



Speech by

DON LIVINGSTONE

MEMBER FOR IPSWICH WEST

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GENERAL PRACTITIONER SHORTAGE, IPSWICH

Mr LIVINGSTONE (Ipswich-West—ALP) (11.30 p.m.): The situation regarding the shortage of GPs in Australia has been one of concern for some time and is now becoming a serious problem. The main reason outer metropolitan areas such as Ipswich are suffering is solely due to the lack of doctor numbers. For some time now constituents have complained of going to a private hospital, paying their fee for after-hours services, then going down to the Medical Benefits Fund office or the Medibank Private office—whichever health fund they may be with—to collect their refund and lo and behold they find out that the doctor did not have a provider number. So they are unable to get a refund. In an area such as Ipswich, where there are a lot of poor people, that is certainly not acceptable.

I want to make it clear that I am not having a go in any way at the private hospital in the area or any other private hospital in any other area—because it will be happening there as well—nor am I having a go at the doctors. We have the absurd situation that we do not have enough provider numbers for doctors. I would like to table for the benefit of the House a receipt from a Mr Berlin.

The Ipswich area is approximately 30 doctors short and this places a massive burden on the public hospital system. In Ipswich, we have had a 6.2 per cent increase in activity in the emergency department. For example, the West Moreton Clinic is two full-time doctors short. On Monday of this week alone, 15 patients were turned away from the Ipswich clinic and seven were refused appointments at the Karalee clinic. Doctors at the clinic are regularly working 10 hours a day, seeing as many as 60 patients, and sometimes going on to the after-hours clinic for another two hours to attend to further patients. This makes a 12-hour day of full-on consulting, with the only break for the doctors being the time that it takes for them to travel between the two surgeries. It is not uncommon for a doctor's working day to commence at 8.00 a.m. and finish at 9 p.m.

As difficult as this heavy workload may be, patients who are in need of medical assistance are being turned away. In fact, if the doctors concerned had agreed to see those additional patients on a regular basis, they may have been in trouble with the HIC for exceeding their approved allocation of patients.

The federal government continues to use out-of-date figures and makes false future projections. A paper written by Access Economics earlier this year for the Australian Medical Association has identified a number of relevant issues that relate to this situation. The shortages are not limited to rural and remote areas but affect many outer urban areas as well. Unless there is a change in the current federal government policies, the shortages will get worse. We need to make sure that the outer urban areas of our bigger cities are not ignored.

The Access Economics report states that until now the federal government has assumed that, with the right incentives, city doctors who were previously steadfast in remaining in the coastal and more affluent suburbs of Sydney, Melbourne and Brisbane would move into the country. This may be the case, but that proposition still ignores the needs of our outer suburbs. There are a number of options for measuring the supply of doctors Australia-wide. One thing that is agreed upon is that the difficulties that are being experienced in the outer urban areas of our major cities and surrounding districts are not being addressed.