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BOYUP BROOK MEDICAL SERVICES



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Topic: Contribution to the "Inquiry into registration process and support for overseas trained Doctors"

Summary

There are a lot of GPs in Europe with usefull skills for the rural areas of Australia. There are countries in Europe with OTDs from quality health systems similar to the Australian. The quality of these doctors is equivalent to the training of Australian GPs. However these doctors don't come to Australia, because there is little need for those to emigrate. Australia needs to adopt a much stronger strategy to recruit these doctors to come out, because there is a great potential of doctors there. First a temporary stay up to a year will convince significant numbers of those that the Australian bush is an attractive option. The current registration process is an important deterrent for why these doctors don't even consider making such a temporary move.

Next to making this registration process more relevant to these doctors, it is important that Australian recruitment agencies become more pro-active in their attempts to convince these doctors and their families that Australia has got what it takes. An organisation like a "one-stop-shop" would be extremely usefull. Such an organisation would recruit, credential and guide new doctors into Australian society. A one-stop-shop would slash the red tape for those recruited quality doctors so they can dedicate themselves to what they are so badly needed for (help patients). A "one stop shop" would also be able to credential these doctors without lowering the necessary standards required by colleges and regulatory bodies.

Introduction

This contribution is written by a rural OTD in solo practice in the south west of WA. I was trained as a GP in the Netherlands. I'm employed by the shire of Boyup Brook since 2003.

I am concerned about the supply of rural towns with overseas trained general practitioners, which is what country WA has relied on for many years. I see opportunities where this issue can be addressed and would like to prompt your attention to this. In 2001 I came to Australia from the Netherlands where the Australian Medical Association recruited me. I never had any intention to come to Australia as I was quite happy in Europe. I knew very little of Australia at the time. At the time the bureaucratic process in order to get medical board registration and access to Medicare rebates was onerous, but I was prepared to go through this in pursuit of a different experience. The bureaucratic process took about 7 months in the Netherlands and three more weeks waiting time in Australia before I was able to start. At the time I thought that the lengthy paperwork process was already stretched out to a maximum and my wife, family and friends asked me several times whether we were welcome. At one stage we had to pay the AMA A\$ 330 and we weren't sure whether this money was worth spending it, because we were very unsure what we were going to end up in. (In fact we didn't know what the AMA was and weren't sure whether we could trust this). I know of one acquainted qualified general practitioner GP who didn't want to go through this lengthy process. We had a very rewarding stay whilst I worked as a locum for 7 months across WA. We went back to the Netherlands after these 7 months, because we never thought we would emigrate. It had been a great different experience. Due to this great time in WA, we started looking at the pros and cons of continuing our lives in Australia. I need to stress that we would have never been in Australia now if we wouldn't have had this taste of only 7 months first. I know from conversations with other Dutch GPs who came back for Australia that they wouldn't have reached the same result without a temporary try first. Why would one leave a good country as the Netherlands? There had to be something in Australia that needed to be seen first before we committed ourselves. I've been a solo doctor in Boyup Brook for 7 years now and enjoying myself most days and have been fully credentialled and gained fellowship of the RACGP in June 2005.

I have gathered from data which have been collected since the changes of the registration process, that there aren't hardly enough OTD/ GPs going to rural towns in order to alleviate the work pressure of existing colleagues and to provide patients with timely access to a GP. I am concerned that the authorities aren't aware of the tremendous impact caused by this. I feel that one day in the next few years, I am going to leave this "great" little town. The way things are now, my patients aren't going to have a doctor anymore after me. I am wishing to look after my patients now. I find it most important that the people have ongoing continuity of care. If you're a doctor reading this you will readily agree that "continuity of care" is the most important component of the service we deliver.

