



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

MEDIA RELEASE

Changes to the training of doctors in rural areas needs an integrated approach as well as more funding

The Australian Association of Consultant Physicians (AACP) welcomes support for training of more consultant physicians and paediatricians, particularly when there is a shortage in rural and regional areas. However, without sufficient detail about the model of training to be used, the AACP is concerned that proposed funding will not produce the desired outcomes.

“We are currently training students and post-graduates in rural and regional settings,” said AACP President, Bill Heddle, Adelaide cardiologist and consultant physician, “but there is no doubt that our capacity in these areas is already stretched to the limit, and that is without taking account of the significant increase in training places that will be required next year with significantly more post-graduates coming through.”

“The Prime Minister is right in suggesting that rural and regional hospitals can provide a very rich training experience for both general practitioners and specialists, but simply throwing money at this is not going to produce good training places. We need to look at the training models in rural areas that have proved successful and use them as the basis for developing larger training programs”, he said. “But this initiative will only succeed if we have consultant physicians, paediatricians, specialists and GPs who have the capacity and the experience to provide this sort of training environment, plus significant investment in teaching infrastructure, IT and accommodation.”

“There are currently very good rural training models in Australia that are training consultant physicians and geriatricians, but they require consistent resources and ongoing support”, according to Dr Heddle. “The Government is also planning to call on the private sector for expanded capacity, without acknowledging that there is already a lot of training happening in the private sector – often with inadequate support – this needs to be recognised.”

The AACP has invited both the Prime Minister and the Minister for Health and Ageing to “spend a day with a consultant physician” – just as they “spent a day with a GP” – so they can see, at first hand, what consultant physicians and paediatricians do. Part of this day can be spent looking at how the Government might be spending some of its \$632m in training in rural areas. The AACP would welcome the opportunity to provide input to this initiative.

“We are the consultants to whom GPs refer patients with complex care needs,” said Bill Heddle, “and we can provide useful input to the development of the Prime Minister’s training scheme. We treat patients whose medical conditions fall into all the national health priority areas*, we care for members of the Australian community throughout their lives – from childhood to frail old age, we are involved every day in the delivery of integrated care, and we have solutions for medical training in rural areas.”

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Snapshot of a consultant physician

They provide:

- 100% of aged care services in hospitals
- 100% of rehabilitation services in hospitals
- up to 30% of ambulatory (non-hospital) medical services
- up to 50% of all medical services in hospitals
- 80% of medical services for children, and
- in 25% of all primary medical treatment, the input of the consultant physician or paediatrician directs the course of treatment or care.

Consultant physicians and paediatricians (“kids’ consultant physicians”) are significant providers of services in both the hospital and non-hospital health sectors – the non-hospital sector is the “primary care sector”.

**The National Health Priorities are: Arthritis and musculoskeletal conditions, asthma, cancer, cardiovascular health, diabetes, injury prevention, mental health, obesity*