

**Submission
No 101**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND
REGIONAL COMMUNITIES**

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Position: Intensivist & Director of ICU
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Dear Dr McGirr and Team

Thankyou for the opportunity earlier to meet in person during your visit to Taree, and also to respond via email.

As discussed earlier, we hope that some of the some of the systematic disadvantages that the rural & regional medical workforce face is addressed with legislative and bureaucratic support.

- The same incentives to be provided to junior medical workforce irrespective of whether they are rotated from metro to regions or primarily based in regional/rural centres. Eg- subsidized or free accommodation and free air ticket per quarter to metro areas provided to rotating junior doctors from metro hospitals. This leads to a perception among junior medical workforce they are being discriminated for taking up jobs in regional or rural centres.
- Protected spots in metro hospitals for junior doctors in training, especially if their primary place of employment is in regional/ rural hospitals. This may need ongoing discussions with the specialist colleges.
- Opportunity for staff specialists to rotate to tertiary centres with a view to enhance and/ or acquire new skills. While on such assignments, they must be able to access and utilise TESL leave and funding.
- VMOs who are servicing regional/ rural centres must have the same privileges like locum doctors with regard to re-imburement of travel & accommodation expenses. This may come a long way in building up institutional loyalty among this important group of the medical workforce, bring about certainty in rosters and service delivery.

Kind Regards

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