Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

Hansard 24 November 1999

HEALTH LEGISLATION AMENDMENT BILL

Miss SIMPSON (Maroochydore—NPA) (11.30 a.m.): Getting more doctors and other allied health professionals into rural and regional Australia has to be one of the most important issues facing Governments in this nation. At a time when incredible advances are being made in health science and mind-boggling new technologies and drug treatments, the gap between health outcomes in country and city areas remains stark. As Queensland is such a decentralised State, with vast distances between rural and regional centres, this is particularly so. Furthermore, many of our tertiary services are concentrated in the south-east corner of the State.

To highlight just how stark the differences in health outcomes are between city and country areas, it is relevant to quote some statistics from the Australian Institute of Health and Welfare's 1998 publication Health in Rural and Remote Australia. The report examines a range of indicators of health status, especially important causes of death, the incidence of common cancers and major causes of hospitalisation.

Major differences in death rates across the categories for the 1992 to 1996 period include: male and female total death rates for those living in capital cities were 6% lower than those living in large rural centres, and 20% lower than for those living in remote centres. Injury is a major contributor to premature mortality in Australia, and there is a strong pattern of increasing mortality from injury with increasing remoteness, particularly for males.

Death rates for all causes of injury in males living in other remote areas were double those of males living in capital cities. Males living in other rural areas experienced death rates from injury around 50% higher than those living in capital cities. Death rates from road vehicle accidents show an even more pronounced pattern of increase with increasing remoteness. And both males and females living in other areas die in road vehicle accidents at more than double the rate of those living in capital cities.

The report also outlined that hospitalisation often follows the same pattern as mortality. Hospitalisation rates for injury show much higher rates in rural and remote zones compared to the metropolitan zones. Hospitalisation rates for falls in people aged 65 years or more show higher rates in rural and remote zones. Male hospitalisation rates due to burns in the remote zones were seven times higher than those of males living in capital cities. And both males and females living in the rural zones also experienced higher hospitalisation rates from burns than those living in capital cities, with rates around one third higher than in capital cities.

There is a range of factors that contribute to those different health outcomes, but certainly access to appropriate health services must be one of those very critical contributing factors. Equity of access to health services for Queenslanders is essential. I will talk further about the issue of equity in a moment, because it concerns where the funding in the health system is currently being spent.

I applaud the principles of the Doctors for the Bush program, which has been worked out between the State and Federal Governments. A similar scheme is also getting under way in other States around Australia. It aims at cutting red tape and encouraging local medical graduates and appropriately trained overseas doctors to serve in specified rural and remote areas to overcome the local doctor shortages. Doctors accepted into the scheme will have access to geographically unrestricted Medicare provider numbers after a minimum of five years. And if they are overseas-trained

doctors, they will be eligible to take up residency. They will not have to undertake the Australian Medical Council's exam; however, they will have to undertake the postgraduate training.

Several months ago, in the lead-up to this Bill coming before the House, we almost lost to Western Australia the overseas-trained doctor who is currently in Richmond, because that State was already interviewing people for that position. Fortunately, the Queensland Health Department was able to provide assurances that Richmond and that doctor could be included in the scheme. I understand that Victoria was also trying to poach another very competent overseas-trained doctor who was practising near Bundaberg.

This highlights the need to be aware that not only do we have to attract good overseas-trained doctors into our rural and regional areas; we also have to hold onto them and make sure that they do not get a better deal in other States. I seek the Minister's advice as to how many of these positions under the scheme she envisages being taken up by local graduates and how many she would estimate would be from overseas, as well as the amount of money that she has set aside to resource the program and the estimated total number of participants in the coming year.

I note that, in the Minister's second-reading speech, she said that the Commonwealth has made it clear that unrestricted provider numbers will not be granted under the scheme to overseas-trained doctors in provincial centres and that other strategies will need to be developed to address shortages of general practitioners in those centres. I also note that, under this Bill, the Minister will now have the power to determine an area of need—not the Medical Board. I have had conflicting advice from Canberra about the limitations and the application of the scheme, in that I have been told that the Minister basically can make the decision as to which areas will be accepted into the scheme and that, if there is a need in a provincial area—and I will use Kingaroy and Bundaberg as examples—the Minister has the authority to consider them. However, if the Minister wishes to vary the contracted time of service by extending the contract beyond the five years to, say, seven years, that is possible. I would appreciate the Minister tabling advice from the Commonwealth concerning these limitations in order to clarify this matter. As the Minister says that "other strategies will need to be developed to address shortages of GPs" in provincial centres, I seek her advice as to what strategy she is considering.

