



Answer to question:

PARLIAMENTARY JOINT STANDING COMMITTEE ON MIGRATION

MIGRATION, PATHWAY TO NATION BUILDING INQUIRY

QUESTION: Do you make a distinction between visa categories? Those who are prepared to go to regional Australia could have a different visa as part of the carrot that may not be offered to those who choose to settle in a city, for example. I'm trying to work out how that incentive could be viewed as not discriminatory, although there's one lot of rules for one and not for the others. Often that can have a negative rather than a positive effect. Could that be something that could be worked on?

ANSWER: Although the RACGP doesn't have a policy position relating to visa categories and/or visa types, we can comment on the attraction and retention of doctors to rural general practice across Australia.

The RACGP encourages a blended approach encompassing rurally scaled incentives and support to attract doctors to choose rural general practice. While the 10-year moratorium remains as the Government's key policy, the research shows coercive strategies don't provide a long term solution to workforce shortages in rural and remote areas but rather a policy option to address acute shortages

(<https://apps.who.int/iris/rest/bitstreams/1377018/retrieve>).

Accordingly, RACGP continue to advocate for better support for GPs in rural and remote locations, for example:

- Supportive: reinstate funding to support IMGs prepare for specialists GP training to practice to Australian standards
- Supportive: greater cultural awareness and safety training
- Supportive: structures that reduce personal hardship, family stress and social isolation
- Incentive: coordinated approach to processing applications to reduce administrative burden and processing for suitably qualified IMGs
- Incentive: 103 sub-visa (parent visa) for MMM2-7 locations.

We would support any new measures which provide tangible support for doctors choosing rural pathways and rural general practice.

Since the public hearing, the RACGP has been engaged with responding to Ms Robyn Kruk's Interim Report. Our submission outlines measures that could be reviewed to achieve a simpler and more streamlined process for international medical graduates (IMGs), including specialist IMGs (SIMGs). These include:

- simplifying/amending comparability assessments
- widening the category of training types considered applicable to the specialist pathway
- removing requirements for multi-source feedback and the reflective essay
- reducing minimum time from 6 to 3 months.

The submission also notes the following reform options are missing from the Interim Report:

- offering IMGs and SIMGs an easier pathway to permanent residency
- additional government funding for IMGs/SIMGs undertaking training and assessments.

The RACGP will continue to engage with Ms Kruk throughout the course of the independent review and will keep our members updated.

Yours sincerely



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Chair, RACGP Rural