



**Submission No. 107**  
(Overseas Trained Doctors)  
Date: 24/02/2011

## **Rural Health Workforce Australia**

**Submission to the Health Standing Committee**

# **Parliamentary Inquiry into Overseas Trained Doctors**

## **Submission**

**11 February 2011**



This submission has been prepared by Rural Health Workforce Australia (RHWA). Rural Health Workforce Australia manages national programs that tackle the shortage of doctors and other health workers in rural and remote communities. This includes the recruitment of Australian and overseas trained doctors, locum support and encouraging university students to pursue rural health careers. A not-for-profit organisation, RHWA is also the peak body for the state and territory Rural Workforce Agencies.

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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;*

The Committee will have received numerous submissions from various organisations which have tried to succinctly explain the processes to the Committee. It would be interesting to know how long it has taken the Committee members to understand the process. We envisage it would have taken a very long time with many a furrowed brow.

We also expect that a number of submissions you have read will have explained the process differently which has likely led to confusion. This might be because those providing submissions don't understand the complex process or because the processes differ across jurisdictions (though they are supposed to be national).

Given the difficulties you have had, imagine being an overseas trained doctor! Imagine English is not your first language! Imagine you are a busy doctor trying to deliver services in your own community while also completing paperwork and sending it across the world.

Given the worldwide competition for quality doctors to work with our most disadvantaged communities, such as rural and remote communities, it is our obligation to make the process easily understood. This cannot be done currently and we will explain why.

On July 1 2008 (more than two years ago) the COAG decision to have a national assessment process for all overseas trained doctors was supposed to be implemented. We wholeheartedly support the aims of the policy. The aim was a national, streamlined process to assess doctors trained overseas. Disappointingly, the process we have now has actually increased the process complexity – making it one of the most difficult to understand in the world.

While we will not go through the process in detail as it would make this submission far too long, what we would like to stress is that we do not have a national process. Currently you can pass an assessment (using a Pre-Employment Structured Clinical Interview (PESCI)) by an agency in Victoria which is accredited by the Australian Medical Council. However, this will not be accepted by a Medical Board in all States. How can this be when the process is supposed to be national? This goes some way to explain why it is so difficult to explain the national process - we don't have one! We have processes which continue to be determined by Boards in each jurisdiction.

It is asking too much of an OTD (especially if they are outside the country looking to come in) to understand the variations.

Given the myriad of organisations, all with a different standard to assess, the process will always be complex, no matter how much each separate organisation attempts to streamline their administration. However, each organisation could and should ensure that their own processes are timely, accessible, low cost, and do not duplicate the processes of another organisation. However, there is no overarching umbrella organisation to ensure that this happens. There is no organisation responsible for the whole

process. No organisation with a role to identify and reduce duplications and explain the whole process to an OTD.

For individual OTDs who are seeking to relocate to rural or remote Australia and work as GPs, Rural Workforce Agencies provide a case management approach to help them navigate the organisations and pathways. RWAs have dedicated expert staff to provide this service. They are required to keep up to date with changes across the Australian Medical Council, Medicare, the Australian Health Practitioners Regulation Agency, Department of Immigration and Citizenship, the Colleges (RACGP/ACRRM), the Department of Health and Ageing and State and Territory Health Departments.

You will have seen Submissions from the Rural Workforce Agencies. They have been able to provide excellent insight and case studies given their role in assisting OTDs to relocate to rural and remote Australia.

Rural Health Workforce Australia, in partnership with our member Rural Workforce Agencies has for some time tried to provide advice to a number of organisations and agencies about the deficiencies and problems with the national assessment process and the impact that this was having on OTDs. The problem is that there is no one that is actually responsible for the whole process. We have therefore had to resort to liaising with each organisation individually to understand their specific processes and provide feedback to improve their processes. It is important to note that we have no authority over these organisations and therefore have been unable to influence the processes for the benefit of the OTDs and Australian rural communities. We believe that the processes are too costly, take too long and are often inefficiently duplicative.

