Speech by

JEFF SEENEY

MEMBER FOR CALLIDE

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HEALTH LEGISLATION AMENDMENT BILL

Mr SEENEY (Callide—NPA) (12.14 p.m.): I rise to add my support to the Health Legislation Amendment Bill 1999 and in particular that section of the Bill which seeks to amend the Medical Act 1939 to facilitate the implementation of a scheme aimed at recruiting overseas trained doctors to reduce the shortage of general practitioners in rural and remote areas of the State.

There are few things more devastating to a rural community than the loss of their local doctor. There are few things that cause more concern to people living in rural communities than inequitable access to health services. There are few things more destructive to the social fabric of a rural community than not being able to attract and hold the services of a general practitioner. This has been a problem in rural communities across Queensland for some time. In spite of the best efforts of the people who live in rural communities and their local government leaders, these communities continue to lose services of all types.

Just this week, Westpac announced that it will close three more bank branches within my electorate. The branches at Moura, Mundubbera and Gin Gin are all set to close in a continuing reduction of banking services. In common with many other rural-based members, I have had to deal with the angst that has been caused by the proposed closures of schools—and not only the closures of schools but also the reduction in teacher numbers and education services offered by schools in rural areas. Many of the communities that make up the electorate of Callide struggle with the problem of retaining adequate health professionals. In Gayndah, Taroom and Biloela, finding enough doctors and other health professionals to provide an adequate service is a real problem. For example, Gayndah has recently seen its community reduced to only one doctor—one doctor to service the needs of nearly 3,000 residents. And Taroom has a major problem which is yet to be resolved.

This piece of legislation seeks to address one of the most insidious reductions in services, that is, access to health care. The scheme known as Doctors in the Bush has been developed through collaboration with the Commonwealth Government, the State Government and the peak medical professional bodies, with the primary purpose of recruiting overseas trained doctors to reduce the shortage of general practitioners in rural and remote areas.

This legislation seeks to amend the Medical Act 1939 to allow the implementation of the Doctors in the Bush scheme. In that regard, it certainly has my support. However, I will state the obvious and say that, although it is a step in the right direction, it will not by any means be the complete solution to the problem. The scheme will operate on the basis that practitioners who work in rural and remote communities for five years will be entitled to various benefits, including eligibility for permanent residency status and the receipt of an unrestricted Medicare provider number. For the scheme to be implemented, practitioners recruited under the scheme will need to obtain conditional registration from the Medical Board. Registration from the Medical Board may be granted only for the purpose of enabling the practitioner to practise in an area of unmet need.

The Explanatory Notes to the legislation set out that under the current legislation the Medical Board must decide in these cases whether an area of unmet need exists. However, in relation to the registration of practitioners recruited under the Doctors for the Bush scheme, following the adoption of this legislation the situation with regard to an area of unmet need will change.

Under the scheme the Minister will have the responsibility for identifying the rural and remote communities in the State which have a shortage of general practitioners. For this scheme to work properly, that power needs to stay firmly in the Minister's office. This Bill recognises that necessity and the Bill provides that the Minister may decide that there is an area of unmet need in any particular area in rural Queensland.

The Bill also provides for a conditional registration which will enable practitioners who have fulfilled their obligations under the Doctors for the Bush scheme to be granted registration conditional upon their continuation in general practice, but without any geographical limitations. I have much pleasure in supporting this, too. It will provide an opportunity for doctors who perhaps do not want to spend their entire working career in rural communities to use the Doctors in the Bush scheme as a method to gain registration to practise in other areas, as it will be an incentive for doctors who are trained overseas to come to Australia and Queensland and take up a position under the Doctors in the Bush scheme for a period and later obtain their registration to practise in other geographical areas. In fact, the scheme will be a stepping stone to their future careers. We who live in rural Queensland can only hope that at least a percentage of those doctors will find the lifestyle and the professional rewards such that they will opt to stay in rural communities and continue their careers there when their obligations to the Doctors for the Bush scheme have been fulfilled.

The initiatives contained in this Health Legislation Amendment Bill 1999 are certainly a step in the right direction. However, nobody would suggest that they are going to solve the problem that many rural communities face. It is a problem that is faced by many rural communities, it is a problem that is faced across the broad range of health professionals, and it is a problem that is faced not just in Queensland. Australians living in rural and remote areas everywhere face particular difficulties in gaining access to quality health and aged care.

