

**Submission No. 36**

(Overseas Trained Doctors)

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**headspace**

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**headspace submission to:**

**Inquiry into Registration Processes  
and Support for Overseas Trained  
Doctors**

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## Introduction

**headspace** welcomes the opportunity to submit a submission to the Inquiry into the Registration Processes and Support for Overseas Trained Doctors (OTDs). In this submission we will focus on the three areas, the 10 year moratorium, support programs and the role of OTDs in the area of mental health. We believe given the workforce shortages in the mental health profession in Australia that OTDs have an important role to play in ensuring that we provide access to mental health services for all Australians.

## About headspace

**headspace** aims to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young Australians aged 12-25 years.

**headspace** was launched in 2006 and was initially funded as part of the Federal Budget commitment to the Youth Mental Health Initiative. **headspace** is currently funded by the Australian Government under the Promoting Better Mental Health – Youth Mental Health Initiative.

**headspace** has thirty centres that provide services to young people across Australia. **headspace** centres are located in each State and Territory and cover metropolitan, regional and rural locations. **headspace** Centres provide support, information and services to young people. A **headspace** Centre is a youth friendly community based provider of services to young people 12 – 25. During our establishment phase, our 30 services provided over 300, 000 sessions of care to over 35 000 young people. We anticipate that these numbers will grow dramatically as the centres consolidate and become better known in the communities that they serve.

Provided at a community level by a consortium of services, all **headspace** Centres have at their core a primary care component with allied health, drug and alcohol workers and mental health practitioners. The array of services is diverse and multidisciplinary ensuring Centres can address a wide range of concerns affecting young people. In addition, the **headspace** website provides information and support to young people, parents, carers and workers and is widely accessed. The **headspace** Centre of Excellence provides evidence and best practice information in youth mental health for workers.

The National work is driven through four core areas: community engagement and awareness raising, provision of training and education, driving service sector reform and building knowledge in evidence based treatment.

## Key Activities:

- Providing young Australians with a coordinated and integrated service which addresses health and wellbeing needs
- Promoting local service reform to meet the needs of young people
- Creating awareness and educating young people about how and when to seek help
- Providing an extensive and accessible web-based resource targeting young people, but also providing resources for families, teachers and practitioners.
- Reviewing evidence and interventions to provide Australians with the most up-to-date information on youth health, reported through our website
- Giving young people a voice by providing opportunities to participate in shaping service delivery
- Training professionals in working with young people
- Ensuring that youth mental health issues are prioritised by influencing policy direction and service sector reform

The recent Independent Evaluation of **headspace**<sup>1</sup> was favourable in its view of the **headspace** model, its acceptability among young people, and the quality of care provided across the four core streams.

## Preamble

Workforce issues – recruitment and retention, are a common lament for health services across Australia. From GPs to nurses and psychiatrists to other allied health professionals, we are seeing a shortage of health professionals to service the Australian population. Rural and remote locations suffer more than urban areas. Peak bodies in the health industry (eg AGPN, APS and AMA) have been commenting on this issue for a number of years and have been lobbying government for solutions.

The issue has arisen due to an ageing workforce and also a shortage of training places for new recruits. Coupled with this is a preference amongst the health professionals for new ways of working including a reduction of hours, reduction of out of hours work, and a call for more part-

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<sup>1</sup> Muir K., Powell A., Patulny R., Flaxman S., McDermott S., Oprea I., Gendera S., Vespignani J., Sitek T, Abello D. and Katz I. (2009). Independent Evaluation of **headspace**: the National Youth Mental Health Foundation. Social Policy Research Centre, University of New South Wales.

time options. With a substantial increase in the number of women entering the health workforce there has been an increase in demand for part time positions. All these factors have had an impact on providing adequate care to patients.

Already there have been a number of initiatives put in place to address the issue. These include:

- an increase in graduate and postgraduate places;
- development of the nurse practitioner role;
- development of multi-disciplinary teams and super-clinics; and
- recruitment of overseas trained doctors.

