Submission No. 173
(Overseas Trained Doctors)
Date: 27/09/2011

reliance
MEDICAL PRACTICE

Terms of reference

Recognising the vital role of colleges in setting and maintaining high standards for the registration of overseas trained doctors (OTDs), the Committee will:

1) Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand colleges' assessment processes, appeal mechanisms could be clarified, and the community better understand and accept registration decisions;

2) Report on the support programs available through the Commonwealth and State and Territory governments, professional organisations and colleges to assist OTDs to meet registration requirements, and provide suggestions for the enhancement and integration of these programs; and

3) Suggest ways to remove impediments and promote pathways for OTDs to achieve full Australian qualification, particularly in regional areas, without lowering the necessary standards required by colleges and regulatory bodies.

Dr Rodney Beckwith

My interest in this matter derives from my position as the operator of a medium sized general practice of 5 full-time equivalent doctors, looking to expand, and struggling to meet demand for medical appointments. The practice has closed its books and cannot open them until more doctors are recruited. The main interest I have in this inquiry is to reduce impediments to recruiting overseas trained doctors while maintaining professional standards so I can get on with building a medical practice. To this end, my main submission is that the terms of reference are not wide enough. Looking at the other submission on the web-site many other people agree as they are discussing issues well beyond the terms of reference.

In my opinion the administrative processes to meet registration requirements for the RACGP are clear. Support provided by the regional training providers who train GP's for the FRACGP are excellent. However, there are a multitude of peripheral impediments to achieving full Australian qualifications and settling in Australia as an overseas trained doctor.

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The main issues relevant to me are:

1. Reducing the time required for recruiting an overseas trained doctor (OTD) and reducing uncertainty in the recruitment process;
2. Reducing employer sponsored working visa requirements;
3. Extending recognition of overseas post-graduate general practice qualifications to as many countries as possible;
4. Maintaining standards of professional medical practice in Australia;
5. Reducing uncertainty for OTD applying to work in Australia;
6. Increasing the number of doctors practicing in Australia, other than in politically determined areas of workforce shortage; and
7. Treating OTD with personal and professional respect, including the right to administrative and procedural fairness.

I believe the system needs substantial improvement in all these areas. The terms of reference of the committee are too narrow and most of the submissions on the Website reflect this. The whole recruitment and re-location process is dysfunctional, whereas the Registration requirements themselves are not difficult to understand.

1. Reducing the time required for recruiting an overseas trained doctor (OTD) and reducing uncertainty in the recruitment process.

The main issues about this process are the bureaucracy involved, and the uncertainty. My doctor ended up simply coming to Australia on a tourist visa and organizing all her paperwork here. Her start date was delayed about 6 weeks from memory, and she took the gamble that all would pay off. This is quite unsatisfactory. The steps involved were:

1. Obtain medical registration
2. Obtain permanent residency status/Employer sponsored visa
3. Obtain Fellowship of the RACGP

It took over one year of fairly diligent work to obtain DWS status for one doctor position and to fill that position. This is excessive. In my opinion:

a. Government significantly created the doctor shortage by restricting the training of medical students in the 1990's. I remember protesting in Macquarie Street, Sydney, at the time. I remember that the AMA vociferously argued that the Government was creating a problem for the long term. Such restriction was bad policy, and completely against the recommendations of the profession itself. Therefore, the Government has a duty to the medical profession and the

general public to correct its error. Therefore, the ability to recruit doctors from overseas should be a much easier process. The DWS scheme should be scrapped and doctor's enabled to recruit as needed. Competition is needed among general practitioners to improve quality service to the patient.

b. I am advised that the rate of retirement of existing GP's in my local area- the Central Coast of NSW- will exceed even the increased number of doctors coming through the training system, so the pressure to supplement the training system is likely to remain high.
c. I am an extremely busy small businessman and doctor. The requirements to recruit one doctor were a major burden in that context. Bureaucrats design systems which seem to assume that we all have lots of spare time to fill in paper and anxiously await uncertain approval processes.

