Australian policy on overseas-trained doctors

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ABSTRACT

- Since the late 1990s Australian employers have recruited an increasing number of overseas-trained doctors (OTDs) to hospital and "area of need" general practice positions.
- While assessment standards vary by state and field of medicine, most OTDs are appointed without a formal assessment of their medical knowledge and clinical skills, with registration to practice being conditional only on their working in hospitals and "areas of need". By comparison, formal assessment is required before an OTD can practise medicine in the United States, the United Kingdom and Canada.
- Most of these doctors hold temporary resident visas, but a minority are permanent residents who have not completed their Australian Medical Council accreditation examinations.
- In 1997–98, most OTDs arriving under temporary resident visas were from the United Kingdom and Ireland, and by 2002–03 this had dropped to under 50%; OTDs now come from a greater diversity of countries.

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The rapid increase in use of overseas-trained doctors (OTDs) in Australia's medical workforce is a consequence of a government decision in the early 1980s to cap the number of entrants to Australian medical schools. This decision flowed from projections of the medical workforce which indicated that, as a consequence of previous rises in medical training levels and continued high migration of OTDs to Australia, the doctor-to-population ratio in Australia was too high.[1] Until recently,[2] there have been no increases in medical students, despite a rapid increase in the nation's population and the growth in per-capita demand for medical services.

There was a decline in the doctor-to-population ratio (from 485:1 to 413:1) over the decade 1986 to 1996.[3] This, with the increased costs of Medicare, contributed to the stance of the Australian Medical Workforce Advisory Council (AMWAC) by the mid-1990s that any gaps in the supply of doctors in Australia were due to maldistribution of the medical workforce rather than an underlying shortage.[4] This perception underpinned the government's 1996 legislation requiring all future medical graduates who wished to practise as general practitioners to complete a postgraduate family medicine course first. The annual number of training places allocated for those wishing to enter the program was initially limited to 400.[5]

Emerging evidence of a workforce shortage

The restriction on entry to general practice sharply cut the number of new entrants to the general practice field and contributed to a widening shortage in the supply of GPs, making it harder for regional areas to attract locally trained GPs. Shortages were also evident at the junior hospital doctor level, in part because there were not enough second-year interns to fill these positions in the public hospital system.

One outcome, which first led me to question AMWAC's "maldistribution" thesis, was the finding that hundreds of permanent-resident OTDs, who were yet to complete or had failed the Australian Medical Council (AMC) examinations, were being employed in these junior public hospital positions in Victoria and other states.[6] Furthermore, by the end of the 1990s there were not enough fully registered junior doctors to fill all the training places available in the various specialty programs. This, with federal government limits (based on AMWAC advice) on the number of training places being financed, resulted in some specialties having too few trainees to provide routine hospital-based services (eg, surgery) and insufficient fully trained fellows to meet patient demands.

These shortages have prompted increasing recourse to the recruitment of OTDs. The main pathways by which they have entered Australian medical practice are as temporary resident OTDs, occupational trainees or permanent resident OTDs. The conditions for these designations are described in Box 1.

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Accrediting OTDs to practise: how Australia compares with other countries

By 2004 there were some 2000 visa category 422 OTDs and a further 1500–2000 visa category 442 OTDs working in medical positions in Australia (estimates based on unpublished Department of Immigration and Multicultural and Indigenous Affairs [DIMIA] stock counts for visa subclass 422 and numbers of occupational trainees registered with state medical boards). These numbers are likely to increase as a consequence of the federal government's Strengthening Medicare initiatives to encourage recruitment of OTDs[9] and pre-election promises of more doctors and nurses, including expansion of medical training in Australia. However, as the benefits from these training initiatives will not be experienced for another 8 to 10 years, it follows that dependence on OTDs will increase.

There is no national standard for the appointment of OTDs in Australia. By contrast, in Canada, the United States and the United Kingdom an OTD must pass a test of English, medical knowledge and clinical skills before being allowed to practise. In Canada and the United States, OTDs are also required to serve in a probationary hospital residency position.

