1. **Senator Moore:** What about the use of overseas trained doctors? I say overseas trained doctors, but I mean overseas trained professionals, including the other ranges as well. What are the Northern Territory government's numbers in that area?
   Dr Wright: I do not think I have them for the whole of the workforce, I am afraid, but we can supply that to you.

International medical graduates

The number of International Medical Graduates (IMGs) practising in the Northern Territory is not readily available. The Australian Health Practitioner Regulation Agency and the National Boards presented detail on registration status in their Annual Report of 2010-2011. Their category of Limited Registration for medical practitioners applies mainly to IMGs with registration in an area of need, and in the Northern Territory the proportion of total practitioners with Limited Registration was 15%, compared to a national rate of only 7%.

Information identifying International Medical Graduates (IMG), or Australian citizens and permanent residents who gained their qualifications overseas is not available. Many medical practitioners in the NT have achieved their medical qualifications overseas but then subsequently achieved recognised Australian qualifications and general Australian registration, so the figure of 15% does not represent the full contribution of international medical graduates to the medical workforce in the Northern Territory.
International dental graduates play a minor role in the Northern Territory, with only one registered in 2010-2011.

International graduates in other professions need local registration to be employed and are not identifiable from registration data.

Department of Health (DoH) workforce information systems do identify employees holding working visas including 457 Temporary Employment classifications, and those recruited under the Regional Skilled Migration Scheme (RSMS) see Table 1.

Table 1
Employee Visa Holders and Workforce Numbers as at February 2012

Classification	Visa Holders			Workforce		
	Visa	RSMS	457	Foreign	Total	%
Nursing	11	127	104	242	2340	10%
Medical	2	0	93	95	641	15%
Professional	4	0	2	6	600	1%
TOTAL	17	127	199	343	3581	10%

DoH employees working under temporary employment visas are primarily employed within acute hospital environments due to the one-on-one supervision requirement for IMG's with limited Australian registration. Consequentially IMG's are generally unsuitable for work in remote environments which are often sole practice. Additionally IMG's are often also training in Acute settings in preparation to sit their Australian Medical Council Exam 2 (AMC2) (457) or the AMC process for recognition of consultancy skills (RSMS).

Are the packages offered by the NTG and the Aboriginal community-controlled sector comparable?

As stated in the submission by representatives of Central Australian Aboriginal Congress the packages offered by CAAC may not be competitive in terms on remuneration, but that they believe they offer a work environment that is attractive and contributes to successful recruitment and retention; including multi-disciplinary team-based Aboriginal primary health care, that medical staff are no longer required to participate in an on-call roster, and the supportive teaching and learning environment they endeavour to offer. All Aboriginal Medical Services in the Northern Territory aspire to offer those elements in their work environment.

The remuneration overall for medical practitioners under the NT Medical Officers Agreement 2011 was generally rated as second or third highest in Australia, depending on the category, when the agreement was signed. The employment conditions offered for Rural Medical Practitioners is consistent with that level, whereby rural Queensland and Kimberley public sector medical officer positions at the time offered more generous packages, but not elsewhere.

On the issue of the comparison of recruitment by CAAC and NTG it is important to understand that the positions are very different in the two sectors. The qualifications, experience, degree of responsibility and the degree to which staff must perform in isolated and challenging environments is very different between the two workplaces. Medical staff employed at CAAC are either based in Alice Springs (the majority) or in the community. Two of the communities named in their submission are within driving distance of Alice Springs, so the "resident doctors" are actually not resident in the community, but resident in Alice Springs. This is an appropriate and a viable model for providing long term continuity of medical services. The NTG medical practitioners who are based in Alice Springs travel to many remote and isolated communities mainly by light aircraft, in physically trying conditions. Work hours are long, doctors live out of a back-pack for sometimes 3 weeks out of 4, and they operate as sole medical practitioners on the ground. So although the Remote Health system is very structured and supportive, it is one of the most challenging and demanding work in the medical field in Australia. Only a sub-group of practitioners who entertain working in rural areas are ready to take on the challenge of remote work.

