

Submission No. 106
(Overseas Trained Doctors)
Date: 24/02/2011



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17 February 2011

To Whom It May Concern

My name is Trent Jennison and I have been employed by the Mayo Healthcare Group as the Chief Executive Officer for fourteen years.

The Mayo Healthcare Group is a locally owned Private Hospital providing a large number of services to the Manning Valley and Great Lakes regions on the lower Mid North Coast region of NSW.

During my years of employment, we have recruited a number of overseas doctors including:

1. Four anaesthetist
2. One Ear Nose & Throat surgeon
3. One Dermatologist
4. One Psychiatrist
5. One Obstetrician
6. Physician
7. Resident Medical Officer

In describing the region we service, the area of the Mid North Coast services some 90,000 residents and has four public hospitals based in Taree, Wingham, Gloucester and Bulahdelah. There is two sixty bed Private Hospitals, one based in Taree (Mayo) and the other in Forster (Forster Private Hospital). The current population trend shows an extremely high percentage of the population being over the age of 65 years with Forster having the highest percentage in all of NSW.

Current public hospitals figures show Manning Rural Referral Hospital and Port Macquarie public hospital as being similar in the number of patient admissions.

Currently Port Macquarie has a larger base of Specialist (1 hour away in travel time) as it is more appealing to Australian trained surgeons. It appears that Taree, which is located on the coast but 20 minutes inland, is less appealing to reside in as a doctor despite the area having a number of beaches, community services, private and public schools and regular flight service three times a day to Sydney.

In addition to this, currently the ageing demographics of our specialist workforce indicate that over 55% of the specialists residing in the Valley are over the age of 55.

In trying to address the Terms of Reference for the Commission, I have tried to sequence my difficulties over the past fourteen years in recruitment of overseas trained doctors highlighting the

positives and negatives. I will attempt to highlight the anti-competitive practices by some and the discriminative practice undertaken against private health organisations by a number of bodies within State Government, Medical Boards and Medical Colleges.

To undertake this task, I have outlined some of my experiences to highlight the concerns.

Recruitment

In past years, the Australian Federal Government appointed recruitment agencies under contract through a tender process to directly subsidise the recruitment of overseas trained. This service was more efficient in recruiting as these specialist agencies were able to provide the visa and registration as a whole package. Currently recruitment within NSW is limited to the contracted companies of NSW Health. These companies are the only companies NSW Health will allow to provide staff to NSW hospitals. As we have always worked in unison with Manning Referral Hospital in recruiting specialist and sharing the costs, this current NSW policies does not allow shared cost provision as many candidates are put forward by companies not on the NSW Health deemed supplier list. This means candidates are not recruited on skills but more on their recruitment company. For a small private hospital to bear the total financial responsibility or recruiting doctors who open spend 70% of their time in the public system is unreasonable.

APHRA

In considering the Registration process once doctors have been approved by various colleges and health departments in now completely unworkable. Doctors from overseas need to be registered before applying for a visa. To be registered the doctor needs to present in person to the Medical Board. This often means a candidate will have to enter the country for a visit prior to commencing work. In addition to this, the candidate then needs to have a prescriber and provider number to allow services in the private sector. To provide an overseas doctor with prescriber and provider number they need to be registered. Once registered, they then apply for a 19A/B exemption, a provider number and prescribe number which can take up to two months and is not back dated to the time of application. This means that the doctor, if employed by a private employer, will have to wait an additional two months before commencing work.

The Registration process through APHRA is an absolute disgrace. The Mayo Healthcare Group is unable to attract Australian trained resident medical officers therefore we often employ doctors under a standard pathway. These doctors are doctors who are already residing in Australia with qualifications from overseas. They have to have completed part one of the AMC process and have a successful ILETS pass. Under a standard pathway these doctors can apply for a position such as ours. These doctors need to undertake a PESCI which is an assessment of their suitability for the position. Currently we have two applications which have lodged their qualifications on the 4th November 2010 and we have been unofficially notified that they will have their PESCI on the 11th March 2011, some five months after their applications were lodged. In addition to this, standard notifications will take another two weeks after this to find out if they are successful.

Following this, it is now unknown how long it will take to Register the successful applicants. It is interesting to note our current doctor who was employed along the same pathway and then completed his AMC examination was able to lodge his application to APHRA on December 16th and be processed for a public hospital RMO position by the second week of January 2011. I believe that there is distinct discrimination between public appointments and private ones. It is hard to believe that APHRA is not able to even appoint a Caser Manager for our applicants in 6 weeks, yet they are able to complete the process in less than four weeks in the public system over the Christmas period.