Therefore we believe that there is no option but to provide powers to either a 'Regulator' or 'Ombudsman' to oversee the system of OTD assessment. There are many mechanisms to do this through either existing legislation or new legislation but without this, nothing will change as each organisation will continue to work on its own with little regard to the impact on OTDs and rural communities.

**We recommend that a national 'Regulator' be created which can investigate and oversee the whole system of OTD assessment, bring attention where there are problems and work with the respective organisations to solve the problem.**

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*

Rural Workforce Agencies provide case management to assist OTDs to come to Australia and work as rural and remote GPs. Some of this work is funded through the International Recruitment Strategy which Rural Health Workforce Australia nationally administers. We recruit approximately 80 new doctors per year into Australia.

One of the most important programs to ensure that we are able to provide doctors to rural and remote communities is through the 10 year moratorium. Given the importance of this legislation to rural and remote communities, we have provided an additional Submission specifically on this topic.

**We recommend that the 10 Year Moratorium be retained as an important policy tool for tackling workforce maldistribution.**

Depending on your registration and visa status, there are three support programs available for OTDs progressing toward their general practice fellowship through RACGP and ACRRM. Despite OTDs being such an important part of our rural and remote workforce, most support programs are not available to temporary resident OTDs. This reflects a rather old fashioned belief that these OTDs only come to Australia for a short time, whereas they usually seek permanent residency and citizenship and become long term rural and remote GPs.

1. The Australian General Practice Training Program (AGPT) is the GP Registrar program delivered through Regional Training Providers and is available for medical students who have finished their internship and seek to Specialise as GPs. Most OTDs are ineligible as they are temporary residents or do not hold general registration.
2. The Rural Vocational Training Program allows OTDs who are working in remote areas (our most needy communities) to access support through distance education and intensive training. The costs for this program are significantly higher than grants provided to OTDs.
3. The Additional Assistance Program (also known as the Fellowship Support Program) is administered by Rural Health Workforce Australia and delivered through Rural Workforce Agencies. Only OTDs who are on the Rural Locum Relief Program or the Five Year Scheme are eligible for support through this program. Once off funding of \$7,000 is provided to the Rural Workforce Agency which allows the RWA to provide support to obtain the Fellowship of either the RACGP or ACRRM. There are more than 300 participants enrolled on this program currently.

**Given the large cost required for an OTD to obtain registration and Fellowship, the supports available to them need to be increased to increase the attractiveness of Australia as a destination for OTDs.**

## ABOUT RURAL HEALTH WORKFORCE AUSTRALIA

RHWA is committed towards an appropriate health workforce providing equitable access to primary health care services in rural and remote Australia. RHWA contributes towards this goal by being a peak body for Rural Workforce Agencies and providing policy and program advice to the Department of Health and Ageing.

Our work is focussed on the following activities:

- policy and program development and analysis;
- implementation of national programs;
- data collation and analysis; and
- future workforce planning.

RHWA's member bodies, the Rural Workforce Agencies (RWAs), implement medical workforce recruitment and retention programs in their jurisdictions to increase the number of doctors in rural and remote communities across Australia. RWAs actively recruit doctors and provide support to doctors and their families so that they will stay in these communities.

The specific supports provided by the RWAs include:

- Provision of recruitment assistance for rural practices and recruits
- Orientation of OTDs to Australian practice
- Delivery of family support programs including spouse education grants, childcare allowance grants
- Provision of upskilling grants for rural doctors
- Provision and facilitation of locum services
- Delivery of a variety of education and training programs to rural doctors including emergency medicine
- Delivery of Doctors health programs including CPR (Country Practice Retreats)
- Provision of practice sustainability services for communities including succession planning

RHWA is also the auspicing body for the National Rural Health Students' Network (NRHSN), with a membership of 8,000 undergraduate medical, allied health and nursing students. The NRHSN gives RHWA a unique opportunity to gain an insight into the needs and interests of the future rural and remote health workforce. The NRHSN aims to increase interest in rural health amongst university undergraduate health students, increase interest in university health courses amongst rural high school students and strengthen the knowledge, understanding, motivation, and commitment to work in rural areas of Australia.