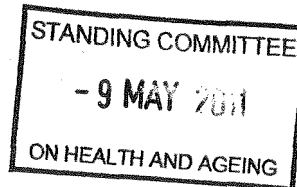


<b>Supp. Submission No. 124.1</b> (Overseas Trained Doctors) Date: 12/05/2011
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H11/29513-7

Committee Secretary  
 Standing Committee on Health and Ageing  
 House of Representatives  
 PO Box 6021  
 Parliament House  
 CANBERRA ACT 2600  
 AUSTRALIA



Dear Committee Secretary

**Re: NSW Response to Questions on Notice for the Standing Committee Inquiry into International Medical Graduates**

I write with regard to the Standing Committee Inquiry into International Medical Graduates at which I appeared before the Standing Committee on 31 March 2011 on behalf of the NSW Health Department.

NSW took the following questions on notice from the Committee:

- An overview of the visa categories used for medical recruitment.
- The use of Labour agreements in NSW Local Health Networks – which visa categories etc. The delay in processing the whole of state agreement.
- Any barriers that NSW Local Health Networks experience due to visa requirements and/or processes that we think need to be addressed. This includes information about IELTS requirements.

Please find enclosed the response provided to Committee Members for these questions. Also enclosed is a Medical Board of Australia English Language Skills Registration Standard for your consideration. The Board's English Language Skills Registration Standard is IELTS academic level 7 or the equivalent and test results are only valid for two years

Should you require further information or advice please contact me on (02) 9391 9595 or via email at [rburl@doh.health.nsw.gov.au](mailto:rburl@doh.health.nsw.gov.au).

Yours sincerely

Robyn Burley  
**Director**  
**Workforce Development Branch**

27.4.11

## Question One: An overview of the visa categories used for medical recruitment

- Visa categories for Medical recruitment are the same categories for all recruitment and include:
  - a. Subclass 457 Temporary Business (Long Stay) Visa: To apply for this visa the employer should become a Standard Business Sponsor with Department of Immigration Citizenship (DIAC).
  - b. Employer Nomination Scheme: Allows for permanent entry applications to be made using Subclass 121 (granted off shore) or Subclass 856 (granted onshore) where no Labour Agreement exists. Once the Labour Agreement allowing permanent entry is signed an application for Subclass 120 (granted offshore) and Subclass 855 (granted onshore) is possible.
  - c. Regional Sponsored Migration Scheme: Specific to regional areas Subclass 119 (granted off shore) and Subclass 857 (granted on shore)
- As at November 2010 there were **1519** 457 visa holders working in the NSW public health system. Of these **1428** were held by medical practitioners with the remainder being filled by other health professionals, such as allied health staff.
- The distribution of these as of 9<sup>th</sup> April 2011 are provided by the Health Services (formerly Area Health Services boundaries) for Medical Practitioners sponsored by a Health Service under a 457 visa:

Health Service	457 visas as at November 2010
Ambulance Service NSW	9
Greater Southern	9
Greater Western	9
Hunter New England	205
North Coast	69
Northern Sydney Central Coast	348
South Eastern Sydney Illawarra	279
Sydney South West	274
Sydney West	226
Sydney Children's Hospital Network	105

- There are workforce shortages in rural areas of Southern and Western NSW. The small number of overseas trained doctors on 457 visas employed by these local health networks may be due to the fact that these local health networks cannot provide the supervision required to support overseas trained doctors. Also many of the hospital services in small rural towns are provided by General Practitioners engaged as Visiting Medical Officers. In this case the sponsoring organisation for the 457 will not be the local health network.
- Before applying for a 457 visa a medical practitioner must receive in-principle approval for registration from the Australian Health Practitioner Regulation Agency (AHPRA) . AHPRA advises that processing time for registration applications is 4-6 weeks. In many cases, with transition to national registration processing times have been longer than 4-6 weeks. The delays in receiving in-principle approval have impacted on when applicant's

can apply for a 457 visa. While feedback received is that 457 visa applications are processed in a reasonable timeframe once lodged the time it takes to receive in-principle registration approval delays the visa processing overall. If registration and visa applications could be processed simultaneously and if the 457 visa could be granted without the in-principle registration approval this would assist in ensuring that doctors are available to commence when required.

