



Submission No 24

Australia's trade and investment relations under the Australia-New Zealand Closer Economic Relations Trade Agreement

Organisation: Department of Health and Ageing

Contact Person: Ms Carolyn Smith
A/g First Assistant Secretary
Population Health Division

Ms Margaret Lyons
First Assistant Secretary
Health Services Improvement Division

Address: GPO BOX 9848
CANBERRA ACT 2601

Joint Standing Committee on Foreign Affairs, Defence and Trade

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Trade Subcommittee

Review of the Australian-New Zealand Closer Economic Relations Trade Agreement
- 16 June 2006

Question: 1

Topic: Dollar value of food imports

Hansard Page: FADT 39

Mr Baird asked:

[In response to a comment from Mr Stuart that there has been a 70% growth in the dollar value of food imports from New Zealand since 1999,] is that present value terms or actual?

Answer:

The Department of Agriculture, Fisheries and Forestry, the source of the figures quoted, advise that this is based on the actual value for the referenced years and not in present value terms.

Cleared by: Ms Carolyn Smith
A/g First Assistant Secretary
Population Health Division
July 2006

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Question: 2

Topic: Doctor registration

Hansard Page: FADT 42

Mr Cameron Thompson asked:

- a) What is the flow of doctors between the countries (Australia and NZ)?
- b) Are there an awful lot of NZ doctors coming to Australia, or the other way around?
- c) I was interested in the question of their registration and the requirement for them to pass the Australian Medical Council examinations. Are you able to deal with that?

Answer:

- a) This question should be referred to the Department of Immigration and Multicultural Affairs, which is the Department that monitors such flows.
- b) The Department does not have information on the number of NZ doctors working in salaried positions in the public hospital system.

The Department collects two types of information on NZ doctors.

1. Doctors who obtained their primary medical qualification at a NZ medical school and who are accessing the Medicare Benefits Scheme in Australia.

According to Medicare claim data, in 2004-05 there were approximately 1,072 doctors, from a total of 46,717 doctors, who had achieved their primary medical qualifications from a NZ medical school.

[This is point in time data, and does not distinguish between the NZ doctors who have lived in Australia for decades, and the NZ doctors who only worked in Australia in that financial year. This data also does not distinguish between NZ doctors who are restricted to work in districts of workforce shortage (s 19AB of the *Health Insurance Act 1973*) and NZ doctors who do not have any provider number restrictions.]

2. Restricted doctors who currently hold a provider number.

Overseas trained doctors wishing to access Medicare are restricted under section 19AB of the *Health Insurance Act 1973* (the Act) to working in a district of workforce shortage. In this context, these are described as "restricted doctors". As at 30 June 2006, 489 NZ restricted doctors (temporary resident only) currently

hold a valid Medicare provider number. This does not include NZ doctors who are restricted and have become permanent residents or citizens. This data does not distinguish between those who obtained their primary medical qualification in NZ and those who obtained this from another country (other than Australia). As at 30 June 2006, there was a total of 3,385 overseas trained doctors (permanent and temporary resident) who currently hold a valid Medicare provider number.

For further information on the number of NZ doctors who have moved to Australia to work, including public sector salaried doctors, you should contact the Department of Immigration and Multicultural Affairs and the State and Territory medical boards.

c) It is important to note that:

- Medical practitioners are registered by State and Territory medical registration boards.
- Overseas trained doctors whose primary medical qualifications are not recognised in Australia can only gain eligibility for general registration if they pass the AMC examination, are awarded the Australian Medical Council (AMC) Certificate, and complete a period of supervised training approved by a State or Territory Medical Board; and
- Overseas trained specialists whose primary medical qualifications are not recognised in Australia must have their training and qualifications assessed through the AMC/Specialist Medical College assessment procedures and have gained recognition as a specialist practitioner by the relevant College before being eligible to apply to a State or Territory Medical Board for conditional registration to practise in the field of specialisation in which they have been recognised.

A graduate of a medical course accredited by the AMC is eligible for registration as a medical practitioner in any State or Territory of Australia. By assessing the medical schools, the AMC is able to assure the medical registration boards that a medical school's educational program satisfies agreed national guidelines for basic medical education. As well as assessing the Australian medical schools, the AMC assesses New Zealand medical schools for the purposes of registration of their graduates in Australia. The Medical Council of New Zealand uses the AMC accreditation reports on the Australian and New Zealand medical schools to assist it to decide on the recognition of the graduates of those schools in New Zealand.

The over-riding requirement of AMC accreditation is that medical schools produce medical practitioners who are safe and competent to practise as interns under supervision and who have an adequate basis to undertake further vocational training.

Cleared by: Ms Margaret Lyons
First Assistant Secretary
Health Services Improvement Division
July 2006

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Question: 3

Topic: NZ illicit drug monitoring system

Hansard Page: FADT 45

Senator Payne asked:

In terms of the New Zealand illicit drug monitoring system, which your submission indicates the National Drug and Alcohol Research Centre has been involved with, how has that evaluation been carried out? What is the result of the evaluation? Have they made changes to the way they run their system?

Answer:

The National Drug and Alcohol Research Centre successfully tendered to undertake the evaluation of the New Zealand illicit drug monitoring system (IDMS) which is funded by the New Zealand Police. The evaluation involved a review of the IDMS reports and briefings to ascertain the appropriateness of the methodology used in the IDMS. Interviews with key experts from law enforcement, health, policy and research backgrounds, including university research departments, government agencies and drug health services were also central to the evaluation.

Results of the evaluation have been provided to the New Zealand Police but are not publicly available. Questions on the results and impact on the IDMS would need to be directed to the New Zealand Police.

Cleared by: Ms Carolyn Smith
A/g First Assistant Secretary
Population Health Division
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