In Australia, each state medical board has developed its own set of rules. In the case of occupational trainees, these vary according to whether the OTD is appointed to a training program within a medical specialty or to a general hospital position. In some specialties the relevant college assesses the applicants' credentials. In others, this involvement is less evident. In the case of general hospital positions, the employing hospital makes the assessment,

1 Main designations for entry to Australian medical practice for overseas-trained doctors

Designation	Visa subclass	Limit of term	Conditions
Temporary residents	422	4 years (with option of renewal)	Require a sponsoring employer who must demonstrate that the position is in an identified "area of need" and that they have been unable to recruit an Australian resident to fill the position.[7]
Occupational trainees	442	2 years (with option of renewal)	Appointed as junior doctors and as trainee specialists in hospitals. Requirement for a visa to be issued is that the Department of Immigration and Multicultural and Indigenous Affairs receives a letter from the relevant medical college stating that a training program has been prepared and a letter signed by the medical director and training director attesting that the overseas-trained doctor will be trained in the hospital. Occupational trainees do not have to work in an "area of need".
Permanent residents	—	—	Enter medical practice either through successful completion of the Australian Medical Council examinations, or through employment as provisionally registered junior hospital doctors, or as GPs in "area-of-need" locations.

which is then accepted without further evaluation of the OTD's skills by the relevant state medical board.

As regards "area-of-need" positions, the employer makes the final decision, although usually after an assessment by a professional recruiting intermediary. These generally base their judgements on a review of prospective candidates' *curricula vitae*, sometimes accompanied by an international telephone interview. Only in a few cases is there any systematic evaluation of the medical knowledge and clinical skills of the appointees. Again, the state medical boards usually accept the judgement of employers without any direct involvement in assessment of the candidates. New South Wales is an exception. There are relatively few "area-of-need" appointments in NSW, but, where they are made, the NSW Medical Board assesses candidates by means of a face-to-face interview covering clinical skills and conducted by clinicians familiar with the relevant area of practice. The main task of medical boards is to check that the medical qualifications and experience of the appointees are as claimed. Until recently, most of the medical boards did not require OTDs to pass an English test.

2 Number of visa subclass 422 nominations, by state, 2000–01 to 2002–03

State	2000–01	2001–02	2002–03
Western Australia	456	472	597
Victoria	406	508	581
New South Wales	58	89	176
Tasmania	94	82	89
South Australia	60	68	133
Australian Capital Territory	7	12	50
Northern Territory	84	98	97
Queensland	899	716	1016
Total	**2062**	**2045**	**2739**

Source: Birrell and Hawthorne, based on unpublished data provided by the Department of Immigration and Multicultural and Indigenous Affairs.[10]

3 Medical professionals arriving under visa subclass 422 (principal applicants, by country of birth)*

Country of birth	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03
United Kingdom and Ireland	572	634	463	552	538	476
India	32	31	37	49	67	123
South Africa	71	72	154	126	121	95
United States of America	89	6	10	18	30	43
Germany	6	10	10	10	29	32
Netherlands	2	14	9	52	23	27
Pakistan	3	3	17	27	21	26
Sri Lanka	3	4	4	17	33	25
Malaysia	4	8	2	6	16	23
Canada	3	21	8	2	18	17
Philippines	2	2	1	7	9	17
Bangladesh	0	0	3	11	12	13
Other	35	41	133	113	132	184
Total	**822**	**846**	**851**	**990**	**1049**	**1101**

Source: Department of Immigration and Multicultural and Indigenous Affairs overseas arrivals and departures (unpublished).
*Includes long-term (visits of 12 months or more) and short-term (visits of less than 12 months) arrivals.

4 Medical professionals arriving as occupational trainees on subclass 442 visas (principal applicants, by country of birth)*

Country of birth	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03
United Kingdom and Ireland	444	173	321	338	221	251
India	49	77	78	62	78	89
China	36	30	11	67	57	63
Malaysia	28	23	46	37	45	62
Sri Lanka	15	21	16	43	40	40
Thailand	3	15	25	18	11	25
Philippines	6	6	11	17	14	19
Singapore	13	7	6	7	11	19
Hong Kong	57	17	3	1	13	16
Germany	13	15	13	32	13	16
Japan	11	9	14	12	18	16
United States of America	10	10	6	18	14	12
South Africa	4	7	11	5	10	9
Canada	4	19	5	5	13	5
Other	123	128	167	133	106	140
Total	**816**	**557**	**733**	**795**	**664**	**782**

Source: Department of Immigration and Multicultural and Indigenous Affairs overseas arrivals and departures (unpublished).
* Includes long-term (visits of 12 months or more) and short-term (visits of less than 12 months) arrivals.

