Submission No. 157
(Overseas Trained Doctors)
Date: 15/08/2011

I have a few thoughts to share from my perspective as an employer of IMG GPs about their registration processes. I think there is a lot done well but there are a few important areas where the process can be significantly improved. The IMG GP registration requirements have been developed over a number of years by different governments both state and federal which has resulted in a patchwork system of medical practitioner registration with many overlaps, complexities and delays. The particular areas of concern I have are:

1. IMG GPs recruited to work in a medical centre located in an area with a shortage of GPs (but not classified as a remote area) must be temporary residents until they have passed the Royal Australian College of General Practice (RACGP) fellowship exams (which are the same exams as local Australian medical graduate GP registrars must pass): this is a requirement of S19AB of the Health Insurance Act 1973. Being a temporary resident puts a lot of financial and emotional stress on those GPs relative to their Australian GP registrar counterparts: as a temporary resident IMG GPs are not supported by Medicare or HELP and continually feel at risk of deportation if they do not pass the RACGP fellowship exams within the 4 year timeframe required by AHPRA. This is an unfair way to treat professional medical practitioners who have come to Australia to help us provide necessary health services which would otherwise be unavailable. In my opinion, passing the RACGP fellowship exams should not be a condition of permanent residence: all IMG GPs should be eligible for permanent residence irrespective of where they work.

2. IMG GPs who are temporary resident are provided no structured training support to pass the RACGP fellowship exams (unlike Australian and IMG permanent resident medical graduates who are provided with very good and well funded training support by GPET). In my opinion, all GP registrars including all IMG GPs should be eligible for structured training support to pass the RACGP fellowship exams. This would result in better qualified and more motivated IMG GPs in the medical workforce. Most IMG GPs would be willing to make a financial contribution to the structured training support if it was available. Such a contribution could be made with a system similar to HELP or with direct payments.

3. There are some overlapping requirements from government and other agencies which result in duplication of documentation required for IMG GP registration. This makes recruitment and registration of an IMG GP a time consuming process (usually over 12 months from start to finish) and in the meantime, patients in areas of workforce shortage are not getting the medical treatment they need. Particular problems with duplication of documentation are:

a. An IMG GP requires an Area of Need (AoN) certificate from the State Government Department of Health and a District of Workforce Shortage (DWS) approval from the Federal Government Department of Health and Ageing. These 2 approvals both aim to ensure that an IMG GP is only recruited and registered to work in an area of GP workforce shortage. This could be streamlined and improved by only requiring 1 approval, simplifying and shortening the registration process but still maintaining integrity.
b. The AMC, RACGP and AHPRA all require copies of a doctor's medical graduation certificates and other documents. This could be streamlined and improved by only requiring 1 body to sight such documents.

4. The AMC take a long time (around 6 months) to process an initial application for medical practitioner registration which seems to be because of a shortage of staff at AMC. This could be improved with better AMC staffing to shorten the registration process times.

5. AHPRA requires IMG GPs to pass the RACGP fellowship exam within 4 years of initial registration. If the IMG GP is unsuccessful in this time, AHPRA threatens those GPs with deregistration. This is going on right now and is very destabilising for doctors, patients and medical centres trying to co-ordinate GP services. This could be improved by providing structured training from GPET (as suggested above) and more lenient timeframes to pass the RACGP fellowship exams from AHPRA, particularly in consideration of the fact that IMG GPs are often studying to pass a specialist Australian medical qualification using English as a second language.

6. All doctors can gain unconditional registration with AHPRA by passing the AMC multiple choice and clinical exams which means that the doctor is no longer threatened with deregistration by AHPRA. There is a minimum 2 year waiting list for a doctor to sit the AMC clinical exam which means that the doctor may continue to face deregistration but is unable to attempt the AMC clinical exam that could resolve this problem. This could be improved by making more places available for IMG GPs to attempt the AMC clinical exam, so the threat of deregistration and deportation can be removed.

I'd be happy to clarify or elaborate on any of these matters or any others if you wish. Please email or phone me if I can be of any further assistance.

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Best wishes

Kevin Gillespie
Director
Healthlink Family Medical Centres

Upper Ross Medical Centre