



ADTOA

AUSTRALIAN DOCTORS TRAINED OVERSEAS ASSOCIATION LTD

Registration: NSW Y 2255725 & ACN 0824198430

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Submission No.....	56
Date Received.....	

The Secretary
Joint Standing Committee on Immigration

Fax No: 6277 8506

Dear Sir/Madam

Please find attached our submission re: the issue of "business visas" to overcome shortages of skilled labour.

Yours faithfully,

A. Schwartz
Andrew Schwartz
President

Submission of The Australian Doctors Trained Overseas Association

Firstly may I state our Association fully supports the idea of recruiting skilled labour to meet shortages that cannot be met by Australian citizens/permanent residents including for doctors.

But we believe that recruitment overseas of temporary residents should only be allowed to take place if genuine efforts have made to recruit suitably qualified permanent residents.

As far as doctors are concerned there has always been a bias against permanent residents overseas trained doctors, particularly against those from the non English speaking countries (we believe this to be caused by a mixture of racism and market protection for the benefit of the incumbant doctors).

In the past few years most of the jurisdictions have given permanent resident overseas trained doctors a far better chance of obtaining work in area of need positions.

The exception to this is New South Wales, where the health authorities describe most "area of need position" within the NSW public health system as "occupational trainees" thus avoiding the need for market testing and the NSW authorities recruit temporary residents without even giving permanent residents the opportunity to apply. Only if the NSW authorities are unsuccessful at recruiting a temporary resident overseas trained doctor, is the position declared an "area of need" and permanent residents given the opportunity to apply.

I must also state that even though the duties/functions is identical, occupational trainees are automatically registered by the NSW Medical Board without inquiry, while applicants for "area of need" have to go through an assessment process by the NSW Medical Board.

Please find and marked Schedule "A" a table from the NSW Medical Board showing the number of registrants in various categories. Please note the huge numbers of Postgraduate Trainees (other words for occupational trainees) almost 100% of whom are/were temporary residents at the time of initial registration.

This problem has been ongoing for many years and I attach the following documentation in support (together with some comments)

1. Pages 69-70 (Marked Schedule B) from the Report of the Committee of Inquiry into Employment Practices within the NSW public health system.

This Report was completed in 1998, NSW Health refused to release but was tabled in the Upper House of the NSW Parliament in 1999.

The recommendation of the Committee have been totally ignored by the NSW Authorities.

2. Copy of letter from NSW Health, dated 21/10/03 (marked Schedule C) and I bring your attention to the following undertaking by NSW Health

"In regard to occupational training positions it was agreed that NSW Health would seek information from the Area Health Services on the mechanisms used for advertising these positions.

Needless to say, NSW Health failed to honour their promise.

3. Copy of letter from the Hon T Abbott M.P., Minister for Health and Ageing, dated 2 March 2004 (marked Schedule D)

I would bring your attention to paragraph (1) on Page 2 and despite the concerns of the Commonwealth, noting changed in the last 3 years.

I would urge the Commonwealth to deny visas to individuals sponsored by the NSW public health system until and unless:

1. The NSW Medical Board assesses temporary residents and permanent residents in a similar manner (i.e. no automatic registration for post graduate trainees unless same is applied for are of need positions in a hospital setting).
2. The NSW authorities prove that they have undertaken appropriate market testing and there can be no trust given as the NSW authorities have been abusing the system for over 10 years now.

Lastly, we believe that no overseas trained doctor temporary or permanent resident, should be registered by any Medical Board simply on the advise of the employer (as happens presently on a very large scale in NSW) in order to ensure the public's safety.

SCHEDULE 'A'

YEAR IN REVIEW

The following tables give an overview of the Board's activities in the four major areas of Registration, Professional Conduct, Performance and Health, and a three year historical comparison.

	2002/03	2003/04	2004/05
Number of Registrants by Category			
Category of Registration			
General (unconditional)	21590	21798	22307
Interns	478	487	479
AMC registrants undertaking supervised training	91	94	150*
Postgraduate Trainees	889	1082	1193
General Practice Trainees	183	185	200
Area of Need	197	217	247
Conditional Specialists	426	511	624
Specialist Trainees	16	21	15
Retired/Non Practising	1380	1563	1625
Other	256	53	249
Total Registrants	25481	26011	27089
Student Registrants	2495	2209	2716
Professional Conduct			
Complaints received	1129	1030	1080
PSCs concluded	12	11	19
Medical Tribunals concluded	27	19	35
Counselling Interviews	22	12	15
Section 66 Inquiries	29	34	18
Health			
Doctors in Health Program	131	131	126
Entrants to Program	48	40	37
IRPs convened	55	50	48
Board Review Interviews	169	210	211
Performance			
Doctors in Performance Program	36	33	42
Notifications	21	21	22
Entrants to Program	15	19	17
Assessments undertaken	16	13	10
PRPs concluded	11	4	7
Retired as a result of participation	3	2	2
Section 26 Interviews	36	31	18

*Increase in number of AMC graduates registered at 30/07/2005 in main due to mid year allocation commencing in June instead of August.

