

Standing Committee on Health and Ageing

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

## INQUIRY INTO OVERSEAS TRAINED DOCTORS REGISTRATION AND SUPPORT PROCESSES

Question no: 1

Topic: WORKFORCE SHORTAGE ISSUES

Written Question on Notice

The Committee asked:

Please explain to the Committee how a District of Workforce Shortage (DWS) operates?

- a) How is a DWS calculated?
  - i. How is the data obtained?
  - ii. How is it disseminated?
  - iii. How often is it calculated?
- b) How can it be that in some areas, a medical practice may not be classified as falling into a DWS, while nearby practices hold this classification?
- c) How useful is the measure given that in the system of medical registration, a position-based Area of Need (AoN) classification exists under which IMGs are placed in identified positions?
  - i. What is the benefit of a DWS in this case?
  - ii. Does it act to complement an AoN?

Answer:

a) Districts of Workforce Shortage (DWS) are areas where the general population has less access to GPs when compared to the national average. The Department uses the latest Medicare billing statistics, which account for all active Medicare billing, and Australian Bureau of Statistics (ABS) population to determine which areas are a DWS. This information is used to create a doctor to population ratio which is used as the basis for calculating DWS. If an area has a lower doctor to population ratio (i.e. less full time equivalent doctors) than the national average, the area is a DWS.

i. The Medicare billing data is obtained from the Department of Human Services which collects all active billing related to a medical specialty, including billing on a part time basis.

ii. The Department provides the current DWS status of every location across Australia for the specialty of general practice on the locator map on the DoctorConnect website [www.doctorconnect.gov.au/](http://www.doctorconnect.gov.au/). The Department provides information relating to DWS areas for the other medical specialties upon request through the DWS in-box ([DWS@health.gov.au](mailto:DWS@health.gov.au)).

iii. DWS is calculated on an annual basis for all medical specialties other than general practice. DWS for the specialty of general practice is currently calculated on a quarterly basis.

b) The building block for the DWS calculation is the Australian Bureau of Statistics, Statistical Local Area (SLA) boundaries. Postcodes are developed and maintained by Australia Post to assist in delivering mail, and are not intended to be an analytical or decision making tool. SLA boundaries do not align, in some instances, with postcode or suburb boundaries. Therefore, medical practices that are located within the same postcode or suburb may have a different DWS status.

c) The DWS and Area of Need (AoN) systems have been established for different purposes. DWS is a workforce distribution mechanism that is based on the Medicare billing statistics and applies to overseas trained doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS) who are seeking to access the Medicare benefits arrangements for their professional medical services.

The AoN system has been implemented to fill vacant medical positions, in both the public and private health systems, with conditionally registered medical practitioners, both Australian and overseas trained.

While there are no formal arrangements, the AoN units within each state and territory generally require that a vacant private practice position is located within a DWS area for the relevant specialty prior to granting an applicant employer approval to employ an AoN doctor.

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Question no: 2

Topic: SECTION 19AB *HEALTH INSURANCE ACT 1973* (Cth)

Written Question on Notice

The Committee asked:

It has been highlighted to the Committee that those who have received an exemption under Section 19AB of the *Health Insurance Act 1973* are not notified when their provider number is due to expire, causing a loss in the ability to claim from Medicare.

- a) Does DoHA believe that this is a common problem?
- b) How can it best be addressed?

Answer:

a) Overseas trained doctors (OTDs) and foreign graduates of an accredited medical school (FGAMS) are always provided with a copy of their exemption under section 19AB of the *Health Insurance Act 1973* (the Act), which identifies the end date of the exemption and provides advice regarding the process of applying to renew an exemption if they so choose. The significant majority of OTDs and FGAMS take due note of the end date of their section 19AB exemptions and follow the correct process for applying for extensions to these exemptions.

b) The majority of section 19AB exemptions that have been granted by the Department since June 2009 have been granted for the duration of the applicant medical practitioner's ten year moratorium requirement. The granting of section 19AB exemptions to cover the entirety of the ten year moratorium period removes the need for an OTD or FGAMS to apply to the Department for a renewal.

