



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PROOF

**HEALTH INSURANCE AMENDMENT
(NEW ZEALAND OVERSEAS
TRAINED DOCTORS) BILL 2009**

Second Reading

SPEECH

Thursday, 26 November 2009

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

<p>Date Thursday, 26 November 2009 Page 11 Questioner Speaker Rishworth, Amanda, MP</p>	<p>Source House Proof Yes Responder Question No.</p>
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Ms RISHWORTH (Kingston) (12.19 pm)—I rise to speak on the Health Insurance Amendment (New Zealand Overseas Trained Doctors) Bill 2009. I would like to thank the member for Shortland for her contribution. I know that she was always a very passionate advocate when we were on the House Standing Committee on Health and Ageing together and she is always raising this as a very important issue—and it is an important issue. This bill is yet another example of the government's commitment to reforming Australia's health system and delivering better health outcomes for Australians, wherever they live. It demonstrates that the government is in tune with the needs of both healthcare providers and patients and that this government is proactive about ensuring Australia has a strong healthcare system, staffed by world class doctors, nurses and allied health professionals.

I want to speak from the perspective of my electors in Kingston who, over the last two years, have seen many positive developments when it comes to improving health services. They are beginning to benefit from the substantial federal government investment and assistance—in particular, the availability of general practitioners. When I was running as a candidate in the seat of Kingston, getting access to see a general practitioner was a huge issue. In fact, many residents found it difficult not only to get in to one during the day but also to find after-hours access to GPs. This brought a huge influx of people presenting for accident and emergency treatment out of hours which could have been better dealt with by a general practitioner.

I know that the South Australian government has been doing a lot of work in primary health care. The opening hours of a GP-plus clinic at Aldinga has shown that if you provide primary health services out of hours then you can reduce the burden on accident and emergency facilities. In fact, the state Minister for Health has said many times that from the postcodes of Aldinga and Aldinga Beach there has been a 13 per cent decrease in presentations to the Noarlunga Hospital. We have seen that if you can improve the provision of primary healthcare services outside of those normal operating hours then you can actually reduce the burden on our hospitals.

I have to commend this government greatly for the General Practice After Hours program. The program has been widely taken up by GP surgeries in my electorate. The improvement has been felt by the residents of Christies Beach who now under this program have better access to after hours GP services provided by the Dyson family practice. Likewise, the \$95,000 grant provided to the Trinity Medical Centre under the same program has improved GP services for the residents of Seaford. Similar grants have been received by GP centres in Huntfield Heights, Aldinga, Morphett Vale and Sheidow Park. These grants are being used to cover the cost of things such as on-call allowances, training and the running costs associated with longer opening hours. They have made it easier for local residents to find a doctor after hours and receive the primary care that they need to stay healthy, manage chronic disease and, most importantly, as I mentioned before, to stay out of hospital. I know from constituents in the local area that there has been a lot of interest in this and they are very pleased with and greatly appreciate these extended opening hours.

This government went to the election with a platform of providing GP superclinics. This was a very innovative and exciting election commitment and one that this government is now delivering. In particular, there is a lot of work being done at the moment with the creation of the Noarlunga GP superclinic. The development is under way for a new purpose-built facility and also the redevelopment of existing buildings within the Noarlunga Hospital and health village precinct. This is a combined investment between the Rudd Labor government and the South Australian government and it will go a huge way towards providing a whole range of different services to local people who have not been able to access these before. It will include things such as privately practising GPs, practice nurses, specialists, dentists and allied health providers. It will have a particular focus on chronic disease management, which is becoming more and more an important area that we must focus on if we are going to improve this country's long-term health.

The work on the GP superclinic is well underway. It is my understanding that interim services will be provided to patients from late 2010 before the project is completed in 2011. With an eye on the future, it is pleasing to note that the clinic will incorporate design functions to support teaching, training and education. I

have been regularly reminded that if we can make sure that we are putting the best into training our new health professionals, especially in the area of general practice, we actually can get GPs who are very well suited to the local area.

The best way to get and retain doctors and nurses in our regions and outer metropolitan areas is to have local residents trained locally to fill these positions. The training which will be undertaken will complement the \$10 million of funding that was provided to Flinders University which will be used and has already been used by the university to equip state-of-the-art teaching and training facilities, which will help Adelaide attract and retain medical, nursing and allied health professionals. This was another commitment that the shadow health minister at the time, Nicola Roxon, made and it has now been delivered. There were huge commitments and investments from this government. We are now delivering. The reason that we had to make these commitments was that the previous government fell far short of delivering decent training facilities and healthcare services to the people in my electorate.

