



31 - 35 Burgundy Street
Heidelberg Vic 3084
Tel: (03) 9457 5755
Fax: (03) 9459 5830
A.C.N.052 264 418

DR MICHAEL PIETRYK

FACSIMILE TRANSMISSION

FAX to:
SENATE SELECT COMMITTEE
ON MEDICARE
102) 6277 3830

Att: M/R. ELTON HUMPHREY, SECRETARY
Date: 15/8/03
No. of pages: ELEVEN (11) (incl.)
(HARD COPY IN MAIL FOLLOWS)

Dear Mr. Humphrey,

Thank you for your letter of 13/8 (encl.)
I would like my submissions to be freely available to
all interested parties & hereby authorize publication of
my submissions. I would also be grateful to receive a
hard copy of the final report due 9 September 2003.

I would like to once again request
a hard copy of the submission of the Federal Health
Department referred to in the "Medical Observer" (25/7)
article (encl.) Please reveal the full curriculum
vitalae of its authors.

I very much appreciate your reassurance
that "the Committee will consider carefully all matters"
raised in my submissions, however it is hoped the
Committee is by now crystal clear on what stink
(fait accompli) the Medicare "Titanic":

A) The failure by successive governments
to take the necessary steps to increase the Medicare
levy in spite of the risk of losing voters; this is
how Medicare was supposed to have been funded
— instead both ALP + LIB governments cribbed money
from general tax revenue as a self-serving
short-term "solution" that avoided electoral backlash.

... 2/-

2.

I understand that the Medicare levy now accounts for a mere 27% of Medicare expenditure.

What mandate did successive federal governments have for making Health Expenditure for all intents + purposes reliant on the public purse?

B) The assumption that, due to an inability to go "on strike", GPs could be endlessly manipulated, then exploited, and finally outrageously bastardised. Compared to all other citizens, the "persona non grata" status of the GP is very obvious in the \$25 valuation by government of a standard GP consultation (off up to 25 mins. — \$8 "cash in hand" after expenses + tax for a consultation for which the GP is liable for the rest of his life; and what other profession is required to pay for indemnity insurance for virtually the duration of their retirement?!!

The notion that politicians, and the federal "health department", and the "health insurance commission" were unaware that \$25 "bulk-billed" for a standard consultation was outrageous exploitation of GPs is totally absurd and the height of officialdom arrogance.

Such arrogance is more than adequately illustrated in the "Medical Observer" article of 25/7 (encl.)

One third of GPs will leave in the next 5 yrs. + 75% will not encourage their children to study Medicine. The community has lost a whole generation of competent GPs, replaced by cheap "bare foot doctor" imports of dubious

3/-

3.

qualifications. See "AGE" (30.9.02) article
 "Dangerous doctors in words" (encl.)

c) The failure of successive federal governments to follow their own laws & regulations on superannuation - see "BULLETIN" (26.11.02) article "Canberra's Marana".

The result is a disastrous & stupendous

\$ 90 BILLION (\$90,000 MILLION) IN UNFUNDED
 COMMONWEALTH "PUBLIC SERVANT" SUPERANNUATION
 TO BE BLED FROM FUTURE TAXPAYERS!!

I (and my colleagues) refuse to believe that any member of the Senate Select Committee is unaware of this disaster that on its own reflects the moral as well as financial bankruptcy of Australian federal government.

As a private employer, a GP would be fined if this year he did not put 9% of gross salary in a staff superannuation account for his employees - who in the Federal Bureaucracy has been held accountable for the unbelievable disaster Larry Dixon describes in his article?!!

This item alone accounts for why the federal government in its shameless monopoly "health insurance" sham values human beings at half of what a dog is worth at the vet!!

.... 4/-

4.

D) Sad to say, the unbridled lust for power (& the financial spoils of power) demonstrated by politicians on both sides of parliament.

Eg. (i) Michael Woodridge takes the credit for "turning the PM around" on Medicare i.e. bulk-billing. The LBS could not win an election until they "promised to maintain Medicare" (which they knew was impossible, given the fiscal problems outlined in c), yet they chose the "whatever it takes" path elaborated by ex-Senator Richards, ALP, in a book by the same name). Now that the crap is hitting the fan, Howard has relegated "Medicare" to his list of "non-core election promises".

The new version of "Medicare" is that it is just a safety-net for the poor — 50% funded out of the pockets of GPs!! (Approx. \$2 BILLION per annum)

See list of fair, independently arbitrated GP fees compared with the Medicare payment (encl.) The difference between the "Medicare" column + the RVS column is pure theft by exploiting, totalitarian federal government.

Eg. (ii) See extract from Martin Ferguson's "The Ferguson Report" (June 2003). Ferguson knows very well that universal "bulk-billing" is totally unachievable given the \$90 billion "black hole", yet (in his lust for power) he

... 5/-

5.

propagandises with dissembling statements such as "Labour believes that every Australian must have the right to access a doctor that puts - bills." — Again, whatever it takes??!