*"Australia's health care sector is facing drastic shortages and this boost to the workforce makes a real difference on the ground to the capacity of health care services around the country. These new migrants are playing a crucial role in addressing medical workforce shortages. Without them, many rural and regional areas in Australia would be left with no GPs. Indeed, these doctors usually work in the areas that struggle to attract medical professionals – places that would be in real trouble without them".<sup>2</sup>*

The recruitment of overseas trained doctors has been a strategy that has been attracted debate on a range of issues. Common themes in these debates are; discrimination, patient safety, lack of support, and lack of consistency of assessment. Despite criticisms the recruitment of overseas trained doctors has been vital in addressing the workforce shortages in Australia especially rural and remote areas. However, there are areas for improvement and the government has recognised this with the initiation of the *'Inquiry into the registration processes and support for overseas trained doctors'*. To assist in this inquiry we will focus our comments on three areas; the 10 year moratorium, support programs for OTDs and their families; and the role of OTDs in mental health.

## **The 10 year moratorium**

OTDs form a significant component of the medical workforce in Australia. Given the current restrictions on access to Medicare rebates, this workforce is heavily concentrated in outer urban, rural and remote parts of Australia. It is estimated that OTDS make up 41 per cent of the medical workforce in rural and remote areas and between the mid-1990s to 2004, there has

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<sup>2</sup> Carnell, K. (ADGP CEO) (2005) Press release: 'Overseas-Trained Doctors: We Need Them And They Deserve Our Support' 29 July 2005, ADGP.

been an eighty per cent increase in overseas trained doctors working in rural areas, compared with an eight percent increase for Australian trained doctors.

The 10 year moratorium, which requires OTDs to work exclusively in rural and remote areas for 10 years or more, has been accused of being used to *“prop up the rural and remote medical workforce”*<sup>3</sup>. The 10 year moratorium is viewed by many as being discriminatory and potentially harmful to both to the OTD and patient as it often places OTDs in areas where there is limited or no access to professional support or supervision in what has been described as some of the most professionally challenging clinical environments.

Commentators have called on the government to abolish the 10 year moratorium and develop robust policies and incentives to address the issue of workforce shortages in rural and remote areas rather than forcing OTDs to work there. *“By adopting a ‘more carrot, less stick’ approach, the Government will go a long way to restoring country practice as an attractive long-term career choice for all doctors.”*<sup>4</sup>

**headspace** supports the call to government to abolish the 10 year moratorium as it is a discriminatory policy.

### **Support programs for OTDs and their families**

OTDs are placed under considerable stress when they relocate to Australia. They often find themselves in a different culture, working within a very different model of healthcare. They are often unsupported, ill prepared and unsupervised. Coupled with this they face financial pressures of relocation and experience social isolation. The families of many of these health professionals also cannot even access Medicare when they arrive in Australia and also have to face the cost of education of their children (even in the public system). This is unacceptable. A range of support programs need to be put into place. These include:

- Universal entry requirements
- Standardised orientation programs including the health care system and Australian life and culture
- Universal requirement and standards for supervision
- Universal requirement to participate in continuing professional education.

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<sup>3</sup> Pesce, A (2010) Press Release: ‘AMA Urges Greater Support for International Medical Graduates’, AMA, 18 January 2010.

<sup>4</sup>ibid.

- Support to complete RACGP Fellowships and other Australian qualifications
- Access to health and education services such as Medicare and free or subsidised education

headspace recommends that the government offer the range of support programs listed above as a minimum.

### **OTDs working in the mental health sector**

One speciality which has a significant reliance on OTDs is psychiatry. According to Barton et al, by 1996, 41.4% of the psychiatry workforce in Australia was overseas born, including 24% whose primary qualification was obtained in a country other than Australia<sup>5</sup>. Most OTDs working in this field are employed in public sector psychiatry.

Ensuring that OTDs are appropriately trained and supported to undertake their role in psychiatry (or any other field of specialisation) is critical. Yet, given their concentration in under-serviced areas, OTDs often have the least access to education, further training, and supervision support.

In addition, given the fact that most OTDs working in psychiatry are working within State/Territory funded inpatient units and/or community mental health units their clinical practice is often limited to working with people with chronic and severe mental health problems. This has a major impact on their ability to understand and practice early intervention across the full range of mental disorders, a focus that is widely regarded as critical to reducing the high burden of disease associated with mental disorders in Australia.