The Department continues to grant time limited exemptions to OTDs and FGAMS who are participating on approved time-limited training placements and who are providing approved locum services within areas that are not districts of workforce shortage.

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Question no: 3

Topic: SECTION 19AB *HEALTH INSURANCE ACT 1973* (Cth)

Written Question on Notice

The Committee asked:

At the end of the 10 year moratorium, how does an IMG know that they can apply for an unrestricted provider number?

- a) How are they notified?
- b) What is the process?

Answer:

a) The Department of Health and Ageing (the Department) provides formal notification to overseas trained doctors (OTDs) and foreign graduates of an accredited medical school (FGAMS) upon completion of the ten year moratorium requirement under section 19AB of the *Health Insurance Act 1973* (the Act). This formal notification takes the form of a letter and is forwarded to the last known address of the OTD or FGAMS. OTDs and FGAMS are able to seek advice at any time concerning their ten year moratorium requirement by emailing the Department at [19AB@health.gov.au](mailto:19AB@health.gov.au).

b) Medicare Australia forwards information to the Department concerning the ten year moratorium completion date for each OTD and FGAMS. The ten year moratorium completion dates are ten years from the date that an OTD or FGAMS received their first Australian medical registration.

This information includes the last address that each OTD or FGAMS has provided to the Department of Human Services Medicare. The information is provided to the Department to cover the following year. Each month the Department forwards ten year moratorium completion letters to OTDs and FGAMS that have been identified by Medicare as having completed the ten year moratorium requirement.

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Question no: 4

Topic: SECTION 19AB *HEALTH INSURANCE ACT 1973* (Cth)

Written Question on Notice

The Committee asked:

How can an IMG reduce the period of time which needs to be served under s 19AB?

Answer:

Overseas trained doctors (OTDs) and foreign graduates of an accredited medical school (FGAMS) may reduce their obligation under the ten year moratorium requirement under section 19AB of the *Health Insurance Act 1973* (the Act) in one of two ways:

1. Completing the requirements of the Five Year Overseas Trained Doctor Scheme (the Scheme). In order to complete the requirements of the Scheme, OTDs and FGAMS are required to:
  - be accepted onto the Scheme by one of the rural health workforce agencies that administer the Scheme on behalf of the Department of Health and Ageing;
  - sign a contract with the relevant rural health workforce agency to participate on the Scheme;
  - obtain Australian permanent residency;
  - obtain Fellowship of the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine; and
  - complete a period of service within an eligible rural or remote area of between three and five years. These periods of service are scaled according to the remoteness of the area.
2. Obtaining discounts to the ten year moratorium requirement through the scaling initiative under the *Rural Health Workforce Strategy*. Discounts under the scaling mechanism are significantly greater for OTDs and FGAMS who choose to practise privately in more remote areas of Australia.

Discounts under the scaling incentive are applicable to private services provided after 1 July 2010 within eligible regional, rural and remote areas as defined under the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA). OTDs and FGAMS are eligible for discounts under the scaling initiative if they meet a Medicare billing threshold of \$5000 per month within an eligible location. Discounts applicable under the scaling initiative are calculated by the Department of Human Services Medicare on a monthly basis.

The table below shows discounts applicable through the scaling initiative:

ASGC-RA Classification	ASGC-RA 1 Major Cities	ASGC-RA 2 Inner Regional	ASGC-RA 3 Outer Regional	ASGC-RA 4 Remote	ASGC-RA 5 Very Remote
Period of restriction	10 years	9 years	7 years	6 years	5 years

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Question no: 5

Topic: AUSTRALIAN MEDICAL STUDENTS

Written Question on Notice

The Committee asked:

Please explain to the Committee, the concept of bonded medical student places?

- a) How does this operate?
- b) Who administers it?
- c) What are the 'return of service' obligations?
- d) How does it differ from Limited Registration (Area of Need) for IMGs?
- e) Does this apply to international students who have gained their primary medical qualifications in Australia?