This year the Federal Budget included $171m over the next four years for a range of specific measures to improve access to services and strengthen the rural health work force, and that initiative must be welcomed. It represents a recognition by the Federal Government of just how major this problem is. These new Budget measures build on the many rural health programs already under way. They include State based rural work force agencies to improve the recruitment and retention of general practitioners in rural Australia and a range of initiatives to fill gaps in service delivery of which the Doctors in the Bush scheme is only one.

They also include a broad range of education and training methods designed to strengthen the rural health work force: such things as the John Quinn scholarship scheme for medical students, the seven university departments for rural health, the advanced specialist training posts in rural areas program, the Australian remote and rural nursing scholarship scheme and the population health education program for general practitioners working in rural areas. They also include significant funding for services including multipurpose services, Aboriginal services and the Royal Flying Doctor Service as well as a major aged care infrastructure, such as nursing homes, hostels and community care services.

Of course, the amounts of money allocated by the Federal Government while welcome are never enough, particularly with regard to nursing homes, hostels and the provision of aged care in rural communities. It is a particularly distressing problem for people in rural communities as they grow older to be faced with the prospect of having to move away from the community in which they have spent their entire lives to access nursing home and other aged care services. It is particularly distressing for people at that stage in their life to be faced with the prospect of leaving the friends and support services that they have built up over a lifetime to move to a larger centre or a more regional centre to try to access nursing care and aged care services which, even in those centres, are in short supply. It is a problem on which many rural communities have taken the initiative and tried to address themselves. There needs to be a greater cooperation between the State and Federal Government in the recognition and the addressing of that problem. In my mind it is quite simple to do.

Recently the Minister and I were both at the opening of the new Mundubbera Hospital or, as it is more correctly called, the Mundubbera multipurpose health centre. This facility at Mundubbera is a great example of what is needed in rural communities. The facility at Mundubbera not only incorporates the traditional hospital facilities that are, and continue to be, funded by the State Government, but the building also incorporates aged care facilities which are funded by the Federal Government.

For a very great number of small rural communities, that model makes great sense. It makes good economic sense and it makes good sense from a management point of view to combine these services in the one building to provide the traditional hospital services in one wing of the building and to provide the aged care services on the same site so that they can be serviced by the same staff and the same facilities. The Mundubbera facility is a great example and I encourage any member from this House—from either side—to visit that particular facility. I would be only too pleased to arrange a visit for anybody with an interest in the area. It is a great example of what can be done for combined health services in smaller communities such as Mundubbera.

While the provision of aged care facilities is certainly a problem everywhere, the major problem and the problem that this particular piece of legislation is aimed at dealing with is helping rural communities attract and retain general practitioners and other health professionals. The Federal Government to its credit has honoured its election commitment to introduce retention payments for long serving GPs in rural and remote areas. The Federal Budget provided funds of around $43.1m over four years for this important measure and hopefully a good deal of that money will come to Queensland.

Rural and remote communities are disadvantaged by the difficulties they face in attracting and retaining general practitioners. At present about half the general practitioners who move to rural areas remain there for fewer than two years. That statistic in itself is the problem that we need to address. Retention payments will provide an additional incentive for general practitioners to continue to practise in such areas, assisting communities to hold on to their already established general practitioners. By encouraging general practitioners to stay longer in rural and remote locations, the retention payments will enhance access to Medicare, create greater stability and continuity in medical services, and improve health outcomes for Australians living in such areas. It is envisaged that the retention payment will be based on the general practitioner's length of service, the remoteness of the area in which they are practising and the level of services they provide.

It is important for everyone to understand the pressures that are brought to bear on general practitioners practising in rural communities. It is a very different thing to practise medicine in a rural community than it is to practise in an urban situation. General practitioners in those areas in most cases work in professional isolation; they are geographically removed from any support from professional colleges and they are expected to deal with a huge range of medical issues. They are on call 24 hours a day, and I say that without any fear of exaggeration at all. They are on call for quite extended periods of time over long periods of time.

Burn-out is a real problem for doctors practising in rural communities. It becomes impossible for such GPs to ever get any time away from their job, to ever get any quality time with their families or to ever get any quality time to spend on other interests. It is difficult for them to access the professional development type activities which they need to keep their skill levels current. It is difficult for them to access the type of social interaction with fellow professionals that all of us need in our career groups.

