



Speech by

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MEDICAL PRACTITIONERS REGISTRATION AMENDMENT BILL

Mr KNUTH (Charters Towers—NPA) (5.37 pm): The Medical Practitioners Registration Amendment Bill was introduced by the government as a step to avoid another occurrence of the infamous 'Dr Death' scandal. It is good to see an attempt by this government to rectify the problem identified in the inquiries that followed this tragic part of Queensland history.

This bill is designed to expedite the medical registration process without compromising public safety. Public confidence in safety has already been compromised by the cracks which appeared in the supposedly stringent screening process that was already in place. Despite the minister's assurance that all doctors will still have their medical qualifications and work history thoroughly checked before they are allowed to work in Queensland, this was the process that allowed Dr Jayant Patel to slip through unchecked and to cause a catastrophe.

While all these checks and double-checks are supposedly taking place, rural and regional Queenslanders are still missing out on vital services. The availability of general practitioners in rural areas is well below that of the cities. In 1998, small rural centres averaged 93 GPs per 100,000 people. Other rural areas had 77 GPs per 100,000 people and remote areas had 68 GPs per 100,000 people. All country areas are well below capital cities, which average 122 GPs per 100,000 people. Adding to this, the suspension and closure of services across the state in small rural hospitals has placed great strain on medical services in larger regional centres. Any endeavours that will ultimately restore services need to be encouraged.

In the QCOSS research paper 3, released in June 2004, recommendation 69 suggests the maintaining and expanding of health services to rural and regional areas. This was due to the ever increasing costs to patients to access health services and the diminishing number of local health services. In reality we have hospitals and communities waiting on doctors and patients ultimately putting their health at risk. The government says it is difficult to attract doctors to country towns. I would like to address some of the reasons that make it difficult for rural and remote Queenslanders to attract doctors. The lack of remote supervision is a problem that is holding up the appointment of doctors in our rural and regional hospitals. The Alpha Hospital has been without a doctor for nearly six months. There is a doctor who has been ready to take up this position for months but they are unable to because supervision or a mentor is not available. Finding professional mentors to become remote supervisors should be a priority.

Despite great technological advances, the position of remote supervisors is not one that practising GPs find appealing without some form of incentive. Greater incentives need to be offered to GPs willing to take on this role. This role could be filled by GPs in a mentor position travelling throughout rural and regional Queensland mentoring doctors. This should be recognised as an essential part of the advancement of rural health.

Another issue that needs to be addressed is the admission of rural doctors who have the right to private practice. The inaccessibility allowance excludes many doctors in smaller towns, specifically those with the right to private practice. Considering the huge burden alleviated from Queensland Health when country doctors are granted the right to private practice, one would think the government would support

these doctors in every possible way. The exclusion from the inaccessibility allowance, despite the general inaccessibility to larger metropolitan hospitals, is an added burden to communities trying to attract suitably qualified doctors to their towns. These doctors leave their practice whenever they are needed at the hospital. They stay on call for excessively long hours and are under considerable personal strain.

The Rural Doctors Association of Queensland has been working to achieve reforms of the model to ensure better terms and conditions for doctors working under these conditions and I hope that the government will recognise their plight and not abandon them because of their right to private practice.

Another issue that needs to be addressed is that in just two years 1,691 doctors have left the public hospital system. Serious questions must be asked and answered to determine the cause of this mass exodus of professionals from the system. The government needs to take a long hard look at the culture it has created to determine ways to promote the health of every Queenslander—regardless of whether they use or are employed by the health department. No matter what checks and balances are in place to ensure the qualifications of overseas trained medicos, it is pointless if they refuse to work for a public health system. The government needs to ensure that the climate in which they will work is workable and free of bullying and intimidation.

While streamlining the application process will ensure that doctors are in hospitals faster, a lot more has to be done to ensure that they stay there longer, in particular in rural areas where they are most needed.