Description of issue

I write to you because of what I have been reading lately in the media about the registration difficulties of foreign doctors in Australia. I can add that these difficulties go beyond the registration process as I can relate from a personal perspective as a foreign-trained doctor.

I came to Australia approximately five months ago (July 2010) with full RACGP and AHPRA registration secured *before* coming to Australia. I am accompanying my wife (also in the medical field) on a fixed-term 12 month secondment. I had secured employment as 0.5 (part-time) lecturer in general practice at Monash University Melbourne, teaching medical undergraduates and also engaging in educational research.

I had sought out a suitable medical practice, **Second and Second a**

To date I have not been able to practice clinical medicine as a general practitioner because I have not been able to attain section 19AB exemption (*Health Insurance Act 1973*) from the Department of Health and Ageing (DoHA) to practice clinical medicine at a clinic near to where I teach.

I applied under clause 5.6 of the Guidelines for section 19AB (spousal exemption) as my wife was the primary visa (457 *Business*) applicant. I was informed in November 2010 that because my wife was subject to Medicare provider restrictions under s19AB of the Act and does not have current 19AB exemption, my application was not approved. I was however informed that I *can* provide medical care during the after hours period at the same medical centre.

On appeal, I found out that documentation of my wife's employment was not on file (although I had received electronic confirmation that it had been received). I have also asked whether my application can be assessed under clause 5.2 (Academics). At present, my application is still pending.

Impact of issue

I accept that I have part-time employment at an excellent Australian academic institution and they have been very supportive. I have also had reasonable help from both the Australian Health Practitioner Regulation Agency (AHPRA) and the Royal Australian College of General Practitioners (RACGP). The same cannot be said about the legislative barriers in obtaining a provider number (section 19AB exemption).

Besides the financial impact of not working to full capacity, the legislative hurdles have left me demoralised with a negative outlook on healthcare in Australia. I plan to

inform future international GPs hoping to start clinical work in Australia about their true prospects of securing employment.

Recommendations

Regular clinical practice is essential for my personal upkeep of medical skills. It is also vital in my capacity as lecturer of Australian medical undergraduates. It would seem unreasonable to combine my academic position with a clinical position in an area remote from either my place of employment or where I live.

It also seems counter-intuitive to base someone else's right to work in a certain area based upon whether their spouse/partner has legislative exemption, particularly in a country where doctors are in short supply. Rather evaluate each doctor on an individual basis based on suitable qualifications and training.

It seems unconsidered that doctors without 19AB exemption (and hence not able to practice during daylight hours) can still practice their clinical skills on those very same patients after hours. Doctors, in particular GPs, are sorely needed across Australia, both urban and rural areas. Predilection for foreign doctors in particular areas creates an expansive gulf separating Australian-trained and non-Australian doctors and not the anticipated outcome – better healthcare for all Australians.

Conclusion

I foresee that my personal issue will be resolved within the near future albeit at a considerable financial and personal cost. It is hoped that this Inquiry will elucidate the true barriers for qualified doctors to work in Australia.

Signature Oliver van Hecke (signed electronically)

Date: <u>17.01.2011</u>