



NATIONAL RURAL  
HEALTH  
ALLIANCE INC.

Policy Portion 2003/3  
5 November 2003

## Support for Overseas Trained Doctors

### Background: OTDs in Rural and Remote Australia

Overseas Trained Doctors (OTDs) (increasingly becoming known as International Medical Graduates or IMGs) have been important for rural and remote Australia for many years. There are serious ethical issues about international flows of doctors, particularly from developing countries that have higher rates of morbidity and mortality than Australia, which desperately require an adequate medical workforce. The commitment of Australia's professional medical bodies **not** to poach doctors from needy areas of the world is reflected in *The Melbourne Manifesto*<sup>1</sup>.

Given that there are many OTDs in rural and remote Australia, this *Policy Portion* deals with just two issues: the way they should be supported and welcomed as Australian citizens; and the means by which their safe practice can be assured.

### Discussion

OTDs are particularly valuable in rural and remote Australia because of the long-term shortage of GPs and specialists there – one that is proving very hard to turn around and one which, were it not for OTDs, would be of massive proportions. Despite their value, evidence suggests that some of these doctors are placed in situations of stress and service that are not appropriate. At worst, these events may adversely affect their tenure, to the point that they terminate their contract and do not return. Clearly, such a scenario harms our capacity as a nation to attract doctors (and potentially other professionals) from overseas, and it also harms our overall reputation on migration and settlement. The second issue dealt with here is the fact that some OTDs are providing services that are not as safe or high quality as Australian citizens are entitled to expect.

There are two premises for the Alliance's position on doctors with foreign qualifications. First, whether they are permanent residents and citizens or temporary visitors, they should be welcomed and valued, not used merely as a 'resource'. Secondly, they should be subject to the same standards of practice as others.

---

<sup>1</sup> [http://www.ruralhealth2002.net/melbourne\\_manifesto.pdf](http://www.ruralhealth2002.net/melbourne_manifesto.pdf) Note: It has been suggested that bilateral Free Trade Agreements could reinstitute reciprocal medical registration agreements to help take the pressure off less developed countries.

Overall, OTDs working in Australia's rural and remote areas need more support than they are currently getting. This is especially true for those who are not from English-speaking backgrounds and whose cultural norms are therefore quite distinct from Australia's. These OTDs, most of whom are Australian citizens, pose particular challenges for Australia as a host nation and for a country town as a host community. Integration into the community in which they are working, and preferably a subjective feeling of 'belonging', is critical to their achievement of satisfactory personal and professional outcomes.

Temporary Resident Doctors (TRDs) are a sub-set of OTDs and most of them work in Australia for 1-3 years on Temporary Visas. Most TRDs come from English-speaking countries and so face less cultural and social challenges than OTDs who come from non-English speaking backgrounds.

Because of special arrangements now and in the past to fill GP and hospital vacancies in areas of workforce need (many of which are in rural and remote areas), there are OTDs practising without current Australian Medical Council (AMC) accreditation – often while preparing for the AMC or FRACGP exams. This is clearly a group requiring special assistance, in order to ensure an appropriate level of skills and safe practice during the period leading up to accreditation.

The Senate Select Committee on Medicare has reported the commonly-held view that there are currently around 2,000 OTDs in Australia not working as doctors.

The Alliance recognises that in addition to the collegial help provided by the medical profession there are also Commonwealth-funded organisations providing some assistance in some of these areas. They include doctors' organisations, Rural Workforce Agencies and Divisions of General Practice. There are major differences across States and Territories, and a consistent national support system would be desirable. Overall there is currently inadequate support for and monitoring of Overseas Trained Doctors in rural and remote Australia.

This is not just a matter of public policy and government support. It is also important for communities to do the right things locally to welcome, orient and support OTDs to their town.

## **Areas for action**

- Helping permanent residents with medical training and skills to make the transition from occupations in which their medical skills are not recognised (and from supervised medical practice), into generalist or specialist practice or other appropriate health work. This can be achieved through a more intensive case-management-type approach to supporting OTDs until they have achieved successful medical practice. This will require additional resources for mentoring, supervision and professional development, as well as for co-ordination and support. This personal attention will include assisting individual OTDs to prepare for the Australian Medical Council (AMC) examinations and to meet State medical registering bodies' requirements.
- Assisting individual OTDs to prepare for and pass the AMC examination and the Fellowship exams of the RACGP and other specialist Colleges. This can be done by various means including through support from the Regional Training Providers in rural areas funded by General Practice Education and Training Ltd (GPET), Rural Workforce Agencies and Divisions of General Practice.

- Increasing the annual capacity of ‘the system’ to identify, monitor, assess and accredit all new OTDs by expediting and co-ordinating the process; currently only a proportion of those eligible are dealt with each year. There needs to be more consistency in the assessment procedures undertaken by all organisations involved and more public information about them. There also need to be more sound approaches by the State medical boards to assessing readiness for Area of Need practice.
- For OTDs working as locums, the registration, visa application and provider number legislation should be made simpler and more transferable, reflecting the reality that they have to re-locate as often as every two weeks.
- Immigration laws should be reviewed with a view to removing any unnecessary obstacles to appropriately trained OTDs working in Australia.
- Providing OTDs with accurate, comprehensive information about available opportunities for practice, particularly in rural and remote areas.
- Increasing access to community, cultural, language and practice orientation for OTDs and their immediate families who are working (or planning to work) in rural and remote Australia.
- Once they are in practice, ensuring OTDs know about and have access to all of the 'normal' support needed by health professionals in rural and remote areas, including adequate remuneration, access to locums and CPD, time off and good IT connections.
- Additional resources will be required to give special support to OTDs (as for other rural doctors) who are collaborating members of inter-disciplinary health teams with allied health workers, clinical nurses, dentists and practice managers.
- Communities need assurance that their Overseas Trained Doctor will be appropriately supported and qualified. Communities may also need to be given increased capacity for local programs to help cultural integration.
- There is the need for the expansion of the annual survey and the minimum data set work of the Rural Workforce Agencies, to ensure specific questions about OTDs are included. The work should cover all of those who are currently practising as OTDs, whether as TRDs on Temporary Visas, with conditional registration in areas of need, or as unrestricted GPs or specialists. This will provide important data to enable governments and other groups to more accurately develop policy, provide targeted support and evaluate the investment required to address the areas of action highlighted above.

*Visit ‘Publications and News’ at [www.ruralhealth.org.au](http://www.ruralhealth.org.au) for all the Alliance’s policy documents on rural and remote health.*