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JOINT COMMITTEE ON MIGRATION

Reference: Review of state-specific migration mechanisms

WEDNESDAY, 17 MAY 2000

KALGOORLIE

BY AUTHORITY OF THE PARLIAMENT

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JOINT COMMITTEE ON MIGRATION

Wednesday, 17 May 2000

Members: Mrs Gallus (Chair), Senator McKiernan (Deputy Chair), Senators Bartlett, Eggleston and Tierney and Mr Adams, Mr Baird, Mrs Irwin, Mrs May and Mr Ripoll

Senators and members in attendance: Senator McKiernan and Mr Adams, Mrs Gallus, Mrs Irwin and Mrs May

Terms of reference for the inquiry:

To review and report on the suite of State-specific Migration Mechanisms and the extent to which these meet the needs of State and Territory governments for skilled and business migrants with particular reference to:

- The adequacy of consultations with States/Territories on the mechanisms that have been developed;
- The level to which State and Territory Governments have utilised these mechanisms;
- Steps that might be taken to increase take-up; and
- Other mechanisms that might be developed.

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Committee met at 9.47 a.m.

CHAIR—I declare open this public hearing of the Joint Standing Committee on Migration's review of state specific migration mechanisms. These mechanisms relate to the issue of bringing overseas migrants to regional Australia, so it is appropriate that the committee is holding a public hearing in the regional centre of Kalgoorlie. The review was referred to the committee in June 1999 by the Minister for Immigration and Multicultural Affairs. The purpose of the review is to examine and report on the range of state specific migration mechanisms and the extent to which these meet the needs of the state and territory governments for skilled and business migrants.

The terms of reference focus on the adequacy of consultations with states and territories on the mechanisms that have been developed, the level to which state and territory governments have utilised these mechanisms, steps that might be taken to increase the take-up, and other mechanisms that might be developed. At the conclusion of the review, the committee will table its findings, conclusions and recommendations to the parliament in a report which will be publicly available.

The committee has received 42 submissions from state and territory governments, migration agents and people with an interest in these issues. The committee normally authorises submissions for publication and they are placed on the committee's web site. The committee has received a new submission specifically for this hearing.

Resolved (on motion by **Senator McKiernan**):

That the submission tabled by the Goldfields Esperance Development Commission be accepted as evidence.

CHAIR—If you would like further details of the review, please feel free to ask any of the committee staff who are here. We have Emma Herd, Mrs Gillian Gould and Mr Steve Dyer here. We expect to be here for an hour. Unfortunately, we will not be able to stay longer because we have a little problem with our flights. We have to go to Christmas Island and apparently the weather is not too good, so to have time for three tries we have to leave at exactly a quarter to 11. We will try and make our questions short, and I would ask the witnesses to keep their answers fairly succinct.

[9.49 a.m.]

BAKER, Mr Joseph Auston, Executive Officer, Goldfields Esperance Area Consultative Committee Inc

FLETCHER, Ms Stephanie, Executive Assistant, Goldfields Esperance Development Commission

MASON, Mr Bill, Regional Projects Officer, Goldfields Esperance Development Commission

PURCELL, Mr Colin, Acting Chief Executive Officer, Goldfields Esperance Development Commission

CHAIR—Although the committee does not require witnesses to give evidence under oath, you should understand that these hearings are legal proceedings of the parliament and warrant the same respect as the proceedings of the parliament itself. Giving false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. Are there any corrections or amendments you would like to make to the two submissions you have given us?

Mr Baker—No.

Mr Purcell—No.

CHAIR—Would you like to make an opening statement to address those issues, or do you want us to go straight into questions?

Mr Baker—I am happy to go straight into questions, Madam Chair.

Mr Purcell—So am I, Madam Chair.

CHAIR—Thank you. We have both of your submissions and we have read them so I will just start off by asking about something that I am not personally sure of: what is an ‘area of unmet need’? Is that a Western Australian or federal term?

Mr Purcell—My understanding is that it is an Australian term where they have identified that there is a significant shortage of doctors in this particular instance and then, through the procedures, they identify, based on the numbers, that it is an area of unmet need and requires special attention.

CHAIR—Both of your submissions did focus a lot on the shortage of medical personnel in the area, both doctors and qualified nurses. On that subject, there were a couple of things that occurred to me. In your submission you did say that there were some problems with a temporary visa for the doctors in that if they had older children there was the cost of going to

the university and they were not covered by Medicare. Presumably that applies to anybody who comes here under a temporary visa, or is it just somehow applied to the doctors?

