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Dearth of doctors

Adam Cresswell | July 11, 2008

ANYONE looking to relocate to Brisbane might do well to avoid Coorparoo, an inner-city suburb in the middle of Kevin Rudd's electorate of Griffith.

There, the general practitioner shortage is so acute that at least one medical centre is charging new patients between \$165 and \$185 for an initial consultation - nearly \$100 more than the maximum Medicare rebate.

Those already on the books are charged \$60 to \$70 for a standard consultation, which the receptionist warns sternly will last no more than 15 minutes - \$37.20 more than patients could recoup at the Medicare office.

The question of how any practice could get away with such charges is answered by taking a look at the surrounding suburbs. Many GPs in the area have closed their books to new patients, a phenomenon increasingly common in state capitals.

"The belief is that the inner cities are well served, but it's not true," says Barbara Reynolds-Hutchinson, from Stone's Corner in Brisbane.

"I know a number of people who live in this area. One is my 80-year-old neighbour, who travels through the city to Fortitude Valley to find a doctor who bulk bills.

"Many of the GP surgeries in this area have closed their books, because they can't find doctors to work in them, and people can't get in.

"I know another woman who goes to Red Hill - right on the other side of town - because she can't get into a doctor here."

Other practices in the Brisbane area talk of patients travelling 30km from home to find a GP willing to see them.

Janet Clarkson is one of the Brisbane GPs who were forced to close their books after she advertised unsuccessfully for "absolutely years" seeking a GP to join her.

She abandoned the advertisements in frustration two years ago, after finding the few doctors who applied could not be taken on because they were trained overseas. Under federal restrictions brought in by the former Howard government, overseas-trained doctors are required to work for 10 years either in hospitals or in places designated by the federal Health Department as being in an "area of workforce shortage" before being allowed to practise where they like.

These areas of workforce shortage are overwhelmingly in rural areas, and critics say the department has been too slow to review the list and add other areas to it as doctor numbers drop.

And dropping they are, particularly in cities. As The Australian reported this week, many divisions of general practice in urban areas have recorded falls in the numbers of GPs over the 10 years from 1996 to 2006.

That's just the number of bodies. The number of GP services each of those individuals provide will have fallen, because women are making up a greater proportion of the medical workforce, and women take maternity leave and are much more likely to work part-time afterwards.

In the central Sydney division alone, numbers of GP services fell from 2.7 million to 2.4 million over the 10-year period, a time of strong residential growth in the inner city. From 2001 to 2006 central Sydney had the biggest population growth in NSW, increasing by nearly 35,000 people.

Since the change of government, the crisis in GP numbers is being acknowledged at the very top. Last month Health Minister Nicola Roxon said there were "large numbers of people presenting at emergency departments because they cannot get access to a GP".

Australian Medical Association president Rosanna Capolingua has also admitted it is "not unusual to have to wait a few days to get in to see your local GP - we're that busy".

Reynolds-Hutchinson and Clarkson are both members of a group called Need More GPs, which is campaigning for measures to unblock the supply of family doctors.

SELF-CARE AND SLOW MEDICINE, NOT NURSES AND FAST CURES.

NORTH Sydney GP Paul Fitzgerald hasn't had a holiday for more than two years. Two years ago he ruptured his appendix and spent a week in hospital with peritonitis. Seven days after that he was back at work. Why? "Because there was no choice," he says.

Body: He closed his books to new patients two years ago, after one of his doctors left and a few months of advertising failed to turn up a replacement.

"There were some GPs around, but they were just looking for part-time work on a salaried basis - which is not real general practice. I'm not saying there aren't doctors around - there just aren't people who will take ongoing responsibility for continuing care.

"I will be regularly booked out two days ahead, but there are other practices around that are booked out two weeks ahead - and I just don't see how you can look after your patients in that situation."

Fitzgerald is the only doctor left at his practice who works five days a week. He practises what he terms "slow medicine", the opposite of the "fast medicine" he claims is on offer at the rapidly growing empires of corporate clinics.

