

SUBMISSION TO THE STANDING COMMITTEE

On the Health and Ageing Inquiry into registration process and support of Overseas Trained Doctors

Western District Health Service (WDHS) is based in Hamilton Victoria approximately 300kms from Melbourne and 440kms from Adelaide and it is the central point in the Greater Green Triangle.

Western District Health Service through the Hamilton Base Hospital campus is the Sub Regional referral centre for medical and surgical services for primarily the Southern Grampians/Northern Glenelg Shires with smaller catchments from neighbouring shires including South East South Australia.

The main campus of Western District Health Service is Hamilton Base Hospital which provides 75 beds offering a comprehensive range of medical and surgical services, sub acute, intensive care and Regional Trauma Service. Self sufficiency for core acute services for the primary catchment area is around 80%. There are two Aged Care Residential facilities attached to Hamilton Base Hospital campus, The Birches, a 45 bed aged residential high care facility including 30 beds for high care dementia and 3 psychogeriatric beds. It also provides 1 bed for palliative care. The other 45 bed aged care facility, The Grange, is mainly high care with ageing in place. Thirty Community Aged Care packages are provided from the Grange.

The Primary and Preventative Health Division offers a comprehensive range of Allied Health, primary preventative health promotion and education programs from the main Hamilton Base Hospital site including Youth Outreach services and the South West Community Transport program.

A range of corporate and clinical specialist services are provided from the Hamilton campus to other neighbouring Health and Community Service providers.

The National Centre for Farmer Health which is a partnership between Western District Health Service and Deakin University was established on the Hamilton Base Hospital site in November 2008. The National Centre, the first of its kind in Australia, is a research, education and service delivery centre for the health, wellbeing and safety of farm families and farm workers.

Western District Health Service also has 2 small multi-purpose service campuses located at Coleraine and Penshurst and operates a Community Health Centre at Merino.

As a small Regional Centre we are heavily dependent upon overseas trained Specialists and G.P.'s to support the provision of medical and surgical services to our catchment population of around 37,000.

The recruitment of overseas trained Specialists in particular is extremely complex and complicated and requires Western District Health Service to engage the services of recruitment agencies which is a costly exercise in itself.

Despite the use of experienced and well credentialed recruitment agencies our experience in the recruitment of overseas Specialists is one of extreme frustration, extreme delays (in one instance nearly 2 years) which often results in the potential Specialist giving up on

pursuing an offer of employment. Unfortunately this often appears as a deliberate strategy by the respective College.

Western District Health Service fully appreciates and supports a robust process to ensure that Specialists are appropriately skilled to provide a high quality service that we are accustomed to in Australia.

It is often not understood by the Australian Medical Council and the respective Colleges that in regional and rural areas one Specialist vacancy can make all the difference in terms of providing a sustainable on call roster system for the provision of emergency medical and surgical services. Delays of 12 months and more in the recruitment process are just not acceptable. It is not only costly, but also places regional and rural communities at great risk in terms of providing medical and surgical services in an emergency situation.

The registration and qualification process for overseas trained doctors (OTD's) is burdened with overzealous administrative and accountability processes which are uncoordinated thereby increasing the complexity and risk of extraordinary delays.

Typically an OTD is required to go through the processes of the Australian Medical Council, the relevant Specialist College, AHPRA, Immigration and Department of Health and Ageing, and Medicare for a provider number.

Each of these authorities has its own administration and accountability systems that are uncoordinated, unwieldy and often duplicated or replicate the process system of each other. Each requires its own individual application based upon its own criteria.

The reality of the situation is that whilst applications from OTD's are caught up in the myriad of processes regional and rural communities are suffering.

Therefore our system for processing OTD's need a major overhaul and restructure to:

1. Provide better coordination and integration of the processes and procedures.
2. Streamline and simplify the entire process.
3. Ensure that an OTD who is compliant is able to be dealt with within a 6-9 months period.
4. Ensure there is a clear and transparent process.
5. Provide financial support to health organisations who require OTD's to ensure their communities have access to an appropriate and safe range of services.
6. Establish a single assessment/registration process and simplified procedure whilst maintaining a robust process to ensure safety and quality.
7. Establish a pathway between the OTD assessment and registration process and immigration.

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