In 2010, the local general practice division named "GP down south" (GPDS) and WA country health service (WACHS) have tried very hard to provide the community of Manjimup with sufficient GP access. Manjimup is really a lovely town in WA's quaint southwest corner (about a three-hour drive south from Perth). The local hospital there is being kept afloat with Australian registered locum doctors already for a year. Recently I learned that locum cover is costing 1 million dollars daily across Australia, which is a lot of money for a service which is a far less ideal compared to the continuity of care from a permanent residing doctor and this is what this community has been used to for many years. In April 2010, I offered my help to recruit GPs from the Netherlands for this vacancy during my holiday over there. I knew it would be extremely hard due to the much tighter medical registration

process that has been put in place only a few years ago. GPs from most western european countries (like the Netherlands, Belgium, Denmark, Norway, Sweden) are nowadays being regarded as only partially comparable to Australian GPs. This means that the registration process has been made that tight that nobody is applying anymore. There were enough enquiries and I spoke to about 6 doctors during the 3 weeks in may 2010.

I'd like to tell you about a few GPs that I met in may 2010:

- Doctor 1 was a doctor who trained in Egypt. In the 90s he went through all the trouble to get his registration in the Netherlands. This entailed doing part of the basic training (in the Netherlands) again, after this he did the GP training in the Netherlands. He was quite interested in a move to Australia, because he had heard interesting stories from other doctors who had come to Australia in the past.
- Doctor 2. He has been in the Dutch army for several years and went through the general training to become a military physician. At the present he was doing the Dutch GP training and he was considering moving to Australia after this
- Doctor 3 who has been a GP for a long time. He has been very active in obstetrics. He was quite motivated to work in Australia, but told me straightforward that he was not prepared to go through the bureaucratic process, which I outlined to him. He would have been an excellent candidate for the community of Manjimup.

I'd like to stress that doctors from the Netherlands have performed well for many years in many rural and remote locations in WA until the registration process got changed to rural WA's disadvantage. These doctors had acquired a wealth of experience and been thoroughly assessed in a multitude of training programs. They would have been extremely usefull to fullfill this vacancy in Manjimup/ Australia.

Because Dutch trained GPs (together with their colleagues from Belgium, Denmark, Norway, Sweden) are regarded as "partially comparable", this means that in order to get registration and get started a doctor for the Manjimup vacancy would have to go through AMC exams, several interviews (medical board and rural health west) and an english language test. Even, if someone would be prepared to go through this, it will take him years. These doctors all have a busy satisfying job in the Netherlands and are very happy staying there. I guess this is why I'm writing to you, because it is unlikely that those doctors will express their view to the committee.

The major hurdle in my view for the European doctors from healthcare and training systems equivalent Australia is the Australian Medical Council (AMC) exam part one. It is costing money (much more than \$330 that almost deterred me), a waiting time before one is able to sit this and it is not general practice relevant exam. The risk for a GP not to pass this exam without preparation is high whilst the majority of these candidates are still highly suitable for the Manjimup community. Until a doctor has sat and passed the AMC exam, he/she she is not supposed to do any work in rural practice. This is the explanation why Australia is unable to retrieve doctors from sophisticated wellfare countries and ending up retrieving them from poorer countries where their doctors are badly needed.

Besides this huge non essential hurdle, there are more hurdles to be taken, which do sound more relevant. All candidates are required to show primary source verification, which is evidence of their qualifications. Also they need to sit an English language proficiency test and a pre-employment structured clinical interview with the medical board. Also I should not forget to note that every

overseas trained doctors has to sit the fellowship exam of the RACGP (also high cost and taking significant preparation, but at least relevant to general practice. I got a lot out of the preparation for this exam for myself and therefore refuse to complain about that).

My concept entails that there are qualified doctors not even considering to go through the current credentialling ordeal. From my point of view I can see that this needs to be adressed. If Australia decides it wants to rely on overseas input, it needs to get smarter to coax OTDs into coming to Australia rather than turning people away even before they have seen the front gate. My advice from a european perspective is as follows:

I think the real solution to optimise the process would be to erect a "one stop shop" for OTDs rather than having many different agencies, colleges and government agencies bouncing the OTDs around and shuffle paperwork to certify a doctor fit to treat the Australian public. The representatives of a "one stop organisation" would be in much closer contact with an OTD to help him/ her through the system and therefore would have much greater understanding and much better judgement of an OTDs qualifications and performance in Australian practice. Also a function of such an organisation would be to recruit the candidates from countries where highly succesfull candidates are known to come from. This would help putting a stop to a medical "brain drain" from countries where the doctors are so badly needed.

Kind regards,



Dr Michiel Mel