Mr Purcell—My understanding is that the general condition applies to any temporary resident. In this particular case our point is that we are actually targeting people overseas—spending money on advertising, trying to attract them—and in our submission you will have seen that we actually pay for them through a mechanism to get them up here to have a look at the place in the first instance. It just seems to me that we, being Australians, and particularly Western Australians, are out targeting people from overseas to come and work here for a five-year period to fill an area of unmet need, and yet for the first two years they still suffer this penalty. It just seems to me that if we are targeting them for a five-year period then maybe we should be looking to adjusting the situation whilst they are temporary residents for two years as a special case.

CHAIR—Do you have any instances of any other professionals who have found this problem with university attendance and Medicare? I notice you have brought other people into the area.

Mr Purcell—We have, but most of those are coming in under the Regional Sponsored Migration Scheme—

CHAIR—So they come in as permanent residents?

Mr Purcell—What we actually recommend—and we have said in our document—is that they should come in as a sponsored migrant.

CHAIR—As a temporary and then move over to the other—

Mr Purcell—Yes. That is similar to why the doctors come in on that temporary basis. Whilst you have spoken to them on the phone and you have read their applications, until they physically get here you do not know whether they are going to fit in or whether they will like the place. That is obviously why this temporary situation exists.

CHAIR—But does that, then, create a problem for you because of the temporary situation where, during that two years, if they have got older children, they cannot attend university and they are not covered for Medicare? Would that be a disincentive to take that temporary visa for two years and then move on to the RSMS?

Mr Purcell—For a lot of these doctors, particularly if we try to attract them from Europe, the currency moves against them as well. We can pay them the salaries but the salary they are getting in Europe, for instance, is a lot higher.

CHAIR—On the other hand, if they have got any money already in Europe, by the time they move it out here they will feel fairly wealthy.

Mr Purcell—That is true.

CHAIR—It is better to have it in US dollars, I suspect.

Mr Purcell—But they may not decide to come as permanent residents and stay in Australia. They may come out and assist us for two, three or four years to fill this area of unmet need.

CHAIR—Yes, I understand.

Mr Purcell—It just seems to me we have got a possible disincentive. We know it is a disincentive to a number of them to the extent that some of our doctors who have been working with them have actually been embarrassed to tell them what it would cost them to send their children to university.

CHAIR—Yes, I can see that is a problem. Before I hand on to the deputy chair, I have one more question. I noticed there was an emphasis on South African recruiting. Is that because South Africa is one of the places whose medical qualifications we recognise, or is there some sort of other lean towards South Africa for some other combined reasons?

Mr Purcell—There has been some interest on the part of people in South Africa wishing to relocate to Australia. We don't deliberately target South Africa as such because most of the doctors that have come out from South Africa come from rural areas as well and so we just create a problem in South Africa for them. But if there is an interest from South Africa for a doctor to move here, we will certainly pursue that as best we can to get them here.

CHAIR—This might seem to be a really odd question but it does have a reason. Is there any particular religious group that is focusing on South Africa to bring people into this area?

Mr Purcell—Not that I am aware of.

Senator McKIERNAN—I note the Irish doctor who has been sponsored to come here and I commend you on your decision with regard to that! You said that you have recruited some 50 people—health workers, teachers, plant operators, mechanics and mining professionals. Obviously there was a shortage of those skills here in the region for those to be recruited from overseas?

Mr Purcell—That is true. The last couple who have come in were two Chinese chefs, but most of them are in the mining industry and most of them have come out as a result of sponsored migration. They have gone through the process in Australia searching for those particular skills and have been unable to find them.

Senator McKIERNAN—Would plant operators be a particularly specialised skill in the mining industry in Kalgoorlie?

Ms Fletcher—We have not actually processed any plant operators. We have had Alimak miners, which is a specialised piece of equipment, but even those are no longer coming through. As for plant operators, no, they do not require trade qualifications so they do not come under the Regional Sponsored Migration Scheme.

Senator McKIERNAN—In the section headed 'Operation of RSMS' you do indicate that plant operators have been brought in.

Ms Fletcher—That would be Alimak miners, which was a specialised one.

Mr ADAMS—Define Alimak.

Ms Fletcher—Alimak is a piece of mining equipment, a specialised one, that a lot of Australians were unprepared to work on because of safety concerns and because they had not had the required training. Eltin Mining brought in special people because they bought the machinery. They brought the people across to train the new people, but that has ceased. That was a special consideration.

Senator McKIERNAN—Concerning the mechanics listed in the same section, what particular skills would be involved in bringing a mechanic from overseas?

Mr Purcell—We have put that in, but we probably should have been a little bit more definitive in what we meant. If I can just go back for a minute to the Alimak, a team actually came in. There were three people—a mine captain, a specialist mechanic and the mining supervisor. They came in for that particular piece of equipment. I think that is probably in our submission where we have actually mentioned a mechanic. We are actually talking about a specialist mechanic, not a general mechanic. In this case he was the Alimak specialist mechanic for the particular vehicle.