Answer:

- a) The Bonded Medical Places (BMP) Scheme aims to provide more doctors for areas experiencing doctor shortages. The Scheme provides over 700 additional Commonwealth Supported Place (CSP) graduate and undergraduate medical school places each year to first-year Australian medical students. This represents 25 percent of all CSP medical school places. Selection of participants for a BMP Scheme place is managed by universities.
- b) The Department of Education, Employment and Workplace Relations (DEEWR) funds university CSP. The Department of Health and Ageing administers the BMP Scheme.
- c) Following attainment of Fellowship of a specialist college, including General Practice, BMP participants must work in a District of Workforce Shortage (DWS) of their choice for a period equal to the length of their medical degree, referred to as the return of service obligation (RSO). BMP participants can reduce the length of the RSO with eligible pre-vocational and vocational training and Scaling discounts.
- d) BMP participants must complete their return of service obligation in a DWS. DWS classifications are determined by the Australian Government. In general, a location is deemed to be a DWS if it falls below the national average for the provision of medical services. The DWS system uses Medicare billing statistics to determine which areas of Australia experience workforce shortage.

Areas of Need (AoN) are determined by the state and territory governments within their respective jurisdictions and are applicable to conditionally registered doctors (both Australian and overseas trained). AoN classifications are granted in cases where a vacant medical position remains unfilled, despite attempts at recruitment. An AoN classification allows an employer to fill a vacant position with a medical practitioner who holds a conditional medical registration, called an AoN registration. AoN classifications are not based on Medicare billing statistics.

e) No. Only first year medical students who are Australian citizens or permanent residents of Australia are eligible for places under the BMP Scheme.



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Question no: 6

Topic: AUSTRALIAN MEDICAL STUDENTS

Written Question on Notice

The Committee asked:

Can you explain to the Committee what provisions exist for international students who obtain their undergraduate medical degrees at Australian universities?

Answer:

On completion of a medical degree, all Australian-trained domestic and international medical graduates are eligible to apply for employment as an intern in order to gain general registration. When seeking an intern position, all applicants must follow the recruitment processes as prescribed by the individual state and territory health departments.

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Question no: 7

Topic: WEBSITE: WWW.DOCTORCONNECT.GOV.AU

Written Question on Notice

The Committee asked:

Does the Department still believe that the information on the website [www.Doctorconnect.gov.au](http://www.Doctorconnect.gov.au) still provides the best initial portal for an IMG wishing to come to Australia or an employer wishing to employ an IMG?

- a) (If yes) why is it that many of the pages on this website have not been updated since 2008?
- b) What input is sought from the Medical Board of Australia and the Australian Medical Council as to the contents of the website?

Answer:

- a) The Department developed the DoctorConnect website to supply a provision of good information that assists overseas trained doctors wishing to practise in Australia and for employers seeking to employ them. The DoctorConnect website underwent extensive redevelopment (including content updates) during July/August 2011.
- b) Input or advice was not sought from the Medical Board of Australia (MBA) or the Australian Medical Council (AMC) regarding the content on the DoctorConnect website.

The MBA and AMC are responsible for the registration and accreditation of medical practitioners and the DoctorConnect website does not provide any direct advice concerning registration and accreditation processes.

The DoctorConnect website provides various links to the MBA and the AMC websites.

The MBA and AMC maintain their respective websites that provide substantial information concerning the medical registration and accreditation processes that are applicable to overseas trained doctors (OTDs).

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Question no: 8

Topic: PROFESSIONAL STANDARDS

Written Question on Notice

The Committee asked:

Does DoHA have any involvement in the complaints handling mechanism in relation to IMGs?

- a) (if yes) How does it operate?

Answer:

- a) The Department has no involvement in the handling of complaints where they relate to issues for which the Medical Board of Australia has responsibility (such as professional conduct).

Where complaints relate to decisions by the Department under Commonwealth legislation, there are mechanisms of review. Section 19AC of the *Health Insurance Act 1973* (the Act) sets out the process available to overseas trained doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS) to seek a review of their application for a section 19AB exemption.