SCHEDULE R

- ◆ Overseas-trained doctors sit all subjects in the multiple choice question examination in one sitting; Australian medical students have a course followed by an examination in that subject.

These matters are discussed in detail in Chapter 5.

3.4.2 Area-of-need positions

In 1996 it was agreed that permanently resident overseas-trained doctors would have access to area-of-need positions. Until that time the positions had been filled exclusively by temporary resident doctors recruited from abroad. Before being permitted by NSW Health to initiate recruitment action overseas, area health services are required to ensure that permanently resident overseas-trained doctors have been informed of their right to apply for these positions. In spite of this, temporary resident doctors are still offered concessions that are not offered to permanently resident overseas-trained doctors. There are 39 area-of-need positions in New South Wales. Of these, only nine are currently filled by permanently resident overseas-trained doctors.

Permanently resident overseas-trained doctors are eligible for area-of-need positions in New South Wales if they pass the multiple choice question examination on their first attempt and are booked to sit the next available clinical examination. If they are successful in gaining an area-of-need position they must study and work at the same time. This is difficult, especially in rural areas, where medical positions may involve 12-hour rotating shifts or long periods of overtime.

Temporary resident doctors are recruited from overseas and take neither the multiple choice question examination nor the clinical examination. If they are granted permanent residence they may remain in their area-of-need position provided they are booked to sit the next available multiple choice question examination.

The Committee was informed that temporary resident doctors are recruited from five preferred countries—the United Kingdom, Ireland, South Africa, Hong Kong and Singapore—because candidates from these countries received marks on a par with those of Australian candidates (97 per cent) in a US examination, the Educational Commission for Foreign Medical Graduates exam, that was like the multiple choice question examination. The NSW Medical Board introduced this benchmark for area-of-need positions in 1989.

This matter is discussed in detail in Chapter 4. Data from the NSW Medical Board show, however, that temporary resident doctors from countries other than the preferred five are working in New South Wales and have not been required to take the Australian Medical Council examinations.

The criterion used to determine exemption from Australian Medical Council examinations is, therefore, temporary residence, although it is obvious that more temporary resident doctors from the five preferred countries benefit from these concessions than do temporary resident doctors from non-preferred countries.

SCHEDULE B₂

3.4.3 Occupational trainees

At present there are 297 occupational trainees in hospitals in New South Wales, primarily in metropolitan areas (see Appendix C). Of these, 17.7 per cent, are funded by overseas aid programs, foreign governments and scholarships to gain clinical knowledge that will be of benefit to their countries. The remainder of the trainees occupy salaried positions, frequently registrar and resident medical officer positions that cannot be filled with local graduates in such areas as Emergency and Intensive Care. This informal arrangement offers concessions and opportunities to temporary resident doctors that are not available to permanently resident overseas-trained doctors.

In general, the system appears to operate as one of mutual recognition with the five preferred countries. Temporary resident doctors are given registration by the NSW Medical Board on the basis that they are undergoing postgraduate training in Australia. These periods of training are counted towards the occupational trainee's specialist training in their home country. The training program for each trainee is approved by the relevant specialist college.

As with area-of-need positions, the arrangement benefits more temporary resident doctors from the five preferred countries but is in no way confined only to such doctors. The criterion for the concessions is again temporary residence: permanent residents are not eligible for these positions.

Three concessions offered to occupational trainees are not offered to permanently resident overseas-trained doctors:

- ◆ access to employment—permanently resident overseas-trained doctors have no access to employment in salaried positions anywhere in New South Wales without passing the multiple choice question examination. No test of their suitability to occupy a registrar's position is done before advertising overseas;
- ◆ access to registration for clinical exposure during training—permanently resident overseas-trained doctors are not provided with any form of registration as trainees that gives them clinical exposure in hospitals through performing tasks;
- ◆ access to specialist training—permanently resident overseas-trained specialists who are assessed by specialist colleges as requiring further training in order to gain recognition are provided with a maximum of two years' registration by the NSW Medical Board. Temporary resident occupational trainees are provided with a maximum of four years' specialist training. Permanently resident overseas-trained specialists often find there is no position in which they can gain the years of training specified by specialist colleges in their assessment. In contrast, about 300 positions are used to supply specialist training to temporary residents.

SCHEDULE 'C'H03/11866 and
H03/12069

Mr Andrew Schwartz
President
Australian Doctors Trained Overseas Association
141/125 Oxford Street
BONDI JUNCTION NSW 2022

Dear Mr Schwartz,

I refer to correspondence to of 29 September and 3 October 2003 following up on matters discussed in the regular meeting between the Department and the Australian Doctors Trained Overseas Association (ADTOA) held on 25 September 2003.

I respond as follows. You will note from the attached draft minutes of the meeting that these issues were addressed.

Item 1: Please see 5 iii) of the draft minutes.

