

The Bunbury Wellington Economic Alliance (BWEA) welcomes the Commonwealth Governments move to establish a National Health and Hospitals Reform Commission to provide advice on performance benchmarks and practical reforms to the Australian health system

It is clear that Australia's health system is in need of reform particularly in relation to the provision of health services to rural areas.

BWEA s submission will focus on one of the key terms of reference which is improving outcomes in rural areas with a particular focus on addressing the shortage of health workers in the South West of Western Australia.

### **AREA OF UNMET NEED (AUN)**

There is overwhelming evidence that there is a serious lack of health workers available or willing to work in rural and remote Australia. The driving factors behind this are many and varied but one of the key factors is that metropolitan areas are being classified as areas of unmet need making it almost impossible for regional areas to attract overseas trained staff.

Perth suburbs such as Spearwood, Kinross, Langford are now on a level playing field with regional towns such as Southern Cross, Kondinin, and Leinster.

Other regional centers like Bunbury are not classified as a AUN simply because the local government data that is used to set AUNs locates most of the GPs who service the Greater Bunbury Region (80 000 people) within the Bunbury City limits(30 000 people). This ignores the fact that Bunbury has long outgrown its limits and now spills over into the surrounding shires of Capel, Harvey and Dardanup. As a result of simple statistical confusion Bunbury is considered to be better off than some Perth suburbs which is not the case.

### **RECOMMENDATION**

That a review of the way in which Area of Unmet Need is allocated be undertaken with a focus on establishing a new system that reflects the true level of need based on the actual remoteness from acceptable medical services.

### **REMOTE EXEMPTIONS FOR RURAL AREAS**

Under current rules for rural exemptions medical workers are often restricted from performing procedures which they are trained to do but which in the ideal world of a large teaching hospital the introduction of a strict Quality Assurance system designates that these procedures can only be done by a person senior person with or under oversight of a specialist. Therefore in certain circumstances Quality Assurance systems

are having a detrimental impact on the provision of services in regional areas. For example only full time nuclear medicine technicians are permitted to do certain procedures in WA. This means that these services cannot now be offered in smaller regional hospitals as there is often not the demand to justify a full time position.

#### RECOMMENDATION

That a review be undertaken of the impact of exemptions for rural and remote areas on the provision of services in regional areas.

### **OVERSEAS TRAINED DOCTORS (OTD)**

Under the current rules overseas trained Doctors OTD holding a Temporary Residents Permit TRP are allowed to practice in Australia without current Australian Medical Council AMC accreditation. These Doctors are expected to sit their AMC or applicable College exams but it is often extremely difficult for them to pass these exams when working in highly demanding regional or remote positions. Often if and when they do pass they will then take the opportunity to relocate back to the capital cities or major coastal centers.

Under the current system there is a rigidity that fails to recognize the valuable contribution that these OTMs provide for rural and remote Australia. Nor does it factor in the reality that an OTM on a TRP working in their community is more valuable than a fully qualified OTM who is planning to relocate to the city. Also the system often fails to recognize that these clinicians are often highly qualified practitioners in their country of origin but their skills or even a portion of their skills will always remain unrecognized.

In the case of specialists, like radiologists, it is possible for them to push out their TRP visas for a number of years without having to sit their college exams. Because of the nature of their work these Doctors could be peer reviewed on a daily or hourly basis via tele-radiology and there is no reason why they should not continue to work without having to sit their exams.

BWEA believes that the system should recognize the valuable contribution that TRPs Doctors make to regional Australia and this should be factored into the achievement of accreditation and residency. One option would be to explore the potential of practical onsite peer reviews which would replace part of the more formal accreditation/examination system. This would at least be part of a structure that allows Doctors to continue working in Australia.

#### RECOMMENDATION

A review of the requirement that OTD pass their AMC accreditation be undertaken. This review should examine the possibility of developing a less stringent assessment system than that run by the various Royal colleges for Doctors wishing to continue to work rural and remote and that this be recognized in the immigration system.

## **FINAL YEAR REGIONAL TRAINING OF MEDICAL WORKERS**

With the current lack of places available to medical students in Australia and a high likelihood that Australian born medical students will prefer to work in the capital cities or major regional areas, BWEA believes that there is scope to offer overseas based final year students studying medicine, nursing or related medical subjects the opportunity to complete their studies in Australia.

### **RECOMMENDATION**

The government should consider offering HECs support or financial loan guarantees for those students who wish to study at a full fee university place with the option of accelerated loan write offs for those students who then go on to work in rural and remote regions of Australia.

## **MEDICARE REBATE CHANGES FOR RURAL AND REMOTE AREAS**

The Commonwealth Medicare Benefit Schedule (CMBS) should reflect difficulties in attracting and retaining specialist medical staff. If CMBS rates for regional areas were to be modified it may encourage medical practitioners in rural areas to increase bulk billing rates for pensioners and health care card holders

### **RECOMMENDATION**

1. MBS rebates for pensioners, health care card holders and children increase to 100% of the scheduled fee when the service is delivered in a private practice. This would improve the viability of bulk billing of many marginal practices.
2. Patients in rural areas could be paid a higher rebate to meet the higher cost of delivering services to rural and regional communities.

## **VISAS FOR INTERNATIONAL EMPLOYEES**

The medical industry, particularly for medical specialists, has faced a skills shortage crisis long before the current mining boom in Western Australia began. As a result, regional areas rely very heavily (at times almost exclusively) on international migration as a recruitment policy.

Past governments recognised this issue and instituted the RSMS (Regionally Sponsored Migration Scheme) to assist regional communities to be able to bring in foreign trained medical staff. This very important program has been flooded with requests, with the average waiting time for an RSMS application to be processed now up to 9 months.

The 457 route is also now taking up to 6 months for processing.

The impact is that Australia is losing potential Doctors to other countries with more efficient of immigration systems.

Another hidden cost of international recruitment is the fact that employment agencies charge a flat fee of near 20% of starting salaries. This is becoming prohibitive for regional practices employing medical staff for salaries circa 100k per annum and then specialists at anything up to three of four times that rate.

#### RECOMMENDATION

Allocate extra resources to teams within immigration to firstly clear the backlog of existing RSMS and 457 claims and from then on to speed up the process from there. And instigate a rebate scheme for regional areas where the regional provider contribution to employment agency fees is capped.

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