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Dr Steve Buckland  
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Dear Steve,

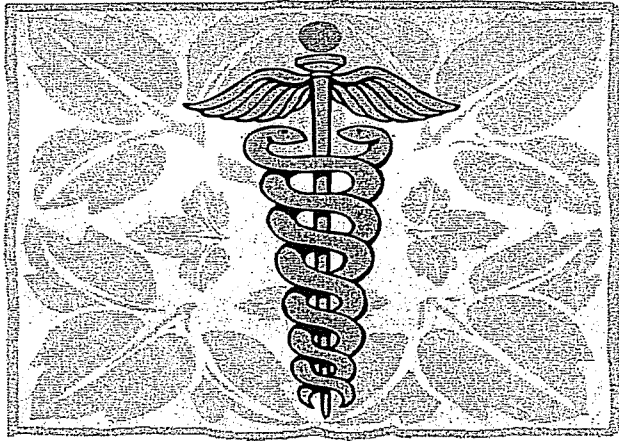
I was disappointed to see your departure from the QH DG job. It was reassuring to see your support of QH staff, both specific and in general, in your final addresses. This staff focus has, to my observation, been a strong theme during your appointment.

On a personal note, my job in Stanthorpe (MS) has been improving over time and you have had a role in this.

Under earlier corporate executives, I had found change in QH almost impossible. On a number of occasions, I suggested models of care which would assist in my attempts to incorporate private practitioners into a role in provision of public health care. On various occasions, I was advised of different IRMs outlining the fees applicable to GPs for public work. I can recall at least four different IRMs. Assistance in finding an appropriate rate was difficult for many years. Solutions were not forthcoming.

An inability to utilise private practitioners meant ongoing hideous rosters and 1:2 on call for the public doctors in Stanthorpe. QH at that time was a no/low ideas zone. Edicts such as "no local arrangements" were touted by District Managers and served to stifle progress to better conditions. Budget pressures meant there were "no resources" for more staff and negotiation was impossible. Rational debate was lacking.

Since your Deputy DG role and DG role, the focus on staff has allowed District Managers to look at changing their approaches to innovative ideas. You have pushed hard for the removal of walls between the private and public sectors. That sentiment filtered through in our district and this has helped improve my working situation dramatically. We have 2 hospital doctors, 11 GPs and 8 of the GPs are on the Public roster. There were 7 doctors in Stanthorpe in 1996 and 13 now. I can leave town and know all services are preserved and well-covered. We also have revenue coming in from private patients who are being referred and having services such as private ultrasound and anaesthetics. My colleague is able to access time in private practice to assist his General Practice training whilst maintaining his employ with QH. The changes in management attitude to staffing and acceptable conditions have meant I have been able to utilise private GPs as a part of the public roster to mutual benefit.



Senior Status for Rural MS has finally been enacted as are improved on call rates. Private GPs can now access the appropriate VMO rate of on-call and call-ins which are much more attractive than previous offerings. These rates have been available for a long time but have not been accepted for GPs in all districts as appropriate until recently. Procedural grants both state and federal and the indemnity package have been improvements across both private and public sectors.

Rural jobs could be and should be attractive!!! I like my job and my work. Had the conditions not changed in the last few years in terms of on call rates I would have followed the paths of other QH doctors out of rural QH work. I consider the current work conditions sustainable in the short term and I believe that current changes evolving out of QH will support changes to make work sustainable in the long term.

Much of the changes in my conditions came from simple hard work in negotiating and creating opportunity from nothing. This has been because of toil and goodwill from myself, my SMO colleague, my private GP colleagues, the DON, management locally, and district management. However, the change in philosophy since you became Deputy DG and then DG in relation to managing staff, the private and public interface, and the flow down of these to my District Manager has been noticeable. I believe this valuing of staff has contributed to me being able to create a working environment that is sustainable in the short term and with a little progress, the long term also.

Thank you for your contribution to the changing work environment as it has assisted me in Stanthorpe. Good luck in your future aspirations.

Yours Sincerely

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