in Australia stands a real chance of getting off the ground. It is critical our politicians know the facts about rural health care before they make reform decisions that work well in the city but could decimate access to country health services.

The Prime Minister's visit to Murray Bridge was a great first step in seeing firsthand how valuable the rural health care sector is, and why the reform process must enhance, not threaten it. We sincerely hope the Prime Minister can visit many more rural practices and talk to many more rural doctors and other health professionals before the nuts and bolts of health reform work get underway in earnest.

Conflict of interest: none declared.