

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2013-14, 20 November 2013

Question: E13-018

OUTCOME: 12 – Health Workforce

Topic: Rural Health Funding

Type of Question: Written Question on Notice

Senator: Ludwig

Question:

- a) Will overseas trained doctors seeking to practice in rural and remote communities receive the training required to meet the needs of these communities?
- b) Will overseas trained doctors be encouraged to practice in these communities?
 - i. If so, will training be provided prior to unsupervised practice?
- c) Will Australian trained doctors be given preference to practice in these communities?
- d) How are medical students encouraged to take up training opportunities in these areas?
 - i. Are there incentives for students?

Answers:

- a) Yes. Before being able to practice in Australia, overseas trained doctors (OTDs) must meet the standards of education, training and professional competence set by the Medical Board of Australia (the Board). The Board assesses the skills and competence of each practitioner and determines the level of supervision required to ensure that safe and competent care is provided. The Board also requires that each practitioner undertake an orientation program to facilitate their settlement into the Australian community. Rural Workforce Agencies in all states and territories are funded to provide orientation and support programs for OTDs recruited to rural and remote areas. State and territory governments also offer programs of support and training.
- b) Australian doctors and OTDs are encouraged to practice in regional and remote areas. Section 19AB of the *Health Insurance Act 1973* restricts the eligibility of OTDs and foreign graduates of an accredited medical school to bill Medicare to services provided in Districts of Workforce Shortage (DWS). DWS areas are those which have less access to Medicare subsidised services when compared to the national average and are predominantly regional and rural communities. This restriction remains in effect for a minimum period of ten years after the medical practitioner is registered in Australia and is referred to as the ‘ten year moratorium requirement’. This has proved to be an effective mechanism for the distribution of doctors to rural and regional areas in Australia.

- c) Doctors make decisions about where they work. State and territory governments are responsible for the employment of doctors into the public system, including into hospitals in rural areas. The Government cannot compel or 'give preference' to individual doctors to work in private practice in particular locations. The Government offers incentives to encourage doctors to consider private practice in rural and remote areas.
- d) The majority of universities with medical schools (16 out of 18) receive funding under the Rural Clinical Training and Support program. Under this program, participating universities must ensure that 25 per cent of medical students undertake at least one year of clinical training in a rural area (ASGC-RA 2 to 5), and all medical students undertake at least 4 weeks of rural training.

The John Flynn Placement Program (JFPP), administered by The Australian College of Rural and Remote Medicine, introduces medical students to life as a doctor in a rural community. Medical students are provided with financial support to undertake a placement in the same community each year (usually 2 weeks per year for 4 years) and are placed with a local mentor and community host. JFPP covers the cost of travel, accommodation, food and living expenses for students, who are assisted with these arrangements.