

Australia's Growing Reliance on Overseas Trained Doctors A/Professor Lesleyanne Hawthorne

SUB 208

1. The Context

Australia's workforce has become extraordinarily dependent on overseas born professionals: people who by 1991 constituted up to 48% of engineers, 43% of IT professionals, and 40% of doctors.

In terms of medicine, successive Censuses have shown this reliance to continue to grow: by 1996 44% of those with medically qualifications were overseas-born, rising to 47% in 2001 (22,706 people).

At the same time, they have been derived from increasingly diverse source countries, with China now predominating after the UK/Ireland, followed by India, other southern and central Asia, Iraq (etc).

In the post-war period there have been a series of reports defining the labour market barriers confronting overseas-born doctors, the majority highlighting issues related to professional protectionism and OTDs' exclusion from Australian registration (eg HREOC 1992, Kunz 1975). Key barriers have included:

- a. The need to pass the Occupational English Test
- b. The need to pass an MCQ test of medical knowledge
- c. The need to pass a Clinical examination of knowledge and capacity to examine patients

OTDs from select countries of origin (eg Vietnam, China, the Philippines) have experienced particular difficulty achieving full registration.

2. The Impact of Demand

By 2000 however it was clear an unprecedented situation was emerging, driven by labour market demand (integrally related to medical maldistribution, including public versus private sector supply issues). Substantial numbers of permanent resident OTDs who had failed to secure MCQ and/or Clinical passes were securing work in three under-supplied medical contexts, as:

- a. Junior doctor positions in public hospitals;
- b. General practitioners in rural/regional Australia; and as
- c. Conditionally registered specialist practitioners (urban and regional locations) in select specialities characterised by public sector maldistribution/ under-supply (in particular psychiatry, surgery, emergency medicine)

Further, large numbers of OTDs were now being imported annually on a temporary basis – eg to work in rural/regional general practice:

- *Visa 422 category* nominations rose from 664 in 1993/4 to 2,045 in 2001/2002 and 1,197 in the first half of 2002/3.
- In 2001-02 406 temporary resident OTDs were approved by the Victorian authorities to work in General Practice positions in 'areas of need' (though not all took up this visa), along with 897 in New Zealand, 456 in Western Australia and 58 in NSW.
- This resulted by December 2002 in a stock of 1,547 visa 422 principal applicants being located in Australia (the great majority engaged in the provision of general practice)

- *Visa 422 category* (Occupational Trainees) rose from around 700 in 1999/2000 to c1,000 in 2001/2, with growing dependence evident on reliance on them for public hospital labour

3. Reliance on OTDs by Medical Sector

The data reported here derive from three recently published studies I have completed with a variety of research partners (tabled):

- Hawthorne, L & Birrell, R (2002), 'Doctor Shortages and Their Impact on the Quality of Medical Care in Australia', *People & Place* Vol 10 No 3
- Barton, D, Hawthorne, L, Singh B & Little, J (2003), 'Victoria's Dependence on Overseas Trained Doctors in Psychiatry', *People & Place* Vol 11 No 1
- Birrell, B, Hawthorne, L & Rapson, V (2003) 'The Outlook for Surgical Services in Australasia', Royal Australasian College of Surgeons, Australia

(A further study analysing the role and the retention of OTDs in Victoria rural/regional practice is currently being completed.)

In brief:

General practice:

- Growing reliance on *PR OTDs* with conditional registration and often long career gaps to provide basic medical services (frequently multiple past-attempters at Australian Medical Council exams, now converting to RACGP track)
- Supply constantly being supplemented by *temporary entrant OTDs* not required to pass exams/ secure full registration
- In Victoria c245 such OTDs in current general practice employment (Rural Locum Relief Program and Victorian Overseas Trained Doctor Rural Recruitment Scheme)
- Issues related to length of stay, access to medical supervision, training support, underlying skills base

Public hospital junior doctor positions:

- By 2001, in addition, 283 permanent resident OTDs were employed as junior doctors in the Victoria public hospital system, prior to passing their Australian Medical Council clinical exam¹, and 114 permanent resident OTDs were employed as junior doctors in the Tasmanian public hospital system

Select public sector speciality areas:

- In specialist fields such as emergency medicine and psychiatry, where public work is poorly remunerated and characterised by unfavourable practice conditions, dependence on conditionally registered permanent and temporary resident OTDs is also rising markedly
- *Psychiatry*: In North Western Mental Health up to 43% of public mental health service in select locations are supplied by overseas trained psychiatrists without full Australian professional accreditation – overwhelmingly concentrated in rural areas where there is a gross shortage of psychiatrists.
- *Surgery*: In rural, regional and select public sector urban hospitals, there is now entrenched reliance on overseas-trained surgeons who to date have failed to secure full accreditation, including as:
 - a. 'Area of need' surgeons (even in outer Perth, where local applicants cannot be found);

¹ Many permanent resident OTDs secure hospital-based employment without either MCQ or Clinical examination passes.

- b. Occupational trainees in public hospitals (457 visa applicants from January 2002 to May 2003); and as
- c. Non-accredited surgical registrars (a quasi-permanent pool of surgeons required to but unable to secure advanced surgical training, who nevertheless form an integral and only partially supervised part of the Australian surgical workforce).

4. Issues for Australia

- a. Recognise this growing reliance on OTD services.
- b. Develop appropriate support mechanisms to bridge overseas trained doctors into the Australian medical workforce, devising assured pathways into full professional registration.
- c. Provide transitional training as required, to ensure OTDs themselves and select patient groups are not disadvantaged.