Ms Fletcher—Additionally, we have had shortages of diesel mechanics in the past. You can imagine the area that the Goldfields-Esperance region covers. The people from the more urban areas are not prepared to come and work in the regional areas, whereas people that are prepared to go out are diesel mechanics, those with specialised equipment training who work on the loaders, the excavators and all the larger machinery items. It is not your general car mechanic that we are getting; we are getting diesel mechanics, mechanical fitters and those that work in the specialised fields.

Senator McKIERNAN—I am aware that there have been a number of mines in the vicinity that have closed down as well, with subsequent redundancies, and people then having to move out of the area. That has also been of concern to some people within the region.

Ms Fletcher—You will find that our latest ones are not mechanical fitters, they are more the mining ones. We are aware of the slowdown and we are not getting as many mining inquiries. We have had chefs, who are a special case here. We cannot get enough chefs in the Goldfields. Teachers, nurses, and those more away from the mining area are who we are seeing at the moment.

Senator McKIERNAN—Mr Purcell, in answer to a question from the chair, you talked about targeting people overseas and that you were looking for a modest annual marketing allowance for where you were marketing, yet, as I read what you have put in the submission, that money would be spent locally rather than being spent overseas. Do you want to clarify what you mean by that?

Mr Purcell—There is a system with the Western Australian Centre for Rural and Remote Medicine that looks at the doctors overseas. If our group in Kalgoorlie are aware of a doctor, in,

say, South Africa who is interested in coming to Kalgoorlie, we would pass that information to the Western Australian Centre for Rural and Remote Medicine. They will assess the qualifications and they will actually pay for the doctor to come to Perth. It is our group that then would bring the doctor up to Kalgoorlie and accommodate them here in the first three months of their arrival. So that is a different one.

Ms Fletcher—The marketing is for the Regional Sponsored Migration Scheme to market that scheme better. So far, it is not widely known in the general community. We could get out there and market, but we have no budget for the Regional Sponsored Migration Scheme; we do general mail-outs and things like that.

Mr Purcell—We need to clarify: are we talking about the Regional Sponsored Migration Scheme money or are we talking about the area of unmet need?

Senator McKIERNAN—I am getting a better understanding of what you want.

Mr Purcell—There are two issues there—sorry, that was my mistake. If you are talking about the Regional Sponsored Migration Scheme, the \$3,500 we are suggesting is actually for promotion of the schemes throughout the region. It just seems to me that we, at the end of the line, find out about a number of these applications when they have put them in, and all I do is certify them, when in fact we could play a far more active role and take some of the pressure off the local DIMA office, as is indicated in our submission.

CHAIR—Is it that you feel that in this community there are people who need employees and who could use the scheme but who are not aware of the scheme?

Mr Purcell—I do get that impression. When you are around and you go to meetings, you hear people saying, ‘We just can’t get the staff,’ and you try and make them aware that there is such a scheme available. It could be as a result of the change of staff in the region and that the person who did know about it has left. But it seems to me that you can tell people and unless they have actually got a specific need at that point in time it is forgotten about.

CHAIR—So where would they usually go if they need this person? Would they just try and advertise in the eastern states and when they do not get somebody they give up?

Ms Fletcher—Yes.

Mr Purcell—They tend to. They either try and get onto the DIMA office to get some assistance as to where they should go—

CHAIR—And then they find out about the scheme.

Mr Purcell—The DIMA people have gone out and certified most of the development commissions in Western Australia as certifying bodies and yet we do not seem to be taking the pressure off them.

CHAIR—Do you have much contact with your federal member over this?

Ms Fletcher—No.

CHAIR—Perhaps that might be a way to go.

Mrs MAY—I would like to clarify one thing first. You have talked about a funding pool for familiarisation. There are two differing amounts in here—one for \$3,500 and one for \$3,000.

Mr Purcell—That was what I was just trying to clarify with the senator. The area of unmet need is completely separate to the regional sponsored migration scheme.

Mrs MAY—We were talking about these five companies. On one page of the document there is \$3,500 and on one there is \$3,000.

Mr Mason—I can answer that. To come back to the doctors, which was the first instance we mentioned, we indicated there that there were five local organisations that had each put \$3,000 into a funding pool that would enable us to get doctors to this region on familiarisation visits or to support their initial expenses in the region. It is the commission, the Chamber of Minerals and Energy, GMF Health—the local health fund—and others. So that is one thing. It is a pool of \$15,000—\$3,000 times five organisations. The second thing is a question of some possible marketing money specifically for the Regional Sponsored Migration Scheme, and the figure that is being mentioned there is the \$3,500.

Mrs MAY—You talked also about Qantas providing some sort of sponsorship; is that to help bring these people out for the familiarisation programs?

