



Melbourne Medical Deputising Service (MMDS)

SUPPLEMENTARY SUBMISSION 8<sup>TH</sup> DECEMBER 2011  
House of Representatives Standing Committee on Health and Ageing

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

### **Recommendation**

*That AHPRA and other regulatory bodies have special consideration mechanisms or appropriate discretion in order to avoid unintended consequences related to the 'one size fits all' approach and related administrative hurdles and processes.*

### **Case Study**

This case study relates to a doctor living and working as a medical practitioner in Queensland wanting to obtain a position in Melbourne and relocate.

As you will see below, this doctor has already invested considerable effort and money towards achievement of specialist GP status and has at the same time contributed to the well-being of patients (and GPs) in the community in which she worked in Qld

Enquiries with AHPRA commenced at the beginning of October 2011 and the doctor's application lodged with AHPRA on 13/10/11.

The covering letter that accompanied the application reiterated reasons (as outlined here and previously discussed with AHPRA) why the doctor's application linked to MMDS needed to be finalised before 8/12/11 – the expiry date of medical registration linked to Qld position.

At the time of writing (8/12/11) the doctor's registration for MMDS has not been finalised. Although it is anticipated that the doctor's registration will be finalised in the next day or so, the doctor will be unable to work and earn an income until all provider number, 19 AB and other administrative requirements that are dependent upon the provision of current Medical Registration are complete – this can be up to 28 days, possibly more if affected by forthcoming holiday periods.

In this case a 'one size fits all' approach regarding IMG 'new' application and PESCI requirements has resulted in unnecessary delay, additional high out-of-pocket expenses for the doctor; and created a break in the doctor's capacity to make an income in a profession for which the doctor is qualified.

- Doctor accepted an offer to work with MMDS as an after-hours home visiting doctor working in an Area of Need with a planned start date of 12/12/2011
- Doctor has worked in general practice in Australia ( 2004 -2005 in a GP clinic; and since 2006 as Visiting Medical Officer providing primary medical care to patients in domiciliary settings after-hours and on behalf of principal GPs)
- She is required to give 28 days' notice regarding her current Area of Need position in Qld. Her medical registration linked to this position expires 8/12/11.
- The transfer of sponsorship of Doctor temporary resident visa to MMDS is underway
- Doctor passed the MCQ in September 2009 (approx \$1,600) and subsequently applied 5 times to complete the AMC clinical examination (2009/2010 Series 4; 2010/2011 Series 2, 3 and 4; 2011/2012 Series 2) but has been unable to secure a place because *'the number of applicants for the clinical examination has exceeded the number of*

*positions available*' - as per AMC correspondence – and is therefore following the 'practice eligible' pathway to FRACGP.

- The RACGP has assessed doctor's general practice experience (> 4 years in Australia plus > 3 years overseas) and has confirmed her enrolment to sit her Fellowship exams 25/10/12 (AKT, KFP) and 12/5/2012 (OSCE).
- Cost of assessment of experience, FRACGP exam enrolment and assessment (>\$7,000).
- Notwithstanding that this doctor has practiced continuously in Australia (Qld) since November 2004 in both a general practice clinic setting and for almost 5 years as an Area of Need home visiting doctor, AHPRA required this doctor to complete a PESCI in order to take up the same type of position, that is, an Area of Need home visiting doctor position with MMDS and move to Melbourne. At the time, we were assured by AHPRA that all necessary registration requirements could be completed in time to avoid any break in the continuity of the doctor's registration – the expiry date of doctor's medical registration linked to the Qld position being 8/12/11.
- The first available date for the doctor to complete a PESCI in Qld was 22 November 2011 which would be too late to meet the medical registration requirements of changing her practice location to MMDS. Accordingly, the doctor was required to fly back to Melbourne to complete the PESCI in Melbourne on 21/10/11.
- Completion of PESCI including cost of airfare to Melbourne (cost in the range 1,500 – 2,000)
- As per advice from AHPRA office, Medical Registration from 8/12/2011 to change practice location to MMDS requires a **completely new application** – change of location registration renewal is not possible. Cost of 'New Application' - doctor required to pay both the annual membership fee and as well as an application fee (> \$1200 in total).

Irrespective of whether IMGs are citizens, temporary or permanent residents living in Australia or doctors located overseas seeking to work in Australia on a temporary resident basis, the 'one size fits all' approach and the administrative hurdles of regulatory bodies seem to obstruct rather than apply qualitative assessment of skills, experience and capacity.

#### **Continuing Need for IMGs**

- IMGs help to alleviate workforce shortages in the provision health care for the Australian community. IMGs have made a substantial contribution to the provision of primary medical care after hours and in the home setting. They have been, and continue to be, willing and able to work where other doctors have not, for example, overnight, on weekends and public holidays including Christmas and Easter. As visiting medical officers working with MMDS, IMGs are the doctors who provide the greater proportion of all consultations for patients in residential aged care – for example, MMDS doctors provided 92,271 home visits to patients in residential aged care for the period 1/7/10 – 30/11/11
- IMGs deserve respect and appropriate reward for their contribution.
- It is unlikely (particularly in regard to primary medical care after hours) that Australia's reliance on IMGs will diminish in the foreseeable future. (It is possible but highly unlikely that we will be able to persuade expatriates to return to Australia to provide after hours care and home visits.)
- Australia needs entry systems that are rigorous but not obstructive; systems that provide meaningful assessment and on-going support for IMGs.