Item 2: The NSW Health Department has rejected claims made by the ADTOA that have not been supported by evidence. The Department has and will continue to investigate cases brought to the attention of the Department where these cases are supported by evidence. Independent investigators will be engaged, as has occurred in the past, where the facts warrant such action.

Item 3: Please see 4 iv) B and C in the draft minutes.

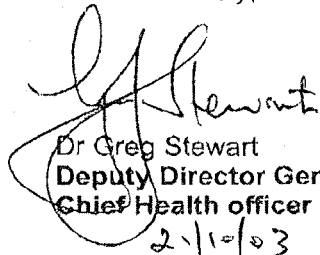
The Department rejects the claim that Area Health Services are inappropriately using the definition of a Visiting Medical Officer (VMO) in the advertising of a vacant VMO positions. As you will be aware, ADTOA was invited to provide evidence to support their claims that specialists have been denied employment as a VMO as a result of the use of this definition. ADTOA were not able to provide any evidence or cite a case where this had occurred.

Item 4: The Department rejects this claim and holds that issues raised by the ADTOA have been addressed in a bona fide matter, for example in the case of Dr

In regard to occupational training positions, it was agreed at that meeting that NSW Health would seek information from Area Health Services on the mechanisms used for advertising these positions (see section 4v of the draft minutes).

Should you wish to discuss any of these matter further, then I will have them included on the agenda of the next meeting scheduled for the 4 December 2003.

Yours sincerely,



Dr Greg Stewart
Deputy Director General, Public Health and
Chief Health officer
2.11.03

SCHEDULE D

THE HON TONY ABBOTT MP
MINISTER FOR HEALTH AND AGEING
Leader of the House of Representatives

Dr Andrew Schwartz
President
Australian Doctors Trained Overseas Association
141/125 Oxford Street
RONDI JUNCTION NSW 2022

Dear Dr Schwartz

Thank you for your facsimile of 9 January 2004 about a number of issues relating to the employment of overseas trained doctors in New South Wales.

As you are aware, the Australian Government has provided \$2.4 billion under the **MedicarePlus** Package to strengthen Medicare now and for future generations. This Package contains health workforce initiatives that have been developed in response to overall medical workforce shortages being experienced in Australia. These initiatives will increase opportunities for appropriately qualified overseas trained doctors (including permanent residents) to enter the Australian medical workforce.

Under this Package, \$432.5 million has been committed over the next four years to overseas trained doctors. All initiatives will have commenced by June 2005. The initiatives will address issues in relation to:

- international recruitment strategies;
- reducing red tape in approval processes;
- assistance for employers and overseas trained doctors in arranging placements;
- improved training arrangements and additional support programs; and
- opportunities for doctors to stay or obtain permanent residency through changes to immigration arrangements.

Under **MedicarePlus**, training opportunities for overseas trained doctors will be enhanced. This is likely to include increased support for bridging course participation. The Overseas Trained Doctor Taskforce is currently examining how the training initiatives will operate in collaboration with stakeholders. I understand that you have been in contact with the Taskforce recently and that you have agreed to provide them with your views in relation to the training initiatives for overseas trained doctors under **MedicarePlus**. Your comments as well as those of other interested groups will be considered when developing details of the training packages.

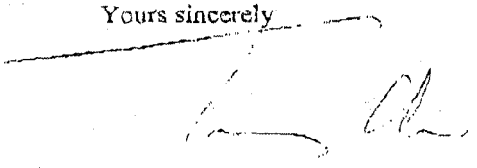
SCHEDULE 'D'

I note that some of your concerns relate to matters pertaining to New South Wales State Government activities, particularly in relation to occupational trainees in New South Wales public hospitals and to the assessment and recruitment overseas trained specialists. The New South Wales State Government has primary responsibility for the first issue. However, my Department is aware of the large number of occupational trainees employed in metropolitan Sydney hospitals and is currently considering this matter in conjunction with New South Wales Health and the Australian Department of Immigration, Multicultural and Indigenous Affairs which issues visas for occupational trainees.

In regard to the issue of overseas trained specialists, I am aware that the assessment and registration processes are a critical issue. This problem is being addressed under MedicarePlus. My Department will work with the Australian Medical Council, the specialist medical colleges, State medical boards and jurisdictions to enhance specialist recognition processes for overseas trained specialists. This initiative will support the development of new approaches to the assessment of temporary and permanent resident overseas trained specialists.

A Joint Working Group on Overseas Trained Specialists was also established in July 2003 to advise on mechanisms to streamline the recognition, registration and additional training arrangements for overseas trained specialists. Its membership includes the Committee of Presidents of Medical Colleges, the Joint Standing Committee on Overseas Trained Specialists, the Australian Medical Council, the Royal Australasian College of Surgeons, the Royal Australasian College of Physicians, the Australian Health Workforce Officials Committee and my Department. Reform measures currently being developed by the Joint Working Group are closely aligned with elements of the MedicarePlus Package relating to overseas trained specialists.

Yours sincerely



TONY ABBOTT

02 MAR 2004