Mr Purcell—It is Airlink, actually, the regional subsidiary of Qantas, particularly for doctors. They have been extremely generous in supporting us getting doctors here, to the extent of discounting airfares, heavily for the doctor and significantly for his wife or partner. Local business has supported us as well in terms of the accommodation costs that they charge us for serviced apartments.

Mrs MAY—Mr Baker, in your submission you talk about losing an estimated 50 per cent of GPs in the next calendar year. Why do you think that is happening? Is it that they have just got to the end of their time here? Have they been here for a number of years? Can you indicate how long they have been here?

Mr Baker—This figure emanated early in the year, from about January. It is a forecast by members of the working group from the knowledge of the doctors that attend that meeting, their knowledge of the personal situation of the GPs who are practising in the region.

Mrs MAY—What sort of reasons do they give for leaving? Have they been here for a number of years?

Mr Purcell—I think that is certainly the case with one particular doctor who I know has been here for four or five years whose children are getting older and who just thinks it is time to move on. There is no particular dissatisfaction with Kalgoorlie as a place to live and work, it is just time to go.

Mrs MAY—What is 50 per cent? Fifty per cent of what number are we talking about?

Mr Purcell—That is within Kalgoorlie-Boulder?

Mrs MAY—I am just going on what you have said here in your submission. It is just to get an indication of how many doctors you have here. If you are losing up to 50 per cent in the next calendar year, it is 50 per cent of what number?

Mr Purcell—I could not give you a definitive answer on that, I am sorry.

Mrs MAY—There was also a meeting of medical professionals on 28 March to discuss ways of getting around the problems you are having. What came out of that meeting? Were there any recommendations that would be of interest to us?

Mr Baker—No, that is just the regular meeting that is held of the bodies here in Kalgoorlie-Boulder. It is mentioned two or three paragraphs down that the working group was meeting on 28 March. We had a guest speaker coming up from the Western Australian Centre for Remote and Rural Medicine. It is part of the ongoing process and there were some issues that were arrived at. As a result, what came out of that meeting, in its very beginnings—it is not yet finalised—was that they were looking at trying to obtain two doctors to perform a continuing locum role within the region—one for the north and one for the south. I believe we have got one at the moment.

Mrs MAY—So you have located one to fill that role. You still need another locum then?

Mr Mason—Yes, a regional locum.

Mrs MAY—When you say regional, to cover what sort of area—just here?

Mr Mason—The indication is that there would be one locum who would be based in Esperance who would cover the southern part of the region—Esperance and Norseman; and one based in Kalgoorlie who would cover Kalgoorlie and further north—Leonora, Laverton, Leinster, those sorts of places.

Mrs MAY—Could we ask you to supply to the committee the number of GPs who are currently working here.

Mr Purcell—With respect to the reasons that are given for most of the doctors leaving, it is more that they do not get a break. Obviously, within the medical profession, there is a critical mass, but they are working 24 hours a day, seven days a week here and it becomes a case of there being more to life than working continuously. It is really a matter of burnout. They are interested in the work that is here, there is plenty of work for them, they can make plenty of money, but it is difficult to actually get a break.

Mrs MAY—So it is not dissatisfaction with the area as a whole or the position they are holding?

Mr Purcell—No, and there is certainly not a shortage of money that can be made. It is just the fact that they do not get the opportunity for a break.

Mrs IRWIN—I would like to get back to this \$3,500 which I believe five members of the group each contribute to a funding pool to enable—

Mr Mason—It is \$3,000.

Mrs IRWIN—Can you explain exactly how that works? Do they pay half airfares or is it accommodation?

Mr Mason—When a doctor first arrives in town I understand that there is a lag of three months before they get paid by Medicare. So they start work, but then there is a payment lag. This is clearly an issue for doctors who are coming from elsewhere—there is no money coming in for the first three months. So what we have done is provide them with accommodation for up to three months. We would book accommodation—we have a discounted arrangement with a particular motel in town—for the doctor and the family, if appropriate, for up to three months, and the members of the group would fund that. That is their contribution to getting a doctor here.

We would also use that money in other ways. For instance, we may need to bring a doctor up here on a familiarisation visit. We are talking about that at the moment for a particular doctor. He expressed an interest to come and work here. So we take the lead and say, ‘Okay, here is an airfare, here is a weekend’s accommodation, come up to Kalgoorlie.’ We will arrange for that person to be shown around town, given an explanation of the medical facilities, the opportunities, by people working in that field. So we use the money in a variety of different ways. Originally we thought that we might have to use that money for international airfares, but now we have formalised an arrangement with the WA Centre for Rural and Remote Medicine. It has become clear that they, indeed, will foot the international airfares.

Mrs IRWIN—After reading the submissions that we have received from all of you here today, I notice that one of the concerns that you seem to have is with overseas doctors who might be bringing family members to Australia, especially those with school-age children or with children who might have finished high school and who are going on to university. This seems to turn doctors away. Is that because of the high university fees?