The end (power) justifying the means??!
Can always change your mind in government
+ follow the corrupt example of the inventor of the "non-care election promise", John Howard!

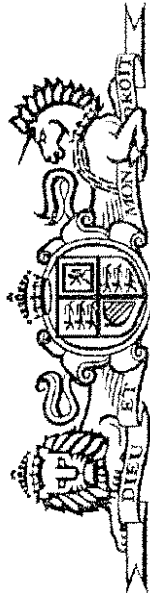
Unfortunatly, from my reading of reports in both the general + medical press, both the Federal Health Dept. and the Senate Select Inquiry appear to be feigning ignorance of the obvious.

"Government" is busying itself with an apparently senseless public show of re-arranging deck chairs on an almost sunk Medicare "Titanic" whilst the perpetrators of the disaster quietly + cowardly sink away into retirement without facing the music and with their spoils of office intact.

Such spoils are a very lucrative constant — and totally independent of whether both politicians or "public servants" are astute managers or glaringly obvious causes of financial disasters yet answerable to no-one. Can there be a more apt definition of moral firtitude?

Yours sincerely,
Michael Petryk. —

THE



AGE

theage.com.au

MONDAY, SEPTEMBER 30, 2002

S120

NO. 100/100

'Dangerous' doctors in wards

Tom Noble
Health Editor

Up to 300 overseas-trained doctors who have not reached the basic level of Australian medical qualification are working in Victorian public hospitals because of a shortage of local medical staff.

Senior clinicians say some of these doctors could be dangerous because their training — often in non-First World hospitals — means their skills and knowledge are low and sometimes inadequate.

Many work in emergency departments, mostly in outer metropolitan or regional hospitals. The doctors are permanent residents who have not completed their Australian Medical Council exams

and are regarded as having the equivalent knowledge of an Australian medical graduate before they begin their internship.

"It's a danger," one senior clinician told *The Age*. "There are some major gaps in their knowledge."

The exams, which require an English proficiency test, consist of a 250-question multiple choice exam which, if passed, is followed by up to eight hours of clinical skills tests.

Some doctors have failed these exams several times yet continue to work because of conditional registration granted by the Medical Practitioners Board of Victoria.

One condition is that hospitals supervise and train the doctors so they can improve their medical knowledge and pass the exams.

The Australian Medical Association's Victorian president, Mukesh Hankarval, said he was concerned at reports of doctors' inadequacies. "If they are not up to speed, they need teaching and mentoring to get up to speed," he said. "The problem is a lot of hospitals are running so ragged that people don't have the time to be properly supervised."

One senior hospital specialist told *The Age* that one overseas-trained doctor who sought work in a metropolitan emergency department had been unable to read a heart-monitoring machine or insert an IV line in a patient. Other doctors were unfamiliar with standard emergency treatments for asthma, heart attacks and diabetes.

A report released today by Dr

Lesleyanne Hawtorn of Melbourne University and Professor Rob Birrell of the Centre for Population and Urban Research at Monash University shows Australian hospitals are increasingly relying on conditionally

it's a danger. There are some major gaps in their knowledge.

Senior clinician

registered overseas-trained doctors because of a chronic shortage of local graduates.

"It is a national problem. The State Government has a problem because it is responsible for the organisation of the public hospital system, and the Federal Govern-

ment has a problem because its manpower policies are responsible for bringing this situation about," Professor Birrell said.

"It is well known, worried about, yet rarely admitted because of its troubling implications for the quality of medical care."

Of the 283 such doctors working in Victorian hospitals last October, most were trained in Asia. More than half were from Iraq, India, China, Egypt and Sri Lanka. The biggest proportion work in emergency departments.

"These are front-line positions where any deficiencies in communication ability, medical knowledge and facility in the use of high-tech medical equipment could have severe consequences for patients,"

according to the report in Monash University's *People and Place*.

It says that while anecdotes abound about poor communication and skills, medical employers had also expressed great satisfaction with the performance of many overseas-trained doctors and the development of their ability.

Medical Board president Dr Jo Flynn said it registered the doctors, but hospitals were "responsible for ensuring these doctors are appropriately supervised and supported."

A spokeswoman for Health Minister John Thwaites said the Medical Board assessed the suitability of qualifications for any hospital post. "If there are particular areas of concern they can be raised with the Medical Practitioners Board."

June 2003

The Ferguson REPORT



This edition of The Ferguson Report makes Labor's message clear.

Labor believes that every Australian must have the right to access a doctor that bulk bills and they must have the right to access a well-funded public hospital without charge.

Australians have already earned a fair health care system because they already pay for Medicare through their Medicare Levy and taxes. They should not have to pay again when they visit a doctor and it should not be available only to those who can afford to pay more.

The Ferguson Report is written and authorised by Martin Ferguson, 159 High Street Preston VIC 3072 and printed by Croxton Printing, 4-6 Johnston Street, Collingwood VIC 3066.