

From: Erich Heinzle
Sent: 3 November 2005 4:04 PM
To: Health Workers
Subject: Comments on position paper

To whom it may concern,

This is a followup to my submission to the Productivity Commission Medical Workforce review.

I strongly feel that the position paper released by the Productivity Commission has failed to adequately acknowledge and address the very real (yet somewhat surreal) difficulties confronting medical practitioners such as myself who have graduated since 1996 and are not entitled to Medicare rebates.

I am astounded that such a comprehensive work could delve into plugging holes in the medical workforce with allied health practitioners in expanded roles, yet ignore qualified doctors, at the coal face, being hindered in their provision of medical care by fossilised provider number restrictions and workforce restrictions.

Every day of the week, I sit in a clinic in Elizabeth Vale, an area of low socio economic status, and an area of GP shortage (but not recognised as such by the HIC) doing mainly compensable medicine work.

You, and other tax payers, have paid for my training, but are unable to access my skills, or those of thousands of other doctors like me, under Medicare.

Governments around the country are now trying to poach doctors from third world countries that need doctors even more than we do, and plug workforce holes with allied health practitioners.

In the last week, I have had to cease treating a patient because their workcover claim was rejected. The patient has major depression with anxiety and I have had no choice but to refer to the local mental health service and cross my fingers. Unable to access Medicare, I cannot continue the care he needs, which I had been providing up until then under his workcover claim.

He certainly can't afford standard doctor's fees when no medicare rebate is payable.

In the course of my work I routinely diagnose cancers, diabetes, asthma and heart conditions, but then have to send the patients off to other doctors who do Medicare work.

If these examples don't represent inefficiencies and poor utilisation of existing doctors, I don't know what would.

Not having access to Medicare rebates doesn't take food off my table, but it certainly reduces my ability to provide Medicare services to the public.

The doctor practicing in the next room has access to Medicare. He is no more qualified than I, it's just that he graduated before 1996.

I can only refer you again to the issues raised in my original submission to the Productivity Commission.

The most salient points to reiterate are:

Any doctor who started medical training

before 1996 should have the option of obtaining VR via CME. They are no less qualified than 60% of practicing GP's.

Alternatively, any doctor with four or five years of post graduate medical experience should have the option of obtaining VR via CME.

In conclusion, I urge the productivity commission to look closely at this issue, as there are thousands of doctors in my position. The productivity commission will remain ignorant of, and fail to utilise, the resource we represent if it only listens to RACGP and GPET apparatchiks who never even did GP training themselves yet insist everyone else should do it.

Should you have any queries, please feel free to contact me.

Regards,

Dr Erich Heinzle