Mr Mason—I cannot say that it turns doctors away, but those that have arrived here have expressed some dismay when they find out the costs involved if they wish to send their children to a private school, or if the child has to go to university, because they have to pay up front the full fees.

CHAIR—Where is the closest university?

Mr Purcell—That would be in Perth.

CHAIR—So they have to go to Perth.

Mrs IRWIN—I know that we are talking about doctors, that you have got a shortage of doctors here in your lovely area, but how about teachers? Is there a shortage of teachers?

Mr Purcell—I just need to go back to the last answer. There is a university here, Curtin University, based in Kalgoorlie. It depends on the courses that the particular individual wishes to take. But there is a university based in Kalgoorlie.

Senator McKIERNAN—A campus.

Mr Purcell—Yes, a campus of Curtin University.

Senator McKIERNAN—It is centred on the mining industry.

Mr Purcell—Correct, it is the Western Australian School of Mines. So yes, if students wanted to pursue a mining tertiary education, this would be absolutely the place to do it.

Mrs IRWIN—Definitely. Again, with respect to teachers, you have got a shortage of teachers as well?

Mr Purcell—The teaching situation has been resolved this year. There was a glitch within the education department last year, a change from a three-year teaching course to a four-year course which created some problems. There are still teaching vacancies, but this year, for instance, in the 20,000 teaching posts in some 800 schools, we started the year with only 14 vacancies throughout the state. That certainly has improved. I do not think it is the lack of teachers, it is the difficulty of attracting them to remote and rural areas.

Mrs IRWIN—So the main problem that you have got is attracting doctors to this region?

Mr Purcell—Attracting doctors and specialist nurses, and particularly for Kalgoorlie-Boulder at this point in time, physicians.

Mrs IRWIN—Mr Baker, in your submission you stated:

Members are disappointed with the Commonwealth Government's Rural Doctor's Retention and Attraction Package which was little more than a Christmas bonus eg 60 doctors operating within Goldfields would share in \$709,000 ...

That was a statement from the Minister for Health in a media release. Could you explain your concern regarding this?

Mr Baker—The concern was that that package was announced by the federal government either before Christmas or just after and it was in the vicinity of \$87 million, I think, nationally. Then a further media release came out from the Minister for Health and Aged Care advising that in this region, the Goldfields-Esperance, some 60 doctors would carve up \$709,000. When this was released at a meeting of the group that I attended we all shared the opinion that these are people that are in the top income percentile anyway. The formula that was used works out between \$4,000 and \$11,000 depending upon the length of time the doctor had served in the region or in the country situation. The longer they had been there the more money they got was

the way the formula worked out. It was my personal opinion—and one shared by some of the members present at that meeting—that a figure of that amount, or even substantially less, given to an interested community group of people would have far better outcomes for the community than the federal government just throwing money into rich people's pockets anyway.

Mr ADAMS—The Chinese chefs must be going to improve the culinary skills of the places to go in Kalgoorlie?

Mr Purcell—I can recommend that. Since I have been here for the last 12 months I have never had a bad meal in Kalgoorlie. It has done something.

Mr ADAMS—Then it is good for promoting the tourist side of life as well. Has there been a loss of population in this region?

Mr Purcell—In recent years the stability of Kalgoorlie-Boulder has remained pretty static, around 30,000. There has been an adjustment but we are now looking at about \$75 million worth of projects that are going to happen in this particular city in the next year. We will come back to a construction town situation again where we will have significant amounts of people moving in. Yes, it fluctuates but there is the core. Kalgoorlie now has a stable population of around 30,000.

Mr ADAMS—You have got a TAFE college which caters for training in trades?

Mr Purcell—Yes.

Mr ADAMS—That meets a lot of the needs? Are local employers happy with that?

Ms Fletcher—I have got a brother who is in the building industry. One of the concerns is that some of the apprentices do not get their training locally. They now have to go to Perth to complete some of their courses. That is purely to do with lack of numbers to run the courses locally.

Mr ADAMS—Is that group training or working directly for one employer? Do they work for a group training company?

Ms Fletcher—There is a mixture.

Mr ADAMS—If we cannot get doctors or mechanics and we do bring people from overseas, what is your opinion of somebody being asked to come and stay in a region for five years before they receive Australian citizenship?

Mr Purcell—My understanding is that they need to do two years and then they can apply for permanent residency. To my knowledge that is how people can come in from overseas. Personally I do not have a problem with it. They are providing skilled knowledge to the Australian community, which obviously we do not have, otherwise we would not be trying to recruit them.