It needs to be realised that, while the Federal Government's initiative to provide retention payments for long serving GPs in rural and remote areas will certainly assist in the retention of general practitioners in those areas, there are a lot of other issues involved in the loss of general practitioners from rural areas other than financial. As well as making it financially more attractive to stay in rural communities, the other issues that cause the loss of general practitioners from these areas and that cause the movement of GPs to the bigger urban areas have to be recognised and addressed.

The Federal Government has also, to its credit, put in place initiatives aimed at establishing regional medical schools. In this year's Budget, funding of around $18.6m was provided towards the establishment of a medical school at James Cook University and the clinical school of Wagga Wagga. The Federal Government's commitment to provide $10m in capital funding for the new medical school at James Cook University was conditional upon Australian Medical Council accreditation and it was also matched by the $10m pledged by the Queensland Government. I can only hope that a good proportion of students who will make up the first intake into that medical school this year will be from rural areas and that all of those students when they graduate can go on to make an impact on the shortage of doctors in rural areas.

Establishing these medical and clinical schools in regional areas that then link with existing educational health resources, such as universities and hospitals, is part of an overall policy that hopefully will redress in time the shortage of GPs in rural areas. Hopefully in time we can redress many of those non-financial reasons why GPs have difficulty continuing to practise in rural communities for long periods of time.

The other area of assistance that the Federal Government acknowledged in this year's Budget was assistance for rural medical students who wish to pursue a career in medicine. This measure provided ongoing funding of $1m a year for the next four years to provide medical students from rural areas with scholarships to meet their accommodation and other support costs whilst studying. This to my mind is an area which is not being given nearly enough emphasis. $1m a year out of the Federal Budget across the whole of Australia is really only a drop in the bucket compared with the type of funding that could be directed to this scheme and could be well used in addressing the very real problems in electorates such as Callide.

Research has been done—and it would seem pretty obvious to me—to the effect that students from rural areas are much more likely to return to rural and remote areas to practise medicine once they have completed their studies and that students who have grown up in those areas are much more likely to make their career in those areas. It would seem fairly obvious that people who have grown up in rural communities and understand and appreciate the rural lifestyle are much more likely to spend their

working life in such areas, rather than students who are sourced from urban schools and urban backgrounds.

The Federal Government is claiming that the $1m each year can support up to 100 scholarships per annum. Even without allowing for any administration costs in the scheme, that represents a scholarship payment of about $10,000 per student per year. While that is certainly welcomed, it is probably more important to address the issue of basic access to medical courses for students from rural areas. It is, as most honourable members know, incredibly difficult for students to gain access to medical courses at our universities. The demand for places is such that only the very brightest students get access to the courses that are needed to pursue a career in medicine. It would seem self-evident that, while competition ensures that only the very highest achievers amongst the students get access to the courses, it is quite possible and quite feasible for students with a slightly lesser level of achievement to successfully complete medical courses and successfully pursue a career in medicine.

There needs to be a recognition that along with a place in our medical schools there comes an obligation to provide medical services to the community in the areas where there is a need for medical services. It is to my mind quite logical to argue that places in our medical schools could be reserved for students who are prepared to contract to spend a portion or all of their careers in rural and remote areas. I note the Minister's earlier comments that approximately 30 student places are currently offered in this way by the Queensland Government.

Mrs Edmond: Yes, they are full each year.

Mr SEENEY: They are full scholarships?

Mrs Edmond: They are full scholarships and they are bonded. The Commonwealth ones aren't bonded. They are just for a limited time and they are not bonded. Ours are four-year scholarships and they are bonded. They serve that time in a centre.

Mr SEENEY: I thank the Minister for those comments. I believe that the concept of a fully bonded scholarship with an obligation to fulfil country service at the completion of the course is something which there is much greater scope for. It is something that we as a society can logically argue is fair and reasonable.

The concept of country service upon graduation is one that has been almost traditional in the education system amongst our education professionals, and it is one that can easily be extended to include graduates from our medical schools. I believe that many of our medical graduates who will spend their life in urban areas and go on to specialise in particular fields would benefit from a stint as a country general practitioner. The experience they could gain in those situations would certainly be valuable to them in their later careers.

The extent of this problem in rural areas, the extent of this problem in electorates such as mine and the extent of the problem of ensuring sufficient doctors are available in these areas is such that initiatives like these are necessary to arrive at any realistic solution. I support this legislation, but I again make the point that much more needs to be done. Much more needs to be done in a whole range of other areas to fully solve this problem. I commend the Minister for the initiatives contained in this legislation. I urge her to look at further measures to address this problem in the future.