A final development in Kingston that is deserving of mention has been the \$295,000 injected for training of local aged care staff. This particular grant is being used to train and develop the skills of 73 local aged care and community staff. Carers for the aged have been historically underpaid and undervalued in this country and I hope that this assistance will not only provide better care for older residents in Kingston but also will go some way towards providing long-term carer opportunities for those in our community who are providing that care.

These and the many other positive developments in the provision of health care in Kingston are part of this government's larger commitment to delivering better health care to all Australians. At the heart of this project is the \$1.6 billion COAG partnership that will help deliver better training for Australian graduates. This funding will help support undergraduate clinical training for over 13,000 medical students, 38,000 nursing students and 18,000 allied health professionals in 2010. The government will also provide \$28 million to help train around 18,000 nurse supervisors, 5,000 allied health and VET supervisors and 7,000 medical supervisors. The total number of GP training places will also be boosted to more than 800 from 2011 onwards, representing a 33 per cent increase from the cap of 600 places set by the previous government.

This year's federal budget also provides for an additional \$200 million to help tackle the shortage of doctors and health workers in regional and remote Australia. I think this has outlined just how seriously this government is taking the issue of workforce

shortage in the area of health services. From talking to people, I know this was clearly an area that was neglected by the previous government. In fact, it is well known within my electorate that at some point in the previous government the previous health minister decided to cut the number of places for doctors, and the result of that is now hugely strained medical services because of workforce shortage.

Speaking to people in my electorate about getting to see a GP, I know that, while the measures we have introduced have helped ease some of that pressure, there continues to be a great amount of pressure on GPs, who have huge workloads, who often have to close their books and often do want to see more patients with a range of different issues but are unable to service people in their local area. A lot of GPs have said to me that they feel a lot of strain and stress about having so many people they have to service. They are worried that they are not able to service all these people and be able to see all the people who may need to see a doctor. They do feel an obligation. This government has decided that we will take seriously the issue of workforce shortage and ensure that in seats like mine, in outer metropolitan areas, those people too can access a doctor.

The bill before the House will introduce four changes to the Health Insurance Act 2009 and is designed to streamline the operation of section 19AB of the act. This section of the act is important for rural, regional and outer metropolitan areas as it provides that overseas trained doctors and foreign graduates of our medical schools are not able to provide professional services that attract Medicare benefits for a period of 10 years. Exceptions to this 10-year moratorium are granted, and one of the primary considerations is that the applicant must work in a district of workforce shortage. It is through these exceptions that the government influences the distribution of the medical workforce throughout Australia.

The importance of the scheme is reflected in the higher proportions of foreign trained doctors in rural and remote areas. The first change introduced by this bill is the removal of restrictions imposed by the act on New Zealanders and permanent resident doctors who obtain their primary medical degree from an Australian medical school. Under the existing arrangements, such graduate doctors are unable to access Medicare benefits for a 10-year period. This change recognises the fact that New Zealand medical schools are accredited by the Australian Medical Council under the same standards as those in Australia. It also addresses the inconsistencies between the Citizenship Act 1948, which provides New Zealanders with permanent residency rights without obtaining a permanent resident visa, and the Migration Act 1958,

which considers New Zealanders to be temporary residents in Australia.

Secondly, the bill will address an anomaly in the act which means that the 10-year moratorium begins from the time an overseas trained doctor receives Australian permanent residency or citizenship. Under the amendment, this period will begin from when the doctor is first registered as a medical practitioner in Australia. This means that, under the new system, years of tenure as a temporary resident will count towards the 10-year period.

Thirdly, the bill introduces a 90-day time limit for seeking a review of a decision to refuse an application for a section 19AB exemption. Under the act an individual who has been refused exemption may apply for a review of that decision by the minister or delegate, but no time limit in which to seek that review is currently stipulated. Introducing a time limit will minimise the chance that the conditions relating to the consideration of the initial application will vary. It is intended that this change will improve the management of the review process.

Finally, under the changes introduced in the bill, students of an Australian medical school who were not an Australian citizen or permanent resident when they enrolled in their primary medical degree at an Australian medical school will no longer be described as a 'former overseas medical student' and will now be referred to as a 'foreign graduate of an accredited medical school'. The previous wording was misleading and caused confusion in the medical profession.

The overall impact of this bill will be a medium- to long-term increase in the number of doctors working in rural, regional and outer metropolitan areas. That said, section 19AB of the Health Insurance Act will continue to allow government to influence the distribution of doctors in areas where they are most needed. Importantly, as the projects in Kingston and the government's wider national health policies indicate, Australia is in the process of investing heavily in training medical professionals close to where they are needed. In the future it will be these graduates who will be meeting the demand of the healthcare profession in metropolitan, regional and remote areas of Australia. I commend the bill to the House.