However, most now have instituted such a test, or will do so in the near future.

Trends in OTD use

Temporary resident OTDs (visa subclass 422)

The numbers of OTDs granted subclass 422 visas increased from 670 in 1993–94 to 1419 in 1999–2000, and 2249 in 2003–04. By September 2003, according to DIMIA stock counts, there were 1950 OTDs in Australia who were holders of a subclass 422 visa (unpublished data from DIMIA).

Box 2 details the number of OTDs nominated by each state health authority in this visa category. Though not all of those nominated subsequently sought a visa, Box 2 shows that the greatest use of subclass 422 visas was in Queensland, Western Australia and Victoria, where OTDs have been recruited to fill

5 Permanent resident medical practitioner settlers: New Zealand citizens by birthplace; principal applicants of other nationalities by migration category; and family accompanying principal applicants, 1997–98 to 2002–03

Nationality		1997–98	1998–99	1999–00	2000–01	2001–02	2002–03
New Zealand citizens	Birthplace (of New Zealand citizens)						
	New Zealand	33	48	49	77	42	37
	UK, Ireland, USA, Canada, South Africa	9	19	17	30	21	16
	Southern Asia	13	12	114	210	29	15
	Middle East and North Africa	2	4	10	51	9	6
	Other birthplace	11	28	62	121	30	22
Total New Zealand citizens		*68*	*111*	*252*	*489*	*131*	*96*
Other nationalities	Migration category (of other nationalities)						
Principal applicants	Spouse, prospective marriage	128	135	123	153	175	194
	Other family	24	22	8	17	10	10
	Skilled	39	38	48	38	28	34
	Other (including humanitarian)	7	9	4	4	11	6
Total principal applicants of other nationalities		*198*	*204*	*183*	*212*	*224*	*244*
Family accompanying principal applicants (mainly spouses)		*92*	*93*	*109*	*103*	*104*	*141*
Total medical practitioner settlers		**358**	**408**	**544**	**804**	**459**	**481**

Source: Department of Immigration and Multicultural and Indigenous Affairs, overseas arrivals and departures, year ending 30 June (unpublished).
UK = United Kingdom; USA = United States of America.

6 All persons aged 15–64 years with a degree in medical studies who arrived in Australia between 1 January 1996 and 7 August 2001, by birthplace, labour force status and occupation in 2001

		Labour force status and occupation (%)					
Birthplace	Total	Manager, administrator	Medical practitioner	Other professional	Other employment	Unemployed	Not in labour force
UK and Ireland	857	2	83	7	2	1	5
Southern Central Asia	516	0	39	2	14	11	32
China	489	2	5	19	27	8	39
India	430	1	66	5	4	10	13
Middle East and North Africa	411	3	36	5	9	18	29
South Africa	363	2	81	3	5	1	8
Eastern and South Eastern Europe	325	0	29	6	17	12	36
New Zealand	286	1	84	5	3	2	5
Other Europe	206	1	52	19	6	1	19
Malaysia, Hong Kong and Singapore	140	0	59	4	6	2	29
USA and Canada	104	3	53	9	9	6	18
Philippines	81	0	33	7	14	7	38
Other	470	1	42	7	11	8	31
Total	**4678**	**1**	**53**	**7**	**10**	**7**	**22**

"area-of-need" vacancies, primarily in regional general practice positions, but also in locum services and in some junior hospital positions. These doctors are currently being encouraged to stay permanently in Australia; one route to achieving this is successful completion of the Royal Australian College of General Practitioners' Fellowship examinations.[10]

Recruitment under this visa subclass is increasing, partly because of regulatory changes from the federal government's Strengthening Medicare package. These visas are now being issued for 4 years (previously 2 years) with the option of renewal. In addition, the Commonwealth agreed to pay the recruitment expenses ($10 000 to $25 000 each) for OTDs employed in family medicine who have been engaged by designated private sector recruiters.[11]

Box 3 shows the birthplaces of OTDs arriving in Australia. A decade or so ago the great majority of OTDs were drawn from the UK. However, in recent years, as the numbers recruited have grown, so has the diversity of countries of origin. By 1997–98, the UK and Ireland were still the dominant source, accounting for 70% of the arrivals in that year. However, by 2002–03, this share had fallen to 43%.

