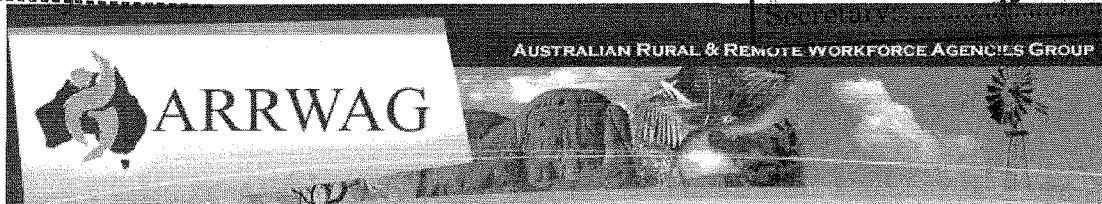


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Submission to the Parliamentary Joint Standing Committee on Migration

'Inquiry into eligibility requirements and monitoring, enforcement and reporting arrangements for temporary business visas'

Introduction:

The Australian Rural and Remote Workforce Agencies Group (ARRWAG) would like to make a submission to the Parliamentary Joint Standing Committee on Migration specifically in regard to the *Temporary Business (Long Stay) – Standard business Sponsorship (Subclass 457) Visa* [will be referred to as *Subclass 457 Visa*].

The Australian Rural and Remote Workforce Agencies Group (ARRWAG) is a national peak body committed to increasing the number of doctors who practice in rural and remote communities across Australia. ARRWAG is funded by the Department of Health and Ageing, to improve access for Australians to appropriate and high quality care (especially medical practitioners) in rural and remote Australia.

ARRWAG has seven Rural Workforce Agency (RWA) members:

- General Practice and Primary Health Care Northern Territory (GPPHCNT)
- New South Wales Rural Doctors Network (NSWRDN)
- Health Workforce Queensland (HWQ)
- Rural Workforce Agency Victoria (RWAV)
- Rural Doctors Workforce Agency (RDWA) in South Australia
- GP Workforce (TAS)
- Western Australian Centre for Remote and Rural Medicine (WACRRM)

The RWAs implement medical workforce recruitment and retention programs in their jurisdictions to increase the number of doctors in rural and remote communities across Australia. The Rural Workforce Agencies are individual entities in their own right. ARRWAG is a federation of RWAs and provides support to each Rural Workforce Agency at a national level.

As you are most probably aware there is a severe shortage of medical practitioners in rural and remote areas of Australia. In fact, at the last count it was estimated that the shortage was in the range of 800 to 1,300 general practitioners.¹ Because of this severe undersupply of medical practitioners the RWAs recruit International Medical Graduates in order to help alleviate the situation and provide essential health services to rural and remote Australians.

Background:

As a part of their recruitment activities of International Medical Graduates the RWAs use two main visa categories to engage the services of International Medical Graduates: the *Medical Practitioner Visa (Subclass 422)* [will be referred to as *Subclass 422 Visa*] and the *Subclass 457 Visa* which falls under the Terms of Reference for the Parliamentary Joint Standing Committee on Migration.

Both of these Visa subclasses used by the Rural Workforce Agencies have common requirements/processes:

- Both Visa Subclasses allow medical practitioners to work in Australia for a period between three months and four years.
- Both Visa Subclasses require the Medical Practitioner to be eligible for medical registration in Australia; henceforth the applicant must be suitably qualified irrespective of the Visa Subclass.
- Both Visa Subclasses enable the medical practitioner to have their family members stay in Australia with them.
- Both of the Visa Subclasses require the medical practitioner to be either sponsored or directly employed by an organisation.
- Both Visa Subclasses have the same health requirements.

The Department of Health and Ageing and the Department of Immigration and Citizenship have been promoting the *Subclass 457 Visa* as the preferred temporary visa option for medical practitioners. This has been part of the 'reducing the red tape' initiatives rolled out alongside the Strengthening Medicare International Recruitment Strategy. For this reason, the *Subclass 457 Visa* is often used by the Rural Workforce Agencies.

¹ Australian Medical Workforce Advisory Committee. (2005). The General Practice Workforce in Australia: Supply and Requirements to 2013, AMWAC Report 2005.2. Sydney.

