Australian Government

Department of Health and Ageing

Ms Claudia Lesley
Review of Mutual Recognition
Productivity Commission
PO Box 80
Belconnen ACT 2616

Evaluation of Mutual Recognition Schemes Draft Report

Dear Ms Lesley

The Department of Health and Ageing wishes to provide supplementary comments in response to the recently released Draft Report on the Evaluation of Mutual Recognition Schemes. This is also in response to specific communication from officers of the Productivity Commission concerning the permanent exemption of medical practitioners under the Trans Tasman Mutual Recognition Agreement (TTMRA).

The Department of Health and Ageing is supportive of the draft recommendation to retain the permanent exemption for medical practitioners. This is in line with our original submission.

The Department of Health and Ageing believes that the current arrangements provide a satisfactory means of addressing medical registration issues in keeping with quality concerns for this key health occupation. The medical practitioner occupation is the most highly developed and complex of the health workforces, comprising many specialties. Medical practitioners occupy a unique place in the Australian health system, and quality and safety are critical issues. The Department believes the current arrangements in respect of pathways to full registration are satisfactory and supports the continued exemption of medical practitioners from the TTMRA.

The Department would be concerned to apply mutual recognition arrangements to all New Zealand registered medical practitioners. This is because mutual recognition on its own would not provide the same quality assurance in respect of New Zealand registered doctors who were not qualified in New Zealand. Mutual recognition would extend automatic full registration in Australia to this group without requiring them to meet Australian Medical Council (AMC) standards. However, unlike New Zealand trained doctors, there is no assurance that the training of these doctors meets AMC standards. This is not considered appropriate as it could weaken quality assurance processes for overseas trained doctors attaining full registration and the Department would not support such a change.

The reference in the draft report to 'areas of need' is in fact a reference to conditional (ie: not full) registration. A national Australian process does not govern conditional registration of medical practitioners, decisions being reserved to each State and Territory Medical Board. Assessment is undertaken by each board to ensure that minimum standards are met for practice within that jurisdiction. There is some variation in approach between jurisdictions, in response to local conditions and legislative arrangements. It is suggested that the text which currently reports the New Zealand Medical Council views on 'areas of need' be corrected, in that there is no general requirement that a doctor be required to work in an area of need for a minimum of five years.

Specifically, we suggest that the words "where the demand for a medical practitioner overrides the need for the usual level of competence assessment" be replaced with: "These arrangements relate to the registration of overseas trained doctors in Australia where the various registration boards have requirements for 'conditional registration' for doctors filling positions in areas of need. Assessment is undertaken by each board to ensure that minimum standards are met for practice within that jurisdiction."

The reference in the draft report to the Medicare provider number restrictions applicable to overseas trained doctors since 1996 is ambiguous and may be read as a means of preventing New Zealand doctors practising in Australia. To clarify, there is