Surgical Colleges

College of Surgeons

I have attached a submission [REDACTED] By Dr [REDACTED] a Urologist in regards to the College of Surgeons. In addition to this, [REDACTED] in his submission has noted a letter regarding the College's view on the current status of Urologist in the country (Appendix 2).

In addition to this, Manning Rural Referral Hospital has recently applied for an area of need Urology position, as the current surgeon is extremely overworked. This position, to my knowledge, has been side tracked by Dr [REDACTED] and [REDACTED] in Newcastle. It has been stated that Newcastle will provide clinics in Taree. This is completely unacceptable and anti-competitive. It is my belief that this is being arranged to prevent Urology services expanding in Taree as there is three Urologist in Port Macquarie (1 hour north) and a number in Newcastle (2 hours south). These so called clinics mean the current Urologist has no support in covering the after hours work and emergencies apart from the general surgeons.

As stated by Dr [REDACTED] it is my belief that the current surgical shortage will not be met until the College of Surgeons is removed from the process and an independent body be appointed to oversee this. This independent body could be one administrated by a university facility of medicine at one or all the universities.

College of Psychiatrist

The process involved in approving areas of need Psychiatrist's is quite cumbersome. Recently, I applied to extend an Area of Need Psychiatrist who is currently in the process of undertaking exams with the College. This Psychiatrist has worked in Taree for some 4 years as a highly respected member of the community. She provides services to the Indigenous community on a fortnightly basis and provides a remote clinic to Gloucester on a monthly basis. To renew the position we are obliged under the NSW Area of Need program to advertise the position for 6 weeks as well as seek the College's support. This process required a submission to the NSW College of Psychiatry. Once this letter of support is returned from the College of NSW Psychiatry, the Area of Need Certificate is then approved. To renew a current application or put forward a new candidate this then has to go to the Australian College of Psychiatry for approval by the Board. This process takes in excess of 6 months from start to finish.

In regards to the College attitudes, there is a significant anti private practice feeling by certain members of the College. I was informed once by a contact of the College that public positions should be filled first and that the area health needs to sign off that they do not need additional Psychiatrist before an Area of Need would be considered by the College of Psychiatry.

There is discrimination between public and private organisations. Whilst in this region we have an excellent working relationship with the State Health, this is uniformalised and non-binding. It relies on individuals to be forward thinking.

Workforce planning is virtually non-existent within the local area and I expect this is representative across the nation. In this area the number of practitioners practicing as specialist who are over 55 years of age is 55%. Given these statistics we would expect that recruitment would be a priority for the health services, yet they remain reactive not proactive in these matters.

Regulations process, apart from the total mess APHRA appears to be in, the entire system needs to be reviewed and made user friendly.

The re-introduction of Federal subsidies for recruitment companies.

The expansion of Federal Funding Training program funding for overseas registers and Area of Needs.

College of Dermatology

Dealing with the College has been extremely more satisfactory. This College has recognised the need to recruit and train Dermatologists. Their approach and co-ordinating is more organised and delivered in a timely manner.

The College has in conjunction with this organisation, the Department of Health and Ageing, recruited, funded and created a Trainee Registrar's position in Taree. The applicant has agreed to stay in the rural post for an additional two years post training. This will enable further registrar training post to supervised by the original registrar. This will ensure a continuing supply of Dermatologist for the Manning/Great Lakes areas.

Conclusion

It is my belief the current system for retention and recruitment for overseas trained doctors is:

1. Open to discrimination and anti-competitive practices by a number of Medical Colleges.
2. The system for Area of Needs is not National but State based and needs to be standardised across all States and Medical Colleges

Whilst the above is my views and interpretations of my experiences over the past fourteen years, Greater Taree and Great Lakes districts is more representative of larger rural communities who have to compete with more glamorous areas such as Port Macquarie, Newcastle or Sydney itself.



Trent Jennison,
Director of Acute and Allied Care Services.

Attachments:

- Appendix 1 – Submission from [REDACTED]
- Appendix 2 – letter from [REDACTED] regarding College of Surgeons.
- Appendix 3 – letter to [REDACTED] from College of Surgeons
- Appendix 4 – letter from [REDACTED] to Royal Australasian College of Surgeons
- Appendix 5 – Draft Notes of conversation with [REDACTED]