The RWAs consider the following aspects of the Subclass 457 Visa to be beneficial for the recruitment of International Medical Graduates:

1. The *Subclass 457 Visa* has a quicker approval process than the *Subclass 422 Visa*. Specifically, the *Subclass 457 Visa* application and approval process is more expedient and facilitates the quick placement of doctors in rural and remote communities. Effectively it means that RWAs can get a doctor on the ground faster. [The *Subclass 457 Visa* does not require medical practitioners to have police clearances to be undertaken, whereas the *Subclass 422 Visa* does. This means that if there are issues regarding police clearances, and the medical practitioner has used the *Subclass 457 Visa* these problems will not be picked up until the candidate applies for Permanent residency in Australia. However, the police checks requirement of the *Subclass 422 Visa* do cause the visa process to be delayed for several months.]
2. The *Subclass 457 Visa* enables the sponsor (employing organisation) to nominate a number of positions to be filled (e.g. 10 positions for general practitioners) and when approved the position nominations are valid for 12 months. Specifically, each time the sponsor recruits another doctor (up to the pre-approved number of positions) the sponsor only has to arrange for the "new" doctor to submit his/her visa application and the sponsor does not need to re-apply for the position to be filled. The *Subclass 457 Visa* is therefore most beneficial to larger hospitals or organizations recruiting a large number of doctors. The *Subclass 422 Visa* on the other hand only allows one sponsorship at a time for one nominated position.

The RWAs identify the following aspects of the Subclass 457 Visa to need improvement for the recruitment of International Medical Graduates:

1. The *Subclass 457 Visa* requires the organisation sponsoring the applicant to be the direct employer of the employee. In general practice this means that many individual medical practices are not suitable for the *Subclass 457 Visa*. GPs in private practice typically don't have the traditional salaried direct employer/employee relationships or contracts that the *Subclass 457 Visa* requires. In fact, many general practices have service agreements with their medical practitioners as opposed to a direct employment relationship. It would be preferable if the *Subclass 457 Visa's* direct employer requirements included an exemption for medical practitioners which acknowledged the fact that most of them earn their income as a percentage of Medicare billings

(sometimes with a retainer) and that they therefore have a range of different contractual arrangements (including service agreements).

2. The requirements of the *Subclass 457 Visa* could be further improved regarding the sponsor (employing organisation) nominated positions to be filled (e.g. 10 positions for general practitioners). As stated earlier this part of the *Subclass 457 Visa* is most beneficial to hospitals. However, the Rural Workforce Agencies have found that the sponsorship application for the *Subclass 457 Visa* requires a large amount of paperwork (evidence regarding the business, training of current employees etc) for initial application; general medical practices really struggle to meet all these requirements.
3. Sponsor responsibilities for the *Subclass 457 Visa* are more onerous than the sponsor responsibilities for *Subclass 422 Visa* in particular:
 - a) The *Subclass 457 Visa* requires that the cost of return travel for an employee (and accompanying family members) is met to return them to their home country.
 - b) Pay all medical or hospital expenses for an employee (and accompanying family members) for treatment in a public hospital (other than expenses that are met by health insurance or reciprocal health care arrangements). This sponsor responsibility is extremely unfair and sends a signal that Australia doesn't see it necessary to provide the same level of medical care to the doctors who are being recruited to provide such care.

Finally, it should also be noted that there are no English language proficiency requirements with the *Subclass 457 Visa*. However this does not present as an issue for the recruitment of International Medical Graduates as it is a requirement of the *Subclass 457 Visa* that that applicant must be eligible for the registration required for the nominated position. For all International Medical Graduates that seek registration as a medical practitioner in any Australian State or Territory they must meet the National English Language Proficiency Requirement.² In other words, whether or not English language proficiency is stipulated by the *Subclass 457 Visa* requirements, International Medical Graduates will have to pass such requirements upon their medical registration.

² See ARRWAG. (2006). Medical Registration Requirements for Temporary Resident Overseas Trained Doctors and Overseas Trained Doctors to work in Australia. VIC. Available from www.arrwag.com.au

Recommendations

1. ARRWAG would like to highlight to the Parliamentary Joint Standing Committee on Migration that International Medical Graduates (IMGs) do frequently use the *Subclass 457 Visa* and would recommend that any suggested changes by the Committee to this Visa should take into consideration the repercussions for the recruitment of general practitioners (IMGs).
2. ARRWAG would also like to highlight that any areas identified for improvement by the Parliamentary Joint Standing Committee on Migration for the *Subclass 457 Visa* will take into consideration the time taken to approve such visas with any such changes. ARRWAG would like to stress that it is important that no future changes to this visa increase the amount of time for the applications to be processed.
3. ARRWAG believes that the ability for sponsor organisations to nominate a set number of positions to be filled and their subsequent validity for a twelve month period to be a most efficient feature of the *Subclass 457 Visa*. For this reason ARRWAG recommends that any areas identified for improvement by the Parliamentary Joint Standing Committee on Migration should maintain this feature in order to continue the mass recruitment of medical practitioners, but also consider a reduction of the amount of paperwork required for the sponsor organisation.
4. ARRWAG recommends that the Parliamentary Joint Standing Committee on Migration consider an exception to the 'direct employment arrangements' for medical practitioners (IMGs) to enable more general practices to utilise the *Subclass 457 Visa*.
5. ARRWAG recommends that all doctors recruited to Australia under the *Subclass 457 Visa* should not be considered as a medical burden to Australia, like other Australian's these medical professionals and their accompanying family members should be entitled to full Medicare benefits.