Mr ADAMS—There are regions in Australia—I come from Tasmania, so you understand where I come from—that have difficulties sometimes in fulfilling specific skills. Regional Australia has this difficulty. If we have to bring people in a migration program to regions we always have a problem with people staying there. I propose to you, and I would like your opinion, Mr Baker, Mr Mason or Ms Fletcher: do you think that it is acceptable to ask people who migrate to stay in a region for five years? I do not mean they cannot move, but that they live in that region for five years before they receive Australian citizenship?

Ms Fletcher—Under the Regional Sponsored Migration Scheme they can come to the region and apply. They have only got six months once they are approved under this scheme to apply for permanent residency. Under the Regional Sponsored Migration Scheme you have not got that five-year period. They can come out and apply straightaway for permanency.

Mr ADAMS—But I am saying: what about a new policy direction for Australia?

Mr Purcell—If we take the example that I know, that is, doctors and the area of unmet need, under the current conditions they can come out for five years to fulfil an area of unmet need. If they do not like Kalgoorlie when they arrive, they have the option of moving to another area of unmet need, but they cannot go to an area that is not designated as an area of unmet need. The rules are transparent; they are up front. But, as I said, people's perceptions of Kalgoorlie may be totally different when they get here and they may not like the area. We had an incident recently when a doctor went to Wiluna—not from overseas, she came from Queensland. When she got there, it was totally different from what she thought it would be. If we are bringing people in and we are assisting them to come in to fulfil a specific role, and this is in the case of doctors, I certainly am not uncomfortable if we say that the requirement is that they have to stay in that location for five years.

Mr ADAMS—When I started my working life I did not have too many options.

Mr Baker—I would be all for such a new program. I have worked for many years with various Commonwealth agencies. I was in the Kimberleys in the early 1970s and spoke to a similar committee that came through there. I would even go one step further and suggest that, if such a program were looked at in the first instance, complementary to that there should be an examination of the feasibility of declaring some categories of employment reserved for local inhabitants. When we get out to the Northern Territory and the Kimberleys, we are talking about yardmen in hospitals, taxi drivers and shop attendants, and those jobs could only be filled by the offspring of anybody that came from the first section of your new proposed program if there was nobody willing to be placed in that position, even with training, through the various programs that are available through the government departments. In that way, we would not only, with the first part of the mooted program, get people into regional areas and develop economies and lifestyles, but also we would be doing something for the people who are actually there at the moment, and raising the skill base. That would go through to having people who, when they became parents, actually had work experience, knew what it meant if the electricity was off at home, paid bills. We would see regional and rural crime diminish, as well as having improved health and everything that flows from that.

Senator McKIERNAN—We have got a map here which does not really tell us a great deal about the Goldfields-Esperance region. How far does it go up? What is the furthest away town?

Mr Purcell—778,000 square kilometres.

Senator McKIERNAN—Does it go as far as Meekatharra, for example?

Mr Purcell—No, it does not. It goes up to Warburton. It does not include Wiluna. You have got Leinster, Laverton, Leonora, Warburton. It is based on nine local shires.

Senator McKIERNAN—The figure of 60 GPs has been mentioned, which is a lot more than I initially thought when we had the first dialogue. Would they be mainly based in Esperance and Kalgoorlie?

Mr Purcell—The bulk of them would be. But, for instance, a town like Leonora has one doctor who flies in on Monday and goes home on Friday.

Senator McKIERNAN—From Perth?

Mr Purcell—From Perth. It is an agency doctor.

Senator McKIERNAN—What is the population of Leonora?

Mr Purcell—There are 1,200 to 1,500 people in the area. But sitting very close to it is a major mine like Murrin Murrin. If there is a significant accident, the doctor will be under the pump, let us say. He does not actually live in the region, except for Monday to Friday. He is an agency doctor who is brought in, and a number of the nurses are as well.

Senator McKIERNAN—You would not have a doctor in Leinster then, would you? Would there be one?

Mr Purcell—Yes, there is a doctor. Most of the towns are what we call one-doctor towns spotted throughout the region, except for the major centres like Kalgoorlie and Esperance.

Senator McKIERNAN—Mr Baker or Mr Mason talked about a locum being placed in Esperance and another one in Kalgoorlie. They would be enormous areas for a locum to cover.

Mr Purcell—Yes.

Mr Baker—It is a new concept of a full-time locum, one in each sector of the region. They go around for their two to five years in this area of unmet need, relieving local doctors so that they can have their four or three or two months, or any break they need, for recreation or further study.

Mr Mason—It is not being suggested that those two regional locums would entirely cover holidays, study leave and that kind of thing. It is just something to put in place in the region that will assist the leave issues for permanent doctors here. It is not a total solution.

Mr Purcell—The current situation is that we have one locum who does the whole region. Doctors themselves, particularly in Kalgoorlie, can arrange their own locum. They can arrange for someone in Perth to be the locum, if they can get someone to come up. But we want an area locum as well in case they have difficulty getting people in. At the end of the day, it is a cheaper option, as we are all aware, if we can retain the resources we have got, as opposed to having to try and replace them.