There are examples of shortages even in regional centres, such as Bundaberg, Kingaroy and Mackay, and a number of other regional centres, as well as rural and remote areas, have had extraordinary difficulty in attracting doctors to practise in those areas. I acknowledge that the areas of greatest need are those rural and truly remote areas. It is very difficult to attract doctors to those areas, because there are other issues, such as having the appropriate backup support and access to locums. And they are so distant from other services that there is a lot of responsibility on their shoulders, and it can seem very daunting, particularly to newer doctors who are thinking about serving in rural and remote areas. There are some skills that those doctors have to be equipped with in order to cope in those areas which the average suburban doctor would not be expected to have, simply because there is a much better system of backup through the public and private sectors and a range of other medical practitioners who are more easily available.

There is also an issue concerning regional areas. I would like to outline some of the full-time equivalent statistics for GP to population ratios in Bundaberg and district. According to the figures supplied by the Queensland divisions of general practice, Bundaberg and district has one physician for every 1,744 members of the population. In Mackay, they have one doctor for every 1,658 members of the population. In Townsville, they have one doctor for every 1,428. In Toowoomba and district, they have one doctor for every 998 people. But in Gladstone, they have one doctor for every 1,930 members of the public. That gives members an idea of the disparity in distribution. Of course, there is a far higher level for those who are residing in Brisbane. But basically, if we do not have access to GP services as a gateway to a lot of health services, one would expect that that in itself is going to have a detrimental impact on the overall health facilities in an area.

It is disappointing, given the low doctor to population ratio in the Bundaberg and district area, that this Government cut back access to the GP outpatients clinic at the Bundaberg Base Hospital. I understand that the public hospital system has to fill the gap in providing access to GP services in many areas of Queensland. Thus, when there is a problem in the private sector, it is disappointing that the State Government is already retreating from those areas.

I want to look at issues concerning initiatives to address the shortage of supply of doctors in rural and regional areas. I am proud that the coalition, while in Government, took a very positive step in this direction and was responsible, together with the people of north Queensland, for birthing a North Queensland Medical School at James Cook University. The medical school will have its first intake next year as an accredited facility. I wish to acknowledge Mike Horan as the former Health Minister who, with the Federal Health Minister, Michael Wooldridge, secured a commitment to joint funding for this facility. I would like to put on the record my congratulations to the dedicated staff who have achieved accreditation, against the odds, in such a short time frame.

This new medical school is one of the most significant developments in trying to address the rural doctor shortage. It is acknowledged that there is a lead time in relation to doctors from the medical school becoming available, but it is a step in the right direction in terms of dealing with the long-term issues. The medical school will have a rural focus and it is going to see more young people from rural areas being able to access a medical course. In my own area on the Sunshine Coast, I have witnessed people accessing university degrees who would not otherwise have undertaken studies if they did not have local access to those studies.

While rural Queensland is a vast area, there is no doubt that there will be more students with a rural and regional background seeking to access this medical course in north Queensland due to its closer proximity to the communities in which they live. Even for those students who do not come from rural and regional communities, the philosophies of this exciting new school are rural focused, and the course work recognises the special challenges and skills required to practise in those areas. The State coalition, in Government, also assisted in attracting doctors into and retaining them in rural areas by expanding and enhancing positions for medical superintendents with the right of private practice.

I note that the Minister, in her second-reading speech, pledged assistance to doctors in the scheme discussed in this Bill to undertake post-graduate training to gain the relevant Australian qualifications in general practice. I would appreciate it if the Minister could provide more detail to the Parliament about how this support will be provided. This question about access to appropriate post-graduate training is very important to all the other rural doctors, and potential rural doctors, who will not be allowed into the Doctors for the Bush scheme.

Doctors without post-graduate vocational training are at a disadvantage in regard to the level of Medicare rebates which they are entitled to receive. However, a common complaint among rural general practitioners is that they cannot easily acquire this recognised post-graduate training through the College of General Practice due to issues of access and the difficulty of being isolated from other practitioners who could provide an overview of their skills for the purposes of assessment. I would certainly urge a greater flexibility of the specialist colleges in delivering education for doctors in rural and regional areas. However, I also believe that Queensland Health must not abrogate its very important role in assisting in providing training positions in the public system and extending training opportunities and appropriate levels of support.

The lack of access to specialists across the State is an increasing dilemma, and I ask the Minister to advise the House as to the numbers of trainee positions that the public health system is providing, as well as in what specialties, and whether there have been any increases in the number of positions or moves to address critical shortages.