The NTG operates as the provider of emergency and twenty-four hour medical services to every remote community in the NT, including those with resident doctors, via the provision of the 24 hour telephone consultation service for emergency medical management and medical retrieval. In addition the Remote Health medical team of around 25 full time staff provide resident and visiting medical services to around 55 remote communities, many of which are too small to have resident medical staff. The support provided to those communities by the visiting doctors is ongoing; when the doctor is not on site they still are in contact with health staff by telephone, and review referrals and results through the electronic medical record, following up clinical and pathology results; patients in hospital, writing referrals and prescriptions, and generally completing all of the tasks normally associated with providing a medical service. Thus the primary health care service has significant input from a medical practitioner as part of the team, and that functions whether the doctor is in the community or providing that input from a remote location.

The NTG has also filled the role of "provider of last resort" to the community controlled sector, both in Central Australia and the Top End. When a medical service ended on departure of a doctor and when no locum doctor could be found then the Remote Health medical team spread themselves to cover the gaps. This is how gaps in medical cover in NTG communities is covered routinely, but it has also been required to fill gaps in service provision at community-controlled clinics in the last 5 years, including those operated by CAAC, and the Royal Flying Doctor Service. Locations where this has occurred include Maningrida, Ampilawatja, Mutitjulu, Yulara and Yuendumu. In addition the medical service at Yuendumu was transferred from CAAC Remote to NTG.

It has been necessary for Remote Health to develop and maintain a capacity to deliver medical services even when the number of visiting medical staff was not large enough to fulfil all the roles required. As a result a roster of experienced remote medical practitioners was developed to deliver the twenty-four hour telephone consultation and retrieval tasking service, as well as a separate roster of doctors who provide program support on an ongoing basis to a particular community. This de-linking of the visiting role from the telephone consultation role has been successful in increasing the visits by those doctors available for face-to-face visits, as well as allowing a dedicated team to specialise in the provision of remote emergency advice. The program support roles to communities, combined with visiting locums who are used to fill gaps, is an important way of ensuring that medical care is provided in an appropriate and timely manner in remote communities.

The Remote Health budget for medical practitioners in Central Australia and in the Top End is fully expended on the delivery of medical services to those communities. There have been 12 FTE equivalent positions delivering medical services in Central Australia, comprised of visiting medical practitioners based in Alice Springs, locums delivering face to face visits for periods of two to three weeks at a time, program support doctors providing regular, long term support to the same community sufficient to deal with their ongoing pathology, referral and prescription workload, and medical practitioners delivering the 24 hour a day telephone consultation service.

2. **Senator Moore:** I would like to get some information generally from the department about what is happening with the Year of the Health Worker. What investment has gone into it? What are the goals of it? It seems to be a direct decision from the Territory government to promote that. I had not heard of that until we came here, so that would be useful. (Page 9, Hansard)

The Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) is the peak body of Aboriginal and Torres Straight Islander Community Controlled Health Services in the NT.

At the 2010 NT AHW Awards, AMSANT announced that they would be dedicating a year of efforts to the AHW profession. At a September 2011 function in Katherine, supported by the Northern Territory Government (NTG) and others, AMSANT launched the Year of the Aboriginal Health Worker in the NT for 2011-12.

AMSANT has a number of activities planned to promote AHWs throughout the year and propose that the key activity is an AHW Summit to be held in Darwin on 4-5 May 2012.

The Northern Territory Government (NTG) continually acknowledges the integral role that Aboriginal Health Workers play across the Northern Territory (NT) primary health care sector and fully supports all efforts to improve the training, recruitment, professional development and general support of the AHW profession.

The NTG is a major sponsor of the Summit and looks forward to continuing working together with AMSANT to support and promote the work of AHWs in the NT.