Senator McKIERNAN—Where does your border go to the west?

Mr Purcell—The Shire of Coolgardie.

Mr Mason—Not Southern Cross.

Senator McKIERNAN—Would there be a doctor in Coolgardie?

Mr Purcell—There is a doctor in Kambalda, which is part of the shire, but doctors go out from Kalgoorlie to do the Coolgardie services. No doctor lives in Coolgardie.

Mr ADAMS—How many beds are in the hospital here?

Mr Purcell—That detail I do not have. We have physicians in the hospital and it is also a teaching hospital so we have interns. One of the issues we are facing at the moment with the change of training for physicians when they are specialising is the prospect of not being able to get a general physician who could actually monitor interns.

Mr ADAMS—We are going the other way. We have to get back to GPs being the good doctors. With specialising, we have gone down the track too far for too many years. It is a question of getting GPs back to being GPs. Most of the ones in the regions are better than the ones in the cities. That is the way that we are pushing, I think, and it is a good way.

Mr Baker—That is also a problem within the industry itself. They acknowledge that so many are going the way of specialisations and there is a shortage in the Western world of good GPs, of just GPs.

Mr ADAMS—What about the other health specialists in this region in terms of your hospital teaching, such as nurses and a whole range of health professionals? Is there any training here or do they all come out from—

Mr Purcell—They all have to come from Perth; they are not actually trained here. Under the Regional Sponsored Migration Scheme, we have had a speech pathologist here. We have had a couple of nurses come through that system as well. There are issues with those, but the pressing need at the moment is GPs.

Mrs IRWIN—Regarding the doctors within the area, you stated earlier that you have got a few doctors from South Africa. A doctor came into my office a couple of weeks ago, a Fijian doctor, with excellent skills, but his English is not very good as it is his second language. What I am trying to get at here is: do you have, say, Fijian doctors or doctors from Pakistan and how would the population cope with a doctor from Fiji or a doctor from Pakistan?

Mr Purcell—I am not sure that that would be an issue here. We have workers from all over the world here and they get on very well; it is very cosmopolitan. People in the regions are delighted to have a GP who meets the medical requirements. Wherever they come from, I believe they would be made welcome and would not have any problems.

Mr Baker—We have a Chinese doctor and one from India practising in town. I support Colin's observations. This is the most cosmopolitan and multicultural place you will find in Australia that gets on. The only time we disagree is about football.

Mr Mason—To get them into the country in the first place their qualifications have to be recognised in Australia, so that may preclude doctors from certain countries.

CHAIR—I do not think from Pakistan. I am not sure about Fiji. I have never heard about Fiji ever, but Pakistan—

Mr Mason—I think we learnt at the last meeting that the qualifications of Bangladeshi doctors are now being more recognised in Britain and that may now be the case in Australia. So that is something that is developing. But, as I understand it, within two years of arriving in this country, they have to go on and do the College of General Practitioners specialist qualification.

CHAIR—We have had the illegal immigrants, as you know, who have now got a three-year visa. Amongst them were some doctors. Has it ever occurred to you to approach these people who have been leaving Port Hedland to suggest that they might like to come here?

Mr Purcell—No, we were not aware of that because that information is not out in the public arena. There would be no reason why we would not do that provided that the medical profession deemed their qualifications to be suitable.

CHAIR—They do have high levels of education in many of these places. Certainly, I know that on one boat there were six doctors, and a couple that I have met have spoken very good English.

Mrs MAY—As part of your marketing activities, are you packaging positions? Is there an attraction there for people or is it just a case of, 'You're here as a GP'? If we get back to our GPs, is there any sort of package as far as a home is concerned, support systems for the family when they come in, maybe a spouse who needs a job? Is there any sort of package that is being offered?

Mr Purcell—That is what this committee is all about. It is like any other position within the region. We actually sell them to the families or to the partners as opposed to just the breadwinner, if you like, or the position that is being advertised. So we do send them packages

on the region. That is why, as Bill mentioned earlier, there is rental assistance for three months. Particularly if you take someone from overseas, their possessions have not arrived, so they do not have anything. The doctors are very good here in terms of providing a vehicle and those sorts of things in the initial period until they get settled.

Mr Mason—There are other support services as well. There is a group called the Western Australian Rural Medical Families Network, which is an offshoot of the WA Centre for Rural and Remote Medicine. That has an area representative in Kalgoorlie who happens to be the spouse of a doctor, so when a new doctor arrives in town, she will take the spouse of that doctor under her wing, as it were, and make sure that that person from a family point of view is happy. There is a formal component of it, but also an informal component—getting together with the other doctors, spouses—to make it feel like more of a medical community, to make them feel welcome.