The previous Minister held a very successful round-table conference with the specialist colleges to address this issue, which resulted in additional training positions. It is time that this matter was revisited. The recommendations of the round-table conference should be reviewed. There should also be a review of current needs and issues.

I wish to again express my concerns about the lack of funding to address the critical shortage of nursing staff across the State. I do not think the report of the nursing task force was tabled in the Parliament today. I ask the Minister to table that report, because I believe it is important to listen to the views of people in the industry. Some of the recommendations in the report will be significant in certain areas, but there are ever other areas which we need to address with regard to allied health professionals. We must recognise that providing health care to rural, remote and regional Queensland means having a team of people in place to provide the best level of care. Once we have a network of people who have those skills in an area, we have an opportunity to attract other people and retain the medical and allied professionals in the area.

One of the important issues is housing. We must also have incentives for people to go into areas which are classified as being remote. Such matters have been raised by health professionals.

I started out speaking about issues of equity in health funding and the need for transparency in the process of funding allocations around the State as well as access to services and health outcomes. In this regard, I noted with interest the Queensland Health Department's submission to the Senate inquiry into funding of public hospitals.

I offer bipartisan support to the State Government's bid for increased Federal funding for the treatment of non-urgent cases in Queensland hospitals if the State Health Minister will open the books. I note that the Beattie Government threatened to stop treating non-urgent patients in Queensland hospitals unless the Federal Government provided an additional $64 million in health funding. I will always support more money for Queensland's hospitals, but what concerns me is that there is a whole pile of additional funds, negotiated by the previous coalition Government, which are not translating into additional services—especially in rural and regional Queensland.

On its existing track record, there is nothing to suggest that another $64 million handed to this Government will mean extra services in hospitals throughout the State as this Government tends to

increase the size of the bureaucracy in preference to supplying more doctors and nurses. There is no evidence that the additional $1.3 billion in Federal funding, negotiated by the previous coalition Government, is being spread around the many rural and regional hospitals in Queensland in an equitable way.

However, I am willing to be convinced. If the Health Minister will agree to open the books of each of Queensland's public hospitals and prove that this money is being equitably distributed to front-line health services and not to a fatter bureaucracy, I will wholeheartedly support her latest call for more money. This is about transparency. This is about accountability. I will always welcome additional funding for health, but we must make sure that it is spent equitably across the State. We do not want to hear a call for more money which simply goes into the pockets of the bureaucrats in this State.

I am concerned about the Beattie Government's plan to take Queensland patients hostage in its game of brinkmanship with the Federal Government. Getting more money out of the Federal Government is one thing, but it concerns me that this State Government's means of doing so is to threaten to stop treating our own patients. In fact, the State Government is already doing that if we consider the outpatient GP clinics closed down by this Government, even in areas of need, and the increasing waiting times for specialist outpatient appointments.

In my own area, if one merely wants to be put on a surgical list, one has to have an outpatient specialist's appointment, but there is a 60-week wait for an appointment to see an eye specialist. If one is old and blind, being unable to see may not be a life-threatening situation—it could be—but it is a life-altering situation. People who are going blind have to wait two or three years in order to get an appointment and, finally, have an operation. Those services have already been wound back by stealth.

I wish to address the provisions of the legislation dealing with the banning of non-tobacco cigarettes from sale or supply to juveniles. The coalition certainly supports these provisions which we advocated when the herbal cigarette, Ecstasy, was publicly marketed in April this year. There was no doubt that this product was sending a pro-illicit drug message to children even though the product itself was legal under the previous Act. Because of the harmful effects of tobacco—which are well recognised in our community—there had been a naive assumption by many people who bought herbal cigarettes that somehow these cigarettes were a safer alternative and were healthy.

This could not be further from the truth, as smoking herbal cigarettes releases a variety of tars and other cancer-causing chemicals. Respiratory tract infections and asthma are more common in people who smoke, regardless of whether it is tobacco or other products, and the inhalation of carbon monoxide has other negative health impacts. I would not go so far as the Health Minister went in her second-reading speech and say that after being notified of the problem eight months ago the Government's actions were swift—particularly as the amendments here are not complex. Nevertheless, the changes to the existing Act expanding it to cover non-tobacco cigarettes, and prohibiting juvenile access to them, are welcome.

At the Committee stage I will be addressing questions to the Minister in regard to the provision in the Act relating to quality assurance committees. I particularly draw the attention of the Minister to the questions that I have asked in this contribution to the second-reading debate. I would appreciate her addressing them in her summation.