Without sufficient exposure to the practice of early intervention, OTDs will not acquire the skills that they need to diagnose and assist people at the early stages of their illness trajectory where the opportunity for positive outcomes is most favourable. It is therefore essential that government strategies for streamlining the registration requirements for OTDs pays attention to these doctors' education and training needs and ensures that these are aligned with the Federal government's public health objectives in all of its National Health Priority Areas.

OTDs working in the field of psychiatry should be given opportunities to obtain practice experience in early intervention. This could be achieved by mandating a minimum period of

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<sup>5</sup> Barton, D., Hawthorne, L., Singh, B. & Little, J. (2003). Victoria's dependence on overseas trained doctors in psychiatry. *People and Place*, 11(1), 54-64.

placement (e.g. 6 months) within a **headspace** centre, or within an early psychosis centre. **headspace** would welcome the opportunity to work with the government in relation to this proposal.

To support this proposal we recommend that **headspace**, the National Youth Mental Health Foundation, be provided with funding to develop and implement a suitable education and support package relating to early intervention practice for OTDs working in the field of psychiatry. This would be delivered by distance education and through its service system, in collaboration with the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

**headspace** also recommends that RANZCP be provided with funding to develop and implement a distance education training package for all OTDs working in the field of psychiatry which covers issues relating to psychiatric practice in the context of Australian society, a population mental health overview, organisational and legal dimensions of practice, communication skills for a culturally diverse population, as well as the diagnosis and management of specific mental disorders. The early intervention component of the training would be a joint initiative between RANZCP and **headspace**.

**headspace** also recommends that funding be made available through Medicare Locals, to provide 'on the ground' personal and professional support to all OTDs working in the field of psychiatry practicing in isolated settings. This could include a 'buddy system' for mentoring support from locally trained psychiatrists working in regional centres or capital cities.

## **Conclusion**

OTDs provide a vital service to the Australian health sector. The work and contribution of OTDs should be valued and acknowledged by the Australian community and the government. Currently OTDs are often unsupported and discriminated against. Discrimination is enshrined in government policy with the 10 year moratorium. This needs to be rectified. Workforce shortages continue to be an issue in Australia and worldwide. The employment of OTDs is one strategy but should not be the main answer to this growing problem. **headspace** is calling on the government to prioritise the issue of workforce shortages in Australia especially in rural and remote areas. The current reforms in the mental health sector will fail if workforce shortages are not addressed. The proposed health reforms need to include strategies to adequately staff rural and remote areas without an over-reliance of OTDs. Local Hospital Networks and Medicare Locals should demonstrate how they will support OTDs and develop local strategies to promote working in rural and remote areas to all medical professionals.

## Bibliography

1. Arkles, R.S., Hill, P.S., and Jackson Pulver, L.R. (2007) '*Overseas Trained Doctors in Aboriginal and Torres Strait Islander Health Services: Many Unanswered Questions*'. MJA, Vol. 186, No. 10, pp528-530.
2. Australian Doctors Trained Overseas Association (2010) Press Release: *ADTOA WINS PARLIAMENTARY HEARING INTO PESCI ASSESSMENT*. ADTOA 24 November 2010.
3. Australian Medical Association (2004) *AMA Position Statement: Overseas Trained Doctors*. AMA 2004.
4. Barton, D., Hawthorne, L., Singh, B. & Little, J. (2003). '*Victoria's Dependence on Overseas Trained Doctors in Psychiatry*'. *People and Place*, 11(1), 54-64.
5. Carnell, K. (ADGP CEO) (2005) Press Release: '*Overseas-Trained Doctors: We Need Them And They Deserve Our Support*' 29 July 2005, ADGP.
6. Kamien, M. (2007) '*History of Migrant Doctors*', Australian Doctors Trained Overseas Association.
7. National Rural Health Alliance (2003) '*Policy Portion 2003/3 – Support for Overseas Trained Doctors*'. NRHA November 2003.
8. McGrath, B.P. (2004) '*Integration of Overseas-Trained Doctors into the Australian Medical Workforce*', MJA, Vol. 181, No.11/12, pp640-642.
9. Pesce, A (2010) Press Release: '*AMA Urges Greater Support for International Medical Graduates*', AMA, 18 January 2010.
10. The Royal Australian College of General Practitioners (2009) '*Position Statement – 10 Year Moratorium for International Medical Graduates*'. RACGP November 2009.