Under section 19AC of the Act, an OTD or FGAMS has a period of 90 days from the date that their original application was finalised to seek a review from the Department of Health and Ageing (the Department). OTDs and FGAMS are able to submit appeals under section 19AC of the Act to the Workforce Regulation Section of the Department by email to [19AB@health.gov.au](mailto:19AB@health.gov.au), by fax to (02) 6289 7900 or by mail to:

The Workforce Regulation Section  
Health Workforce Capacity Branch  
The Department of Health and Ageing  
Mail Drop Point  
GPO Box 9848  
CANBERRA ACT 2600

The Department has a timeframe of 28 days to respond to formal review requests under section 19AC of the Act.

If an OTD or FGAMS is unsatisfied with the Department's response to their appeal under section 19AC, they are able to seek a further review from the Administrative Appeals Tribunal.

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Question no: 9

Topic: PROFESSIONAL STANDARDS

Written Question on Notice

The Committee asked:

What benchmarks are used to ensure that complaints are dealt with adequately?

Answer:

In relation to decisions by the Department under Commonwealth legislation, the key benchmark sets a timeframe for reviewing requests for review under section 19AC of the *Health Insurance Act 1973* (the Act). Section 19AC of the Act requires the Department of Health and Ageing (the Department) to respond to provide a response to a request for reconsideration of an application for a section 19AB exemption within 28 days.

If an overseas trained doctor or foreign graduate of an accredited medical school is unsatisfied with the Department's response to their appeal under section 19AC, they are able to seek a further review from the Administrative Appeals Tribunal.

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Question no: 10

Topic: GENERAL QUESTIONS

Written Question on Notice

The Committee asked:

The Committee acknowledges that the Department put the report by Eleanor Long onto its website on 8 July 2011.

- a) Can DoHA advise whether the recommendations of this report have been implemented fully? If not, what is the progress of each recommendation.
- b) Can DoHA outline the reasons why, if the report was completed in July 2006, the report was only released this year?

Answer

- a) The recommendations provided within Dr Eleanor Long's report entitled 'A Review of the Section 19AB Guidelines and a Model for Revision' have not been fully implemented by the Department of Health and Ageing (the Department).

Dr Long's report was completed in 2006. Since this time, there have been several legislative amendments to section 19AB of the *Health Insurance Act 1973* and other activities to streamline the Medicare provider number application process for overseas trained doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS).

These legislative amendments and changes to the Medicare provider number application process supersede the recommendations provided by Dr Long's report.

- b) Dr Long's report was commissioned for the purpose of providing internal advice to the Department regarding the Medicare provider number application process. Dr Long's report was overtaken by subsequent changes to the operation of section 19AB of the Act, limiting its usefulness.

Dr Long's report was released in 2011 in response to a request submitted under the *Freedom of Information Act 1982*.

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Question no: 11

Topic: GENERAL QUESTIONS

Written Question on Notice

The Committee asked:

The Committee has previously heard that a 'one-stop shop' for assisting IMGs may assist IMGs in navigating the myriad requirements.

- a) Do you believe that this is an appropriate measure?
- b) How would such a facility assist IMGs?

Answer:

- a) The Department is unable to comment on specific policy options.

As part of the International Recruitment Strategy (IRS), the Commonwealth provides funds to Rural Health Workforce Australia (RHWA) for the purpose of attracting, recruiting and placing appropriately skilled overseas trained doctors (OTDs) into districts of workforce shortage (DWS) in outer-metropolitan, regional, rural and remote locations.

RHWA distributes funds to Rural Workforce Agencies (RWAs), located in each state and the Northern Territory. RWAs undertake a case managed role to assist potential recruits, providing a range of support, including, but not limited to:

- medical registration;
- employment arrangements;
- educational support;
- family support; and
- orientation.

In addition, the Department of Health and Ageing produces and maintains the *DoctorConnect* website. This website provides a starting point for both OTDs who may be considering work in Australia and employers seeking to recruit them. It contains information on a range of matters including job vacancies, orientation to the Australian health system and a locator map for districts of workforce shortage (DWS) as well as links to the relevant organisations such as the Medical Board of Australia and the Australian Medical Council.

- b) The benefits of a one stop shop would depend on its proposed scope and resourcing.