I have also appended a note from my OTD about her experiences in coming to Australia, which were exhausting for both her and me, and most definitely she had it easy compared to others.

2. Reducing employer sponsored working visa requirements

Employer sponsored work visas applications require answers to questions about pay and conditions which are not relevant in the field of general practice medicine. This wastes time and effort and creates anxiety for medical practices seeking to recruit an OTD. The questions in the application are directed at safeguarding workers conditions in a wages situation. Doctors are not "employed" in general practice and generally do not receive wages. Doctors are highly valued and paid well through their own billings, including Medicare payments. Their remuneration is based on a percentage of billings generated. The money withheld by the medical practice "employer" is characterized as a service fee for the provision of essential back-up such as reception, billing, provision of a professional work space etc.

The Department of Immigration website states that: "All sponsors of Subclass 457 visa holders (457 sponsors) will be required to adhere to a new series of Sponsorship Obligations. For 457 sponsors, the obligation to ensure equivalent terms and conditions of employment will mean that they pay market salary rates to their overseas workers." The assumption is that a doctor will be paid a salary. They are not usually paid a salary at all and the detailed questions and explanations which follow on the form are difficult to answer. These visa applicants are not likely to be exploited and the requirement for the employer to invent answers to inappropriate questions is unnecessary.

Form 1196s "Sponsoring overseas employees to work temporarily in Australia" requires details of training plans for the business, presumably to ensure that Employers are not just recruiting overseas staff when they could be training Australians. This is totally irrelevant to the medical situation where the training requirements of any doctor are a central aspect of professional recognition of that person and where we have such an acute shortage of doctors that the idea we are simply importing low cost

overseas alternatives to save recruiting locally is ludicrous. The relevance of other subsequent questions in the form is very doubtful as well, for example, Q22-29.

3. Extending recognition of overseas post-graduate general practice qualifications to as many countries as possible.

The overseas trained doctor that I have recruited into my practice has qualifications from the UK. Her post-graduate qualifications were recognized in Australia, so this doctor had no trouble being granted unconditional vocational registration. This made vocational registration easy. I believe that assessment of other country's post-graduate training programs could be reviewed to see whether equivalence could be granted to at least some other graduates seeking to work as doctors in Australia.

4. Maintaining standards of professional medical practice in Australia

I strongly believe that standards for OTD's need to be strictly enforced and enhanced. One doctor in my practice came to Australia from China and worked his way through the system, eventually gaining vocational registration by completing RACGP training. This doctor has very low standards and I believe he should not have passed his examinations. His English is appalling and his medical practice is far from ideal. I restrict his practice to low risk situations, despite his legal right to unrestricted practice. This indicates to me that the standard of the RACGP Training Program is too low and needs to be reviewed.

I would add that the Regional Training Provider provided a lot of support for this doctor. He was given speech therapy and language training, for example, as well as more intensive support from Medical Educators employed by the training provider. I suspect that professional practice deficiencies I perceive are partly culturally derived and not easily amenable to re-training. Furthermore, the issues with this doctor were well recognized during his training, but he still managed to pass the examinations. It would appear that the subjective assessment of the training organization would be a better predictor of professional quality than the partly objective examinations.

5. Increasing the number of doctors practicing in Australia, other than in politically determined areas of workforce shortage.

Much of the dysfunction in our treatment of OTD's derives from the single-minded requirement that these doctors practice for a long time in an area of need. I think it could be appropriate to create 2

streams of OTD's- possibly, those with recognized post-graduate qualifications who are granted the right to practice in an unrestricted way throughout the country, and those who need to establish their post-graduate credentials who are granted the right to obtain those qualifications while working in a district of workforce shortage. This could allow for much more recruitment to help overcome the doctor shortage throughout the country.