Occupational trainees (visa subclass 442)

There are no accurate statistics for this category of OTDs, as DIMIA does not differentiate visas allocated to doctors in this category from those issued to other occupation groups. The scale of their use has to be deduced from various sources, such as arrivals in Australia under visa subclass 442 who list their occupation as doctor, and the counts of registrations by state medical boards. Most occupational trainees are employed in NSW and Victoria. As of 29 June 2004, 1202 were registered in NSW and 712 in Victoria.

Occupational trainees come from a much wider range of source countries than has been the case for OTDs with subclass 422 visas. Box 4 shows the arrivals who were doctors under this visa by birthplace. By 2002–03 most of these doctors were being drawn from non-Western countries.

Permanent resident OTDs

There is a large number of OTDs who arrived in Australia recently and who hold permanent residence, mainly on the basis of entry as a New Zealand citizen, spouses sponsored by an Australian citizen, or as accompanying spouses of migrants. As Box 5 indicates, some 500 or more have arrived each year. Most of those coming as New Zealand citizens were third-country entrants who first migrated to New Zealand, subsequently obtained New Zealand citizenship, and thereby the right to move to Australia on a permanent basis. Hardly any of those shown in Box 5 would have held medical positions on arrival, because doctors were not permitted permanent visas as principal applicants under Australia's skilled migration categories from 1996 to 2001 (inclusive). The spike in arrivals of OTDs from New Zealand for the year ended June 2001 reflects changes in the rules governing movement of people between Australia and New Zealand. Since mid-2001 New Zealand citizens are no longer eligible for most Australian welfare benefits unless they meet the standards required of people eligible for Australia's skilled migration program.

Box 6 indicates the labour-force status of people with a degree in medical studies resident in Australia in 2001 and who had arrived between 1 January 1996 and 7 August 2001 (inclusive). Most of those born in the UK and Ireland would have arrived on temporary resident medical visas (subclasses 422 and 442). This is why 83% were employed as doctors. Aside from those born in New Zealand and South Africa, most of the others (who were born in non-English-speaking-background [NESB] countries) would have arrived in the permanent resident categories detailed in Box 5. As Box 6 shows, many were not employed as doctors; most of these would have been seeking to pass or had failed the AMC examinations, providing much of the supply from which provisionally registered permanent resident OTDs are drawn. There are currently several hundred permanent resident OTDs who have not completed the AMC examinations and who are working as junior

7 Australian Medical Council examination outcomes, by major country of training, 2002

Country of training	No. of candidates	% Passing MCQ (1st or repeat try)	No. of candidates	% Passing Clinical (1st or repeat try)
India	133	47	49	63
Bangladesh	81	80	63	48
China	69	51	35	57
Iraq	54	87	65	66
Egypt	48	46	30	73
United Kingdom	38	74	34	88
Pakistan	36	75	19	53
Sri Lanka	34	82	34	65
Philippines	33	33	23	39
South Africa	17	88	23	91
Other	328	45	184	59
Total candidates	**871**	**56**	**559**	**62**

Source: Derived from Australian Medical Council Annual Report, 2002.[12] MCQ = multiple-choice questions.

hospital doctors or in areas of need (unpublished data from the Medical Practitioners Board of Victoria).

Some 200–300 OTDs have completed the AMC exams successfully since mid-1990. Box 7 shows the pass rates by major country of training at the examinations held in 2002.

Conclusion

The number of OTDs employed in Australia's medical workforce has increased sharply since the mid-1990s. This dependence will grow in the near future as a consequence of recent measures to facilitate the recruitment of OTDs. Until the mid-1990s, most OTDs came from the UK and Ireland. However, most now come from a diversity of backgrounds.

There is no national standard in Australia for assessing OTDs before they are permitted to practise. Assessment standards vary by state and area of medical practice. With a few exceptions, OTDs are permitted to practise without having to pass a test of medical knowledge and clinical skills like that required in the UK, Canada and the USA.

This is an unsatisfactory situation for standards of patient care in Australia, as a growing share of OTDs is being drawn from non-Western training backgrounds, where the standards and relevance of knowledge and skills to Australian patient need are uncertain.

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