Mrs MAY—Many of these people coming in, of course, would have no family members here to relate to, spend time with, or help with kids. Does that become a problem or do you find that this community service you are offering gets over those sorts of problems with new people?

Mr Purcell—That is what it is designed to do. It deals with how to open a bank account, when the rubbish is picked up and those sorts of issues. We really try to make them welcome; the community welcomes them here and there is a support mechanism.

Mrs MAY—You were talking about an emergency just a little while ago, and you only had one GP near a very big mine. Do you utilise the RFDS? What would happen if there was an emergency?

Mr Purcell—The RFDS is actually based in Kalgoorlie. There is an emergency response. The local airlines here would fly doctors from Kalgoorlie up to the site. Distance is an issue that we face here all the time, not the least of which is, as I said, the mine. If we have a major bus crash on the Eyre Highway, it creates tremendous stresses on the resources to get there.

CHAIR—Getting away from doctors at the moment, where do you find your other skilled recruits, if you are looking for somebody with other skills? Is it because people know people overseas, or how do you actually locate them?

Mr Purcell—Particularly within the mining industry—and Stephanie may want to comment—they tend to have their own network so that they identify people or they know someone. With respect to my personal experience with two doctors out of South Africa, I did not know the doctors, but people who knew of doctors wanting to come to Australia.

CHAIR—So they seek you out?

Mr Purcell—Yes.

CHAIR—You have got a network, or people seek you out.

Mr Purcell—Yes.

CHAIR—You have only briefly mentioned the Department of Immigration and Multicultural Affairs. What is your relationship with DIMA?

Ms Fletcher—I have a direct phone number and I can pick up the phone and ring. But last year they came to the mining expo, which is the major display in the Goldfields region, and we did not find out until the day before that they were even going to be here. That is terrible. We do all their certifying and they did not say, ‘We are coming to your region. Who should we go and see?’ There was a lost opportunity there. A little bit of communication would have made it a lot easier. We could possibly have done some joint displays and said that these were the problems we were facing in the region at the moment, which would have been either the doctors or the nurses, and how can you help us?

We have had visits from the department. It is usually one annually, then we usually do not hear from them until I pick up the phone if I have a problem. I also have a problem with the switch operations in Perth. Even the staff say, ‘Don’t try using the switchboard, you will be on hold for half an hour.’ If you are a general person ringing from Kalgoorlie that is a big expense at peak rates—it is not an 1800 number—to listen to the music. That is a system that should be looked at and possibly funded slightly more, not only for the Regional Sponsored Migration Scheme but for anybody trying to contact the department.

CHAIR—You are a certifying body. We heard in another area that DIMA had overturned the decision of a certifying body. Have you ever had that happen to you?

Ms Fletcher—We have had that happen on one occasion. It was with the Alimak miner—one of the ones that was not approved. That was because he was over the age of 45 and they felt that they had already approved enough of those positions. It was appealed and DIMA said no. They said that so many had been approved that, by now, they should be training locally. Considering that what the scheme was designed to do was that they were to come in and then train locally, you could understand some of that decision. But that is the only time we have had that happen. We have had one or two occurrences when we refused to certify an application and they fully supported us. One was a solicitor that was going to bring in another solicitor from South Africa and pay him peanuts. We absolutely refused to certify it. He said he would send it off to Perth, so we said, ‘Fine, go ahead, send it to Perth. We are not certifying it regardless.’ They did not change our decision.

Mr Purcell—In terms of the numbers, they have only overturned one in the 66 that we have done, so it is not a significant issue for us.

CHAIR—So it is not a problem with you?

Ms Fletcher—No.

Mr Mason—We are hoping the proposal for a local marketing allowance—the \$3,500 or whatever—will reinforce the fact that we are here on the spot and we are able to certify people. Yes, of course they can ring Perth for general advice, but we want to emphasise the fact that we can do the job here and people can approach us.

Mr ADAMS—Where do the specialists come from for that mine machinery company?

Ms Fletcher—For Alimak? I believe they came from South Africa, but I am not 100 per cent sure.

CHAIR—Mr Baker, Mr Mason, Mr Purcell and Ms Fletcher, thank you very much for your attendance here today. We could probably stay another half-hour and ask you more questions but unfortunately we have to go. My apologies for running through this town so quickly. From what we have seen of your town hall, we are the losers. We would love to stay; unfortunately, we cannot. If there are matters on which you need additional information, please contact the secretariat and they will provide it for you.

Mr Purcell—Thank you for the opportunity to address you on the issue.

CHAIR—Again, thank you very much. I am sorry that we cannot stay and have a look at your town. We do think this is one of the most beautiful town halls we have ever seen.

Resolved (on motion by **Senator McKiernan**):

That this committee authorises publication of the evidence given before it at public hearing this day.

Committee adjourned at 10.39 a.m.