

VISITING DOCTOR SERVICE - COUNTRY AREAS

205. Hon MURRAY CRIDDLE to the parliamentary secretary representing the Minister for Health:

- (1) Is the minister aware that there is no doctor available in Northampton while the local general practitioner is on leave?
- (2) If so, what is the government doing to have the service reinstated?
- (3) What is the government doing about a locum service in regional Western Australia, particularly Northampton?
- (4) Will the minister review the policy of the Department of Health that private visiting doctors working in hospitals outside regional centres do not get paid for being on call?
- (5) Will the Department of Health cover the cost of indemnity insurance when doctors are given the ability to practise in local country hospitals?

Hon KATE DOUST replied:

I thank the member for some notice of this question, which I answer on behalf of the parliamentary secretary representing the Minister for Health.

- (1) The local doctor commenced leave about four weeks ago. A locum was providing services to cover the local doctor's leave; however, the locum moved to another location in Western Australia last week.
- (2) Arranging a locum service is the responsibility of the local doctor. The local doctor had organised a locum service for the first four weeks of his leave. The WA Country Health Service, which covers the mid-west and Murchison region, has been assisting to find a locum to meet the gap in arrangements made by the local doctor.
- (3) A part-time salaried doctor from the Geraldton Regional Hospital has now agreed to provide a visiting service to Northampton in his private time and a medical service agreement to allow this to occur is being negotiated.
- (4) Private visiting medical officers whose services are contracted under a medical service agreement are required to be available after hours on a reasonable basis and to attend emergency calls when necessary. In small single or two-doctor towns, doctors are not required to be on call as this is considered to be quite onerous. In recognition of the specific requirements of working in these towns, doctors are paid a fee for service, a weighted rural practice incentive payment and a block payment. In addition, these doctors can be paid for after-hours telephone consultations. The requirement for close on-call rosters is restricted to larger centres.
- (5) Doctors operating under a current medical service agreement are indemnified for the treatment of all patients in rural public hospitals.