Reasons why a home occupation is not a viable proposition for general practice in Mangrove Mountain in 2012.

General Practice is the provision of primary health care to a non-referred population. It is recognised as a specialized field and has its own college, the Royal Australian College of General Practitioners, of which Dr Christine Wade is a Fellow and holds the qualification FRACGP.

Mountain Medicine is an accredited practice under the auspices AGPAL (Australian General Practice Accreditation Limited).

In simple terms, the provision of General Practice Services cannot be carried out by a properly compliant home occupation. The conduct of that home occupation will in effect need to be carried out by Dr Wade herself. It is not possible for Dr Wade to provide General Pratice services as a home occupation and the reasons why Mountain Medicine cannot be conducted as a home occupation are:-

1. Background

Mountain Medicine has roughly 2500 patients on its books. Dr Wade sees roughly 30 patients per day. The conduct of the practice is a typical General Practice which employs a Receptionist and Practice Nurse. Patients are first assessed by the Practice Nurse and then seen by the Doctor. This enables a more streamlined provision of care and for a higher volume of patients to be seen. It allows care to be provided on a "best practice" basis. There is also a pathology collector; meaning that those that need pathology can have those tests carried out on site.

Mountain Medicine is presently fully booked between now and Christmas 2012. It accommodates urgent or pressing appointments on a day by day basis.

2. Logistics

Under the regulations governing home occupation the only people who can work in the business must be permanent residents of the house.

This would mean that Dr Wade would not be able to be supported by a receptionist or a practice nurse.

It would be impossible for Dr Wade to consult with patients as her receptionist and nurse are currently employed in full-time positions.

The provision of general practice by a single Doctor operating alone in effect simply does not exist. It can safely be said that those carrying out home occupations do, in fact, have receptionists, however they are badged in order to purportedly meet the home occupation requirements. For reasons referred to later, the minimum requirement for general practice is a receptionist and a Practice Nurse.

3. Practical Reasons

Dr Wade has three (3) children who all reside in her home. A home occupation can occupy 10% of the floor space.

There are no available spare rooms in which to undertake a home occupation so building works would have to be undertaken.

This would require a DA from Council which would be a costly exercise both in terms of time and finances.

Dr Wade is not in a financial position to undertake further building works.

4. Professional Reasons

- A home occupation would not meet the stringent requirements of accreditation standards.

There are "flagged" (ie: compulsory) indicators which include staffing requirements.

Dr Anandasivam's practice is not accredited.

- A good quality care can only be provided in a team environment.

A reception is required to answer the phone and has to be trained in triage procedures. Triage is required not only so that appropriate time based appointments can be made so that the practice runs smoothly, but so that emergency situations can be recognised and dealt with expediently.

A practice nurse is able to share the clinical workload of the doctor. They are able to assess the patients and begin the treatment work up so that the doctor is able to see more patients.

The nurse is also able to support the receptionist in triage of patients so that urgent emergency care can be instituted immediately.

The practice nurse is also responsible for the recall of patients and is an active member of the chronic care team.

5. Succession Planning

A home occupation denies the Mangrove Mountain community access to the provision of medical services once Dr Wade retires.

Dr Wade is anxious to see that the future of medical practice on the Mountain is adequately secured. Dr Wade would have no difficulty in securing employment elsewhere. However, as a resident of the Mountain and an active member of the community her strong wish is that irrespective of her provision of medical services, medical services can be provided in the future.

The extreme shortage of medical services means that doctors are "snapped up" once they enter general practice, and the dire situation facing rural communities cannot be over-exaggerated.

A home occupation denies the community access to overseas trained doctors who require supervision by a trained clinician, and also the Australian trained general practice registrars who must undertake training in an accredited practice.

Dr Wade holds supervision qualifications, and has supervised many registrars, medical students and overseas trained doctors during her career.

If Mangrove Mountain is to maintain medical services it needs to be able to attract doctors. This can only occur if there is an attractive thriving medical practice on the mountain to train them.

Once the practice is closed, the decision is irrevocable, the current Area of Need status and District of Workforce Status will be lost, unable to be retrieved (this is a complex issue and beyond the scope of this document).

6. Provision of services for the patients.

Currently the community of Mangrove Mountain and Districts has access to the services of two (2) general practices. One is conducted as a home occupation.

Mountain Medicine also provides allied health services to the entire community of Mangrove Mountain, not just its own patients.

The services provided extend to all residents irrespective of which general practitioner they consult on and off the mountain, and these services support the pharmacy.

A home occupation will deny resident's access to these allied health practitioners who rent a serviced room, with receptionist and practice nurse services included.

The biggest impact will be upon the pharmacy (conducted from other premises) that will be non-viable due to the reduction of patients. This will be a huge blow to the community.

Whilst it is contended that Dr Wade could not legitimately carry out general practice as a home occupation because as a necessary minimum incidental to that practice there is a requirement for at least a Receptionist and a Home Nurse, if you assumed Dr Wade were as a sole operator to conduct a home occupation, this would not provide a proper or safe alternative to that presently provided by Mountain Medicine. It will require Dr Wade to see a vastly reduced number of patients to take into account the time required to attend to receptionist duties, administrative aspects and those services provided by the community nurse. This would mean that her capacity to provide medical services would in all probability be reduced by half. That in turn would mean that a significant number of the present patients would be left with seeking general practitioner services elsewhere than on the Mountain. It is our understanding that Dr Anandasivam's home occupation practice is operating at full capacity.

As well as patients needing to source alternate Doctors, the Allied Health Practitioners operating from within Mountain Medicine would also be affected. It would not be commercially viable for those persons to operate separately.

7. Loss of employment opportunities

The inability to employ staff will mean significant job losses. Mountain Medicine currently employs:

- Two (2) receptionists
- Two (2) practice nurses
- One (1) office manager (part-time)
- And a cleaner and gardener

A pathology collector also operates from these rooms.

In these financial times it seems ludicrous for Council to be demanding job losses.

8. Work life balance

Dr Wade's privacy is already compromised by working and living in the same community. Many of the patients are her neighbours, friends, and families of her children's friend and employees families.

She is on call 24/7 and often has her leisure time interrupted by emergency calls. Working from home is an untenable situation due to the high impact upon her mental well-being.

In conclusion, Dr Christine Wade is an Australian trained doctor with unconditional registration. She can work anywhere in Australia with an unrestricted provider number.

The issue is not about where Dr Wade wants to work; the issue is about securing a long term viable practice for the people of Mangrove Mountain.

For this general practice to be sustainable it needs to be able to operate under a model that is compliant with Accreditation Standards.

A home occupation is not sustainable as staff cannot be employed, the doctor cannot see the patients whilst attending to clerical and administrative duties. It would not be accredited.

The work life balance issues are untenable and Dr Wade can seek employment immediately elsewhere.

The district will lose the general practice, including allied health professionals and inevitably the pharmacy will be forced to close.

Job losses will occur, both at the surgery, the pharmacy and will, in all likelihood, reduce business at the general store.

Mountain Medicine has a proven track record of providing quality general practice services to the people of Mangrove Mountain since 2004.

Dr Wade has provided the community with an accredited general practice, and is willing to continue to do so at the premises at 40 Niclins Road, Mangrove Mountain.

The community has shown clear support for Mountain Medicine to continue to provide a multi-disciplinary team approach to general practice.

Dr Christine Wade
Mountain Medicine

40 Niclins Rd
MANGROVE MOUNTAIN NSW