6. Treating OTD with personal and professional respect, including the right to administrative and procedural fairness.

I would like to add to the chorus of complaints on the listed submissions arguing that well-trained and experienced doctors should not be placed in the humiliating position of becoming an intern to a less qualified person than them. Once I was supposed to supervise an overseas trained doctor when I worked for a medical deputizing service. The doctor had to spend one or two shifts with me. I was about 2 years post-graduate, not on a recognized training program, and "supervising" a doctor who was much more experienced and knowledgeable than me. This was a silly and embarrassing situation. Ultimately, it is unethical of the Government to create "second-class" doctors simply by the application of its powers over registration and immigration, and completely unrelated to the qualities of that person.

Yours sincerely

Dr Rodney Beckwith

(1)

I am a GP who obtained my post graduate training in general practice (MRCGP holding the JCPTGP certificate, UK) prior my job application as a GP in Australia. I accepted a job offer in December 2009. Once I have accepted the role in a practice based in NSW, I prepared certified copies of the relevant documents required for the transfer. It involved a mammoth amount of paperwork and took over 4 months for the various departments (AMC, NSW medical board, Immigration, medicare) to process my application.

There were times where I found information regarding the requirements was not consistent across AMC/RACGP/NSW medical board websites or through advice from individual agencies.

At the time, the information had not been provided in an easily understood ways, it was not clear whether I should apply via the specialist registration route or general registration route. I contacted AMC via email but there was no reply for several days. I therefore stayed up late one night on a weekday in the UK in order to ring the AMC office to clarify. Following submission of my application for creditial, It took the AMC several weeks to inform me that the documents I provided certified by an Australian solicitor were not acceptable when certified overseas. I believe these information has since been clearly stated on the AMC website compared to my time of application, but I feel that the process could have been more efficient.

It is important for all parties/organisations to provide up to date and consistent information to reduce level of confusion to OTD who are unfamiliar with the Australian registration process. OTDs have responsibility to navigating the system themselves, which is time consuming and the lack of a cross agency collaborative agreement in regard to coordination of the current system contributes to these time delays.

It is well recognised amongst OTDs that the bureaucratic hoops are hard to jump through. The duplication of document submission to RACGP/AMC/Immigration/ NSW Medical Board (now AHPRA) was off putting. Each agency has its own documentation and verification requirements and these was little information sharing or transfer of documentation between agencies. Comments made on a very popular UK doctors forum (doctor.net.uk) evidently demonstrates difficulties and frustration OTDs encounter throughout the registration process – one candidate received an 'incomplete application' email from AMC regarding his CV. AMC was not satisfied that his job history stated his current job position was until 'present' and asked for the specific date of 'present'. Some other posts commented on the inadequancy of the new AHPRA, namely how the person on the other end of the phone was only able to deal with chiropractic registration and was unable to help with her enquires regarding medical registration.

It would have been helpful if I was given an estimated timeframe for each step of the process – ECIS verification, RACGP specialist pathway, visa process time, medicare provider number process time. I made the move with my partner and our family on a visitor visa. I was instructed by our agency that things move faster once we are here to show our presence. We moved half way across the world based on the hope that our 457 visa would be approved while we wait patiently in a holiday rent my current employer very kindly offered for the first 2 weeks. The decision to move over to Australia was one of the biggest we have to make in our lives as it caused significant

personal and professional upheaval and comes at considerable personal financial cost (over $14,000 for transfer of our family, $15,000 for the two cars & extra living costs). If the individual organisation can communicate with the applicants regarding the timeframe for the application process, the applicant could make informed decisions and better plan their move to Australia.

(2) I would propose for an orientation program for all OTD, particularly focusing on the Australia Health Care system, practice orientation including effective medical software use, community orientation, chronic disease management, Australian law, PBS and indigenous health. I was lucky to have a very supportive team that was always there when I needed help. Being on the central coast also means that I have adequate back up in terms of specialist opinion and patient access to an acute hospital positioned within 10 minutes drive. However, there are still areas in the Australia health system I remain unfamiliar with. I can imagine feeling isolated and helpless if I was to be placed in a more regional or remote area with little knowledge of the local services.

I believe a funded comprehensive orientation program for 1-2 weeks prior to commencing practice will enhance OTD efficiency and confidence.