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Submission No. 120

(Overseas Trained Doctors

Date: 02/03/2011

February, 2011

Inquiry into Registration Processes and Support for Overseas Trained Doctors Standing Committee on Health and Ageing PO Box 6021
Parliament House
Canberra ACT 2600

Dear Sir

The rural General Practice, of which I have been Principal for in excess of 30 years, has for a number of years been almost constantly attempting to recruit doctors. Hence, we have first-hand knowledge of the time frames, requirements and many of the pitfalls associated with overseas trained doctors who attempt to gain registration in Australia. We have also had experience, particularly recently, with provision of health care to a growing community while the number of doctors dwindles due to hurdles encountered with current administrative processes for doctors exploring the possibility of working in this country.

As a teaching practice, with experience in supervision of overseas trained doctors and a long standing commitment to the provision of timely quality healthcare to the community we agree that lowering the current standards set by professional and regulatory bodies should not be allowed.

The purpose of this submission is to address the requirements/impediments relating to New Zealand trained doctors.

In June 2010 Medicare advised New Zealand trained doctors, who were permanent residents or citizens of New Zealand or Australia when they enrolled in the accredited medical school, that changes to the Act meant that from April, 2010 they were no longer subject to the restrictions in section19AB of the Act.

Hence by many it has been touted that New Zealand trained doctors are being treated the same as Australians instead of like other foreign nationals.

This is clearly not the case as even mature New Zealand trained General Practitioners with in excess of

20 years experience, both in New Zealand where in some cases they have owned and operated their own General Practices and/or worked successfully in other countries as well, are still governed by restrictions under section 19AA of the Act.

Even though such doctors have impeccable records they are still obliged to take their FRACGP/FACRRM within 4 years of arriving in Australia when Australians of the same age and experience were not expected to have achieved this as they were grandfathered into VR status which is only otherwise achieved by passing the FRACGP/ACRRM.

Consequently there is no equivalence to Australians and the assumption may be that Australia will 'use' them for 4 years then kick them out despite their being eminently qualified and able to practice in New Zealand if they wished to return there.

This is hardly equality and no doubt may be a major deterrent to General Practitioners who can easily demonstrate the ideal skills and experience required in rural, area of need practices where they can not only be an invaluable asset to the provision of health care to the community but impart knowledge gained over many years to students as well.

I request that you consider and correct this inequity.

Yours sincerely,

Dr Marsh Godsall

Principal

Sarina Clinic