



Speech by

**DON LIVINGSTONE**

**MEMBER FOR IPSWICH WEST**

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Hansard 30 July 2002

### REGISTRATION OF MEDICAL PRACTITIONERS

**Mr LIVINGSTONE** (Ipswich West—ALP) (11.55 a.m.): I wish to bring to the attention of the House the ridiculous situation in which a doctor, Noel Philip Harding, a New Zealander, was offered employment in Australia beginning in 1995 as a non-training registrar in anaesthetics at the Ipswich Hospital. On arrival he became a legally and fully registered medical practitioner in the state of Queensland. He applied for and was granted provider numbers (general practitioner) in 1995 and 1996. That is to say, he was recognised as a medical practitioner for Medicare bulk-billing purposes. However, as time went on and he came to love Australia, he decided to become an Australian citizen. A ridiculous situation then came about. When he became an Australian citizen, even though he had been good enough to work here as a Kiwi, he suddenly could not get a provider number because of federal government rules. One of the local doctors in Ipswich, Dr Allan Byrnes, a very respected doctor in the area, has written to me saying—

Phil Harding was offered and accepted a position as a GP—

general practitioner—

in my practice in 2000. The final step was to get a provider number which I thought was a formality. However, as Phil's letter (attached) indicates he is unable to obtain a provider number. Despite all my appeals to—

the federal Minister for Health—

... I was unable to have this decision changed. Don, as you are well aware I have not had a holiday since 1999—in fact I have had two working days off in 2 1/2 years as well as working late in my own practice as well as after hours at night and weekends.

I have been unable to get assistance despite desperate attempts to do so. At the same time I have served my profession as a teacher of young doctors in the College of General Practitioners training program. I have served the community as a member of the parole board for 12 years. I have performed other honorary duties in the community.

Yet I am told by—

the Health Insurance Commission and the federal Minister for Health—

... that I am not serving in an area of need. The HIC—

Health Insurance Commission—

expects me to

Work 12 hours per day.

Be on call 24 hours per day.

Not see too many patients.

Remain alert at all times so that I don't harm my patients.

Pay exorbitant amounts for indemnity insurance if I can get it.

The simple process of granting Dr Harding a provider number would

Reduce my nights on call to every second night.

Reduce my Saturdays working.

Allow me to reduce my daily hours worked.

Allow me a reasonable holiday.

Make me a better doctor.

I table that letter from Dr Allan Byrnes for the benefit of the House. He also attached a letter from Dr Harding, and I seek leave to have that letter incorporated in *Hansard*.

Leave granted.

To Whom it May Concern:

I was offered employment in Australia beginning in 1995, as a non-training registrar in anaesthetics at Ipswich Hospital. On arrival I became a legally and fully registered medical practitioner in the State of Queensland. I applied for and was granted provider numbers (general practitioner) in 1995 and 1996. That is to say I was recognized as a Medical Practitioner for Medicare billing purposes, but I had not completed recognized general practice training. Being a New Zealand citizen/medical graduate, these provider numbers were granted via exemption under Section 3J of the Federal Health Services Act 1973.

I was granted Australian citizenship in 1998. As a result of recent Federal legislative changes, my change of citizenship negated my exemption under Section 3J of the Health Services Act 1973. As I had not completed recognized general practice training I was no longer considered to be a Medical Practitioner for Medicare purposes.

I am now subjected to Section 19AA of the Health Insurance Act (1973) (the Act) without the restrictions of the ten year moratorium. In order to regain provider status (that is to be able to bill Medicare) I must become a specialist, or a fellow or trainee of the RACGP. Provider number access is also given to those who are not fellows/trainees of the RACGP but who are prepared to work in areas of need (the bush).

Yours faithfully

(Sgd)

Noel Philip Harding

**Mr LIVINGSTONE:** Across the Ipswich West Moreton region the GP population ratio is one doctor to every 1,803 people. In Ipswich the ratio is one to 1,687 people, and in the rural shires it is one to 2,459. In Ipswich city itself 36 per cent of doctors said they were taking new patients, 30 per cent were refusing to take new patients, and 33 per cent were taking patients if they were related to an existing patient. All of the rural practices are taking new patients but with some restrictions. That brings to our attention that, because they are overworked, 63 per cent of doctors are unable to see people who just walk in off the street if they happen to move into the area.

The Ipswich West Moreton Division of General Practice has details showing that, based on Medicare billing numbers, 105.4 full-time equivalent doctors are doing the workload equivalent to 137.5 average full-time doctors, which is ridiculous. Of the doctors surveyed, 25 per cent indicated that in five years time they were likely to be doing something other than general practice. Age is also a factor. More than half of the doctors surveyed are over 45 years of age. This is worrying when one considers the fact that many of them may leave their practices in five to 10 years because of factors such as age, early retirement and other pressures facing doctors.

Ipswich general practitioners also report difficulty attracting locums to the area to work. Locums find working in practices that do not bulk-bill, therefore offering higher pay, as being more attractive. This inability to attract locums to the area is increasing the pressure on local doctors, forcing them to work extra hours. It also places pressure on emergency areas of the hospital. Obviously, this situation cannot continue the way it is. We need to make sure that the outer urban areas of our bigger cities are not ignored. Our outer urban areas already are home to some of the most disadvantaged people in our society. We need to make sure that these people do not suffer any more because of the lack of doctors. It is absolutely ridiculous that a doctor who is good enough to work here as a medical practitioner coming from New Zealand suddenly cannot practise when he becomes an Australian citizen. This person is fully qualified. I am not suggesting that someone who is not qualified should work—

Time expired.