

**Submission
No 21**

**IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT
CHECKS**

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Submission to the Assembly from the perspective of the genetic counsellor in Rural NSW (Forster) - working as a sole clinician. In order to ensure that children can get the best start to their lives, it is essential that if there is a genetic component to their presentation that it is detected as quickly as possible as this can then assist in guiding other professions in regard to treatment options. It is also vital in helping parents in regards to reproductive options for a future pregnancy (for example if the couple has a child with Cystic Fibrosis and the 2 mutations are identified - then the couple can choose to undergo IVF and Preimplantation genetic diagnosis and then know that they won't have a second child with Cystic fibrosis.)

Hence the better access to rural genetic counsellors who live and work in rural communities the more knowledge the couples can have so that they can make reproductive choices, and don't have to travel numerous hours to large cities. and the back and forth and time and financial burden to the families.

Rurally in NSW - there are very limited genetic counselling services who look after Children, but also cancer and cardiac, and IVF etc - so as the cancer workload is getting extremely significant - then the waiting list for babies and children is getting significant. More clinicians living in the rural and local settings would reduce the burden on the rural families.

There are many ways to help retain staff in the rural health settings, but also to retain in health as many experienced clinicians in health and moving to NDIS as they feel they can make more money as well as spend more time seeing patients. The most obvious way to help retain staff would be to have wage increases - in line with those from Queensland (who can be on more than \$20,000 for doing the same job) - but also wages increasing for the length of service and retention bonus for being rural for over 10 years and then 15 years and then 20 years. My suggestion would be a one-off \$10,000 bonus at ten years and a \$15,000 bonus at 15 years and some for 20, 25, 30 years. we need to keep local rural experts working locally and for health.