

From: [REDACTED]
To: [rur](#)
Subject: Rural doctors
Date: Sunday, 14 March 2021 10:14:00 PM

Att: Jenny Mannering.

I have been asked by Dr Bob Newton to send in a few ideas.

I arrived in Tasmania—Rosebery on the West coast- in 2005.

I am originally from South Africa. I have worked in South Africa, Namibia and Ireland.

Different countries worldwide have the same problems with staffing of rural areas.

Locally qualified Doctors do not want to work long term in rural areas. There could be a number of reasons. I think the chief reason is financial. Remuneration in rural areas is the same or less than in urban areas. Private billing in rural areas is minimal compared to urban areas as the majority of people in rural areas are bulk billed due to socio economic status. Bulk billing results in a decrease in income of at least 30%.

Expenses in rural areas are a lot more esp if you have children requiring better quality schools including boarding.

The only Doctors willing to work in rural areas are usually foreign. Most countries have a similar requirement that foreign doctors have to spend a certain time in these areas. COVID has stopped the flow of foreign doctors. I was recruited to come to Tasmania to fulfill this need.

Incentives need to be provided to attract Doctors. GSBC is probably the only Council countrywide to be involved in private medical services. Locums are accessible with their assistance, but full time GP's are still problematic. State Govts should provide some sort of financial contribution to attract GP's whether full time or locums.

The advantages of stable health services are many fold incl more people settling in rural areas which in return supplies more rates and taxes for further upgrading of these areas. More wealth thus flows into the state. This is only 1 example.

I am happy to sit down in a meeting with yourself and Dr Newton to discuss further.

Dr Winston Johnson. East Coast Health Triabunna.
Sent from my iPad