- Applying for a permanent visa for medical practitioners who are located offshore is currently not possible because DIAC requires all health professionals to be registered by the respective board prior to entering Australia ("In Principle" registration is not recognised by DIAC). The Medical Board of Australia will only grant "In Principle" registration to applicants located off shore.. Medical practitioners only receive their registration once they have arrived in Australia and present to the AHPRA Offices to finalise their registration application.
- DIAC has recently implemented a "Decision Ready Check List" process for permanent and temporary entry visa applications submitted by NSW Health. This process is designed to streamline applications coming from all NSW Health facilities. A particular advantage is that DIAC will now recognise English Language Proficiency as assessed by the relevant registration board, therefore the applicant will not need to undergo another test. A further advantage is the amount of supporting documentation for the visa applications has been greatly reduced.
- Currently there is no information available publicly regarding this model, therefore the onus is on the NSW Department of Health to inform local health network staff on the "Decision Ready Model" including distributing the relevant documentation supplied by DIAC at a workshop hosted by DIAC in February 2011. Having information about the Decision Ready Model easily available publicly for all users would assist in the visa application process.
- NSW Health Local Health Networks advise that the application process is straightforward and that the DIAC staff have been very helpful enabling applications for 457 visas to be processed in a reasonable timeframe. As previously stated the finalisation of the visa is dependent on information from other organisations, including the Australian Health Practitioner Regulation Agency (AHPRA) and recent delays in processing applicants has delayed the completion of the visa application process.

**Question Two: The use of Labour agreements in LHNs (which visa categories etc)  
The delay in processing the whole of state agreement**

- NSW Health Local Health Networks (LHN's) currently do not have Labour Agreements with DIAC. 8 out of the 15 LHN's have become Standard Business Sponsors with DIAC, allowing for nominations to be made for 457 Visas. A Labour Agreement allowing for permanent entry nominations to be made has been negotiated with DIAC. The final contract is currently with WDI in preparation for NSW Health signature and should be finalised by end May 2011. This will allow LHNs to make nominations for Subclass 120 and Subclass 855 visas which will streamline processing.

**Question 3: Any barriers that LHNs experience due to visa requirements and/or processes that need to be addressed.**

**English language requirements**

- The Medical Board of Australia English language standard requires all internationally qualified applicants and applicants who have graduated from an approved program of study, but did not undertake their secondary education in English in Australia, Canada,

New Zealand, Republic of Ireland, South Africa, United Kingdom or United States to undertake an English language assessment.

- The list of exempt countries is not an extensive list and means that applicants who have undertaken all of their secondary education in English but not in one of the listed countries must undertake an English language test. Countries such as Singapore, Malaysia, India and Hong Kong, just to name a few are excluded from this list. In many cases secondary education in English is available to students in these countries. It may be of more value to allow applicants to demonstrate if they have undertaken secondary education in English, irrespective of the country where this occurred.
- This requirement also does not take into account any work history or qualifications since the applicant did their secondary education. Earlier this year, a UK IMG taking up a position in NSW had her registration delayed, because while she did her medical degree in the United Kingdom, had completed her internship in the UK and undertaken further postgraduate training in the United Kingdom which included both written and oral examinations, she had completed her secondary education in Malaysia and so she had to sit the IELTS examination.
- The Medical Board of Australia English language standard is at IELTS academic level 7 or the equivalent and test results are only valid for two years. An extension may be given in some cases however some doctors have had to resit the IELTS exam because they have exceeded the two year limit.
- The Australian Medical Council also requires that medical practitioners seeking registration through the Specialist Pathway must have demonstrated their English language proficiency before assessment by specialist colleges. The standard required is set as that set by the medical board.
- The AMC also applies the two year rule for English language proficiency and does not appear to exercise any discretion in application of this requirement. Recently, an overseas trained anaesthetist, who has been recruited to a position in rural NSW, had to resit her IELTS exam because her IELTS had expired. The circumstances were that her IELTS expired on the 13 December 2010 and she submitted her application to the AMC on the 8 December 2010. It was the applicant's understanding that the IELTS would be accepted if she submitted her application to the AMC before the IELTS expiry date, even if the application was incomplete. However, the AMC advised that she needed to resit the IELTS. Further, while she was preparing for the IELTS she had to submit further information for her AMC application and each time she submitted further information had to pay a fee for incomplete application.