According to this vision, fast medicine, like junk food, gives patients instant gratification: a prescription for antibiotics to treat a cough, drugs to lower blood pressure or cholesterol, and a referral to a specialist for anything complicated. And the patient is hurried out of the consulting room within minutes to make way for the next.

Slow medicine instead involves the GP starting with a detailed history, developing a relationship with a patient, taking time to diagnose problems properly and encouraging them to quit smoking, eat better, exercise more and adopt other healthy habits. "The stuff everybody wants - health promotion, illness prevention, keeping people out of hospital - is a slow medicine function," Fitzgerald says. "But none of the (government) policies promote that."

They have taken the fight directly to Rudd, their local MP, meeting him on May 10 to outline their concerns and propose a number of steps to ease the pressure. These include allowing more overseas-trained doctors to work in urban general practices by suspending the 10-year moratorium for the next six to 12 months, and reintroducing it in a shortened form of just three years.

The group also advocates increasing the Medicare rebates to encourage more GPs to bulk bill, and the introduction of a "golden hello" package to tempt GPs who have ceased practice to return to the workforce.

Clarkson reopened her books one week ago, after two GPs from other suburbs bought the practice from her, boosting its rosters. But she says this is a rare bright spot in an area where most of the other remaining GPs continue to turn away new patients due to the overwhelming demand.

Finding GPs in capital cities who no longer accept new patients is not difficult. One is Pat Crowe, a GP in the eastern suburbs of Melbourne. All four doctors in his practice closed their books about 10 months ago due to overwhelming demand.

"The numbers of patients trying to book into our clinic every day were just getting beyond us," Crowe explains. "We found that patients that were wanting to see us on a particular day were taking two or three days to get in to see us.

"We made a conscious decision that the patients that had been loyal to us for over 20 years, we had to be loyal to them in first preference. We closed our books so that we could fit patients in generally on the same day that they wish to be seen.

"Now that's created a lot of angst, because there wouldn't be a day go by when we don't get nine or 10 people ringing or calling in wanting to know if they can become patients of our practice."

With her two partners, Charlotte Hesse, a GP in the Sydney suburb of Glebe, closed her books about 18 months ago, although the surgery's status as a training practice means patients are still able to see "GP registrars", or medical graduates undergoing further training to be family doctors.

"The Government has tended to say, 'the city's not a problem, the problem is only in the rural areas,'" Hesse says.

"They have targeted all their strategies around rural incentives - without facing up to the fact that it's a national problem."

The problems extend to the west coast. In a survey last year, 43 per cent of Fremantle practices said they had trouble finding a locum - used to cover when doctors go on holiday or study leave - and 61 per cent said they had experienced regular shortages.

Most GPs agree on the causes of the crisis: policies by the Hawke, Keating and Howard governments designed to cap the numbers of GPs, in the belief that Australia had a surplus, feminisation of the profession and a growing trend by male as well as female doctors to give priority to their families and lifestyles.

But patients are changing, too. Sydney GP Joe Cordaro, who still accepts new patients, although two colleagues in his practice don't, says the rise of lifestyle diseases such as diabetes means patients these days have more problems and more complex medical needs than those of yesteryear.

"Perhaps 20 years ago, a GP could have looked after 1000 patients," Cordaro says.

"Really today, the type of patients that I see, who are of a non-English-speaking background, who have four or five chronic illness states but are not about to die soon ... those sort of patients, I can only service 300 of those a year. Three hundred of those type of patients would keep me fully occupied.

"So in effect, the number of GPs required per head of population has increased, at the same time as the number of GPs per head of population has reduced."

Roxon says the huge increase in medical school places over the next four years should improve matters, but admits the Government needs to do more.

"It's also crucial that we look at innovative solutions," Roxon says. "That's part of the reason we're developing a national primary care strategy. Part of that strategy might involve rethinking the traditional roles of health professionals - for example, whether we can use nurses and allied health professionals to do more than they do."

Like many GPs, Hesse wonders if the solutions will prove too little, too late.

"We have a lot of solo GPs still who are all in their late 50s, early 60s, who are going to be retiring, and they can't find anybody who will take over their practices," she says.

"So we are going to have a huge problem in about five-10 years' time."

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