Supp. Submission No. 80.1
(Overseas Trained Doctors)
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RURAL DOCTORS ASSOCIATION OF AUSTRALIA
Caring for the Country

The Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

12 April 2011

Dear Secretary

While the House Standing Committee on Health and Ageing's Inquiry into the Registration Processes and Support for Overseas Trained Doctors is still underway, we write to draw to your attention to the particular plight of some specialist overseas trained doctors (OTDs) wishing to practise in Australia.

As you are aware, local – and even regional - availability of specialist services can significantly improve the health outcomes of Australian living in rural and remote areas, helping to avoid long delays in diagnosis and treatment. It also alleviates the financial and emotional hardship associated with the need to travel long distances for these services.

Rural and remote communities generally have a relatively low ratio of specialist medical practitioners proportional to their population. National figures for specialist medical practitioners (full time equivalents) per 100,000 population range from 122 specialists per 100,000 population in major cities to 56 specialists per 100,000 population in inner regional areas and 16 specialists per 100,000 population in remote/very remote areas.[1]

Where OTDs who are specialists seek to work in Australia, registration processes must be able to objectively assess whether these OTDs meet the same rigorous standards applied to Australian-trained specialists. Where such doctors are already practising in Australia in an area of need, these processes should also be practical and relevant to their current scope of practice, and capable of determining whether they are meeting the health needs of their patients in a safe, effective and clinically appropriate manner.

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[1]Australian Government Department of Health and Ageing (DoHA), 2008. *Report on the Audit of Health Workforce in Rural and Regional Australia,* April 2008. Commonwealth of Australia, Canberra, at 15. These figures are based on the AIHW's Medical Labour Force Survey 2005.

For example, RDAA is aware of an orthopaedic surgeon of German origin who has been working in an area of need in the south coast of NSW for the past five years. We are informed that surgeon has worked in England as a consultant orthopaedic surgeon for four years, where his specialist qualification was recognised by the British Royal College of Surgeons. The surgeon is at risk of deregistration under the new registration processes because he has not yet passed his surgical fellowship. To pass his surgical fellowship, he would have to leave his community for at least 12 months to sit an exam, many parts of which are not relevant to his current practice. For example, the exam covers subspecialities, such as spinal surgery and paediatric surgery, which it would be inappropriate for an orthopaedic surgeon to perform from small rural hospital that does not have the necessary supports for such surgery.

In citing the challenges faced by this surgeon, RDAA is not necessarily arguing that he should be given registration without undergoing an assessment. Rather, we are arguing that a more flexible model for assessing the skills and expertise of specialist OTDs should be explored which allows assessments to be adapted to meet the circumstances and scope of practice of the individual.

In the first instance, RDAA asks that measures be instigated to temporarily suspend of any further action to deregister practitioners who are in this situation, until the recommendations from the current Parliamentary enquiry have been released.

If you require any further information, please do not hesitate to contact me on (02) 6239 7730.

I would welcome the opportunity for a RDAA delegation to appear before the Standing Committee's hearings.

Yours sincerely

Dr Paul Mara
President