

Supply of Health Services and Medical Professionals in Rural Areas

I have been a rural GP for close to 39 years and have followed closely the various enquiries and papers concerning these issues over the last 20 years, in particular

Virtually all of the previously identified issues still pertain with little action having been taken to redress things.

Over the last few years since the Patel saga in Queensland we have the added problems created by the plethora of regulations concerning IMGs entering Australia to practice. These regulations are no doubt designed to prevent or minimise the possibility of another Dr Patel entering and practising.

However when the entry requirements are controlled by two entities—the Commonwealth and the States—with Area of Need classification from the State not necessarily matching District of Workforce Shortage classification from the Commonwealth, this creates an intolerable delay.

Visa requirements to work continue the length of the saga as these cannot be issued until the above hurdles are overcome and then AHPRA's approval of professional skills is met. This sometimes means the IMG sitting a PESCI examination which decides if the IMG has the requisite skills for the proposed position.

Finally when these hurdles are overcome the doctor still has to wait up to one month for a Medicare Provider Number before he/she can commence service but for the first two weeks at the practice the doctor cannot practice as a requirement of AHPRA is the IMG be orientated in the Australian system.

This means a qualified medical practitioner can take up to a year before his/her services are provided in what has been identified as an 'Area of Need' by Government agencies.

I am not sure if I have not overlooked another delay in the process.

This is a bureaucrat's heaven but a recruiting doctor's or community's nightmare. It is also extremely discouraging for the IMG who has to meet costs such as the PESCI and taking time off work to do the PESCI.

There must be some way to reduce the unnecessary red tape with consequent delays without jeopardising quality and exposing rural patients to risk. Specifically the time for the Provider Number to be issued is ludicrous.

Please address these issues urgently.