

STATE BUDGET, HEALTH SERVICE

1620. Mr M.W. Trenorden to the Minister for Health

- (1) I refer to page 1113, Capital Works Program and specifically to the identified need to increase availability of staff accommodation in rural areas and ask -
  - (a) of the \$1.8 million allocated for Staff Accommodation – Stage 2 in 2003-2004, what percentage of that is for rural areas (outside the centres of Albany, Kalgoorlie, Bunbury and Geraldton);
  - (b) is this allocation for the major redevelopment works or simply for equipment replacement to help minimise risks;
  - (c) will the Minister advise details of which rural locations will receive funds for this purpose; and
  - (d) what other incentives is the Government offering in this budget to help attract and retain medical staff in regional areas?
- (2) I refer to page 1116, Financial Statements, Statement of Financial Performance (Controlled) and specifically to Employee Expenses and the increase of 200 Full Time Equivalents in 2003-2004 and ask-
  - (a) how many of those staff will be allocated to regional areas; and
  - (b) will the Minister guarantee that jobs currently based in regional areas will not be moved into the metropolitan area?

Mr R.C. KUCERA replied:

- (1)
  - (a) 100%
  - (b) It's for new accommodation – house and unit developments.
  - (c) Yes. They are Port Hedland, Laverton, Oombulgurri, Ravensthorpe and Karratha.
  - (d) The Government offers a range of incentives to attract and retain medical staff in regional areas.

The Rural Practice Incentive is a locality specific loading on payments made to the VMP. The Incentive loading varies from 4% (eg Albany, Bunbury and Geraldton) to 20% (eg Derby, Leonora and Newman). The estimated cost was approximately \$1.1M p.a.

Emergency Care Payments were established as part of the revised Visiting Medical Practitioners (VMP) contract arrangements recently introduced. The payments of \$1,000 per week for identified craft groups was developed in consultation with rural managers to reward VMPs who participated in critical rosters in larger rural centres. The budgeted allocation for country Emergency Care Payments was approximately \$2M p.a.

Anaesthetic items performed as part of providing after hours emergency services receive a higher rate of payment, \$27 per unit instead of the standard \$25 per unit, plus an additional 50% loading is applied to the total bill. The rural allocation for this initiative was approximately \$250 000 p.a.

Restrictions on telephone consultations were also relaxed enabling a VMP in smaller centres to be paid for providing telephone advice. The allocation for this initiative was approximately \$150 000 p.a.

Blended Payment Options, while not incurring any additional cost to the government, provides the flexibility to the VMP to receive a mixture of fixed and variable payments to assist practices with low or fluctuating service levels.

The Department of Health also defrays the cost of indemnity for Obstetricians, Anaesthetists and GPs who undertake procedural work in rural areas. This subsidy, administered through the Western Australian Centre for Remote and Rural Medicine (WACRRM) costs approximately \$1.1M p.a.

The Department of Health also provides extra incentives for medical staff employed in rural areas. For example, the Medical Practitioners Western Australia Country Health Service North West AMA agreement provides accelerated progression for medical practitioners employed in the North West.

- (2)
  - (a) Approximately 10% of those staff will be allocated to regional areas.

- (b) There are no plans to move jobs currently based in regional areas into the metropolitan area.