



Speech by

Rachel Nolan

MEMBER FOR IPSWICH

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DR G. ISBELL; IPSWICH HOSPITAL, OPHTHALMOLOGIST

Ms NOLAN (Ipswich—ALP) (12.05 p.m.): Last month the Ipswich Hospital lost its only ophthalmologist when Dr Graham Isbell announced his retirement from public work. With two public sessions a week Dr Isbell had treated ophthalmic patients in Ipswich since 1972. He treated Ipswich people rich and poor and provided the opportunity for hundreds of aged pensioners to see properly again, an opportunity they would not have had without public health care.

Dr Isbell's retirement means that Ipswich people who need their cataracts done will, for now, not have that opportunity at Ipswich Hospital. They will either have to pay the \$2,000 plus it costs to have them done privately or they will have to go on a waiting list in Brisbane.

For years Ipswich Hospital has unsuccessfully searched for another ophthalmologist. Now, with Dr Isbell's departure, we are embarking on a major international search to find a full-time public ophthalmologist. While this is a desperate situation for older Ipswich people who need their cataracts done, the truth is we in Ipswich are but small players in the bigger game of Australian health policy. The real question here is why must a good hospital like Ipswich search overseas for an eye surgeon?

The reality is that there is a desperate shortage of ophthalmologists in Australia. In Queensland there are just 50 ophthalmologists to cater for our ageing population and there is a severe shortage of newly trained specialists coming through. Queensland Health has no full-time staff specialists in ophthalmology. It employs 40 ophthalmologists as part-time visiting medical officers. Between them they do just 4.3 full-time equivalents. Rather than doing much public work, Queensland's ophthalmologists choose to earn the bigger dollars available in the private sector. The irony here is that as surgery goes, cataract surgery is not that hard. Australian ophthalmologist Fred Hollows famously did this work in Eritrea raising money to make cheap plastic eye lenses and training local doctors and nurses to do the work. The world record for the number of cataract operations any doctor has performed in a day is an Indian doctor, Dr Usha Kim, who did 155 in one day.

While here in Queensland we do not face Fred Hollows's challenges, we do have a serious shortage of doctors and specialists. Last year in Australia 5,000 people qualified to study medicine but the Howard federal government provided just 1,500 university medicine places. In 2003 the federal government stuck its chest out and said it would finally do something about training smart Australians to be doctors. It announced that an extra 246 places would be offered in 2004. These extra places mean that by 2009-10 Australia will be producing a maximum of 1,716 new doctors in a year. Compare this to the fact that on the best available estimate: Australia needs 1,752 new specialist trainees—that is specialists not doctors—this year. With these figures you can see that there continues to be a gross shortage of new doctors being trained in Australia.

On top of this straight medical training, the Royal Australian and New Zealand College of Ophthalmologists requires five years extra supervised training for doctors to become ophthalmologists. These restrictions, along with the severe shortage of graduate doctors, means that right now in Queensland there are only 12 trainee ophthalmologists, barely enough to replace those nearing retirement.

Before the specialist colleges come out with their standard line that it is the government's fault that there are not enough new specialists being trained, I point out that in Australia last year 1,489 specialist training places were funded of which only 1,250 were filled. A fundamental change in Australian health policy is required. We need to look beyond the mystique the medical hierarchies like to create around themselves and train far more young Australians to be doctors. The closed shop in specialist medicine in Australia must be broken.

While most Australians were appalled by the Howard government's tactics on the waterfront, there was no doubt there was a need for waterfront reform. Now it is time to do the same with ophthalmologists and other specialists. In this case, the price of doing nothing is not just a few extra dollars on the price of an imported Toyota; it is whether or not your grandma can see.

For too long Australia's most militant union, the AMA—or as Patrick Cook likes to call them, the 'painters and doctors'—and the specialist medical colleges have held governments to ransom using their trust with patients to protect their own market share. While the Howard government has proven itself unwilling and unable, I call on the new elected government this Saturday to deal with these issues, to dramatically increase the number of bright Australian kids being trained as doctors, to break down the training embargo of the specialist colleges and, as only Labor will do, properly fund the Australian public health care system.