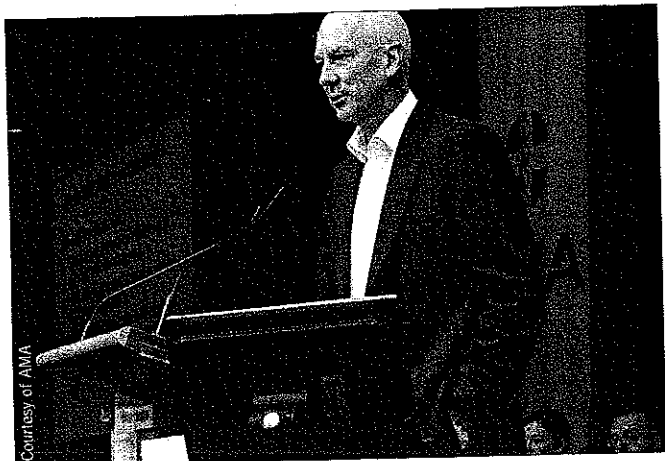


If \$300,000 won't lure GPs, \$15,000 won't either

Desi Corbett

CORPORATE general practice has weighed into the super clinic debate on the side of grassroots GPs, claiming the government proposals are ill conceived and will only hurt existing practices.

But with their introduction now inevitable, GPs could not afford to distance themselves from the projects, according to Dr Malcolm Parmenter, managing director of the Independent Practitioner Network (IPN).



Super clinics: "Shutting the door and stamping your feet won't make a difference," says IPN managing director Dr Malcolm Parmenter.

Speaking at the recent AMA national conference in Hobart, Dr Parmenter confirmed IPN would submit expressions of interest to run super clinics, but only in areas where IPN had an existing presence.

"If you have a super clinic coming to a town near you, you need to be involved. Shutting the door and stamping your feet will not make a difference."

Dr Parmenter predicted the super clinics were likely to face many barriers, in particular attracting the GPs to work in them. He said it was "fanciful" of the government to assume private-billing GPs would move to a super clinic and begin bulk-billing, as the practice was unpopular and eroded already narrow revenue margins.

He doubted the \$15,000 enticement would work, noting that IPN sometimes found it

difficult to persuade GPs to move for up to \$300,000.

AMA president Dr Rosanna Capolingua said the marketplace would be distorted with the government's involvement, and that local practices would suffer and eventually require "handouts" to survive.

However, health department deputy secretary Philip Davies defended the government's policy, saying the department believed the "one-stop shop" clinics could prevent avoidable hospitalisations.

"They could provide early identification and management of chronic disease, bolster health promotion and illness prevention, and supply better coordination between existing health service providers."

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