



Speech by

Dr LESLEY CLARK

MEMBER FOR BARRON RIVER

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HEALTH LEGISLATION AMENDMENT BILL

Dr CLARK (Barron River—ALP) (12.53 p.m.): It is a pleasure to participate in the debate on the Health Legislation Amendment Bill. It is also a pleasure to participate in a debate which has bipartisan support. It is a clear demonstration that we all recognise the importance of getting medical services into the bush and having doctors available for small rural communities. This is a matter on which the House is united. As I say, it is a pleasure to see all members getting behind the Minister's initiatives in this regard. I commend her for the hard work that she has put into making the Doctors for the Bush scheme a reality.

We all know how hard it is to negotiate with the medical profession and the people who hold the power in those particular areas in order to achieve a situation in which we have the flexibility that is required to ensure that such a scheme is a success. The Minister's actions are a testament to her commitment and dedication on behalf of people in rural and remote Queensland.

As I was saying, the Doctors for the Bush scheme is aimed at recruiting and retaining increased numbers of overseas-trained doctors and Australian medical graduates in rural and remote areas of the State by removing the barriers which prevent doctors from practising in the bush. The Queensland initiative is unique. The Western Australian scheme, as I understand it, focuses only on overseas doctors; whereas in Queensland we wanted to ensure that we had a scheme that would encourage all doctors, who choose to work in rural areas, to have the utmost encouragement and support.

Overseas-trained general practitioners who want to practise in the bush have faced enormous obstacles. For example, they were unable to practise without geographical restrictions. They were also unable to obtain permanent residency status unless they passed the examinations set by the Australian Medical Council. Doctors were never prepared to go through all of those examinations when they themselves knew that they had excellent qualifications. They were not prepared to be interns, once again, in hospitals when they knew that they had the necessary skills. These were hoops through which such doctors were not prepared to jump. In addition, of course, they could not obtain an unrestricted Medicare provider number until 10 years after they commenced practice in Australia. Once again, that was just too much to ask of people. Who can require a person to make a commitment 10 years in advance?

Under this scheme it has been recognised that these obstacles are too enormous and they have been largely removed for overseas-trained doctors who have suitable qualifications in general practice and who are prepared to sign a binding commitment to work in specified rural or remote communities for five years. It is not asking too much of the doctors to make that five-year commitment. Indeed, I believe that one needs five years in a remote community to really be part of that community. It takes that time to be accepted and to develop the kinds of relationships that one needs to develop in order to be really effective in rural and remote communities.

During that period, postgraduate training opportunities and support will be provided for doctors in order to assist them to obtain an Australian qualification in general practice. Doctors who fulfil their contractual obligations under the scheme and obtain a relevant Australian qualification in general practice will be able to continue in general practice with no geographical restrictions and will not need to pass the Australian Medical Council examinations. In addition, they will be eligible to be granted permanent residency status— something which is very much sought after by those doctors and

something which is an enormous incentive to them—and an unrestricted Medicare provider number. The cooperation between the State Government and the Federal Government is the hallmark of this particular scheme. I know how difficult it is to get cooperation on an issue which is so significant and so important. I commend the Minister for the work that she has undertaken on behalf of rural Queenslanders.

For the scheme to be implemented—and this is the reason why we are debating this particular legislation—amendments were required to the Medical Act to allow overseas-trained doctors to be recruited under the scheme and to be registered under the Act. Practitioners will only be able to be registered by the Medical Board if registration is for the purpose of enabling the requirements of an unmet area of need to be met. The Medical Board currently has the responsibility of deciding if an unmet area of need exists. As members have indicated during the debate, this responsibility will now be given to the Minister, who will have the power to decide whether there is an unmet area of need. The member for Gladstone suggested that perhaps the Minister might declare Brisbane an area of unmet need. I can assure the member for Gladstone that that is not likely to occur, given the feelings and commitment on this side of the House to rural and regional areas of Queensland. The same remarks apply, I am sure, to honourable members on the other side of the House. The Minister would never attempt to put forward such a proposal.

The Bill also inserts a new ground for registration under the Act which will enable the ongoing registration of practitioners recruited under the scheme who obtain the relevant Australian qualification in general practice. I had an interesting conversation this morning with an American doctor, Dr John Wohler, who resides in Malanda. I am convinced that this scheme will be very effective and will allow Dr Wohler to achieve his goal. Dr Wohler and his wife—who acts as his nurse and receptionist—are an American couple, based in Hawaii, where they can earn enormous salaries. However, they have chosen to travel the world, working in such places as Africa and India where their skills are enormously in demand and are highly valued. Dr Wohler came to Australia and acted initially as a locum in Malanda following the departure of Dr Digby Hoyal, who went to Nepal with his wife.

Dr and Mrs Wohler thought that they had discovered paradise. They really appreciated working in a small community in the tablelands area. As soon as they heard about this particular scheme, they embraced it. Dr Wohler appreciates the opportunity of having his qualifications recognised. He is one of the doctors who said that he would not jump through the hoops that I referred to. He is now embracing the scheme, because it means that he can practise here. He can get a Medicare provider number. He is very happy to commit five years of his life, because he gets so much satisfaction from working in such communities. At the end of the day, when he goes home, he knows that he has provided care to people who appreciate it. He does not have to have the gruelling African or Indian experience of seeing children in desperate need. As he was telling me this morning, he believes that it is a wonderful privilege to be working here in Australia. If I may, I will finish my remarks after lunch.

Sitting suspended from 1 p.m. to 2.30 p.m.

Dr CLARK: Prior to the luncheon recess I was making reference to an American doctor, John Wohler, at Malanda. I will conclude that part of my contribution this afternoon by saying that if all the overseas doctors whom Queensland manages to attract are of his calibre, we will be very well served by them. I commend him for his commitment and involvement with the tableland community.

Although the Doctors of the Bush Scheme is the centrepiece of the legislation, it represents one part of a comprehensive strategy that we are putting in place to improve medical services to rural and remote communities. I commend the Minister for the range of initiatives that has been provided. In seeking some assistance from a briefing from the department in preparing for this debate this afternoon, I asked for a summary of all the different schemes. Some 20 different initiatives were outlined to me. When the member for Callide was speaking in this House earlier and stated that much more needed to be done, I wondered whether he appreciated the range of initiatives that are already in place, including the four-year bonded scholarships, the Junior Doctor Training Program, the various financial incentives that exist for doctors and the innovative models of service delivery, such as telemedicine.

Members might be surprised to know that at our last audit, which was carried out in November 1998, approximately 130 telemedicine units were in place across Queensland. Apparently the figure has grown since then. Only 25% of all usage is for clinical purposes, which amounts to about 400 hours a month. However, that usage has increased from 13% in 1997 to 25% in 1999. Over 70% of that usage occurs outside of south-east Queensland. The clinical fields that have been shown to use telemedicine effectively are mental health, ophthalmology and radiology. It is particularly pleasing that the radiology applications for telemedicine are to be expanded to connect the sites of St George, Roma, Mount Isa, Weipa, Thursday Island, Maryborough and Hervey Bay to receiving sites at the Princess Alexandra Hospital, the Royal Brisbane Hospital, Townsville and Cairns. They will be up and running this year. X-rays, scans and ultrasounds can be transmitted to specialists in Brisbane, Cairns

and Townsville for expert second opinion. Those sorts of innovations are really making a difference to what is happening in the bush.

Additional incentives for specialists have been helpful to not only rural and remote areas but also to provincial hospitals. That has been an issue in Cairns. We have had a shortage of specialists. To reduce that shortage, we have needed to work with the professional colleges to extend the number of specialist training places available in Queensland. When I was previously the member for Barron River, that was an ongoing issue. We were finding it very difficult to get the kind of cooperation that we needed from those professional colleges. It is very encouraging to know that we have made some progress in that regard. We have had a major improvement in the remuneration and advertising of vacant positions for full-time medical specialist staff. That has resulted in many provincial hospitals now filling their previously vacant positions. Since June 1995—when I was last the member for Barron River in this place—there has been a steady reduction in the number of specialist vacancies from 125 to only 32 in March of this year. That is despite the creation of 27 new specialist positions since June of last year. That we are now able to attract those specialists into our hospitals is a clear indication that our policies are working. Everybody is benefiting in the regional and rural areas.

I would like to commend the Minister for her personal involvement in getting the James Cook University Medical School up and running. Sixty places will be provided. Doctors will have their training in the north. As a result, they will be much more likely to stay there and practise once they have learned first-hand about the advantages of the lifestyle and the advantages of living in a rural or regional area. It is most likely that they will come from north Queensland where all their family ties are. That will make an enormous difference. We in the Cairns area are looking forward to the benefits that will flow from having that medical school up and running.

Even with all the initiatives that have been described today, there are still occasions when people have to come to Brisbane for specialist medical treatment. I will conclude by mentioning a local case with which I have been involved. Crystal La Spina has had a cochlear implant. She has had that for quite a number of years. She is in the desperate situation of requiring a third implant. There have been problems with the other two. I have been working with the family of little Crystal to ensure that she is able to access that treatment. I am pleased to report to the House that just yesterday I heard some good news. The Royal Children's Hospital in Brisbane is going to provide that implant for her. There are still some issues that I need to resolve in relation to the Patient Transit Scheme. I am taking those up with the relevant people in Cairns and with the Minister. Even on that score I am looking forward to a positive resolution.

I congratulate the Minister on these initiatives, particularly the Doctors in the Bush Scheme. They will significantly improve the quality of our medical services in our rural and remote areas. That can only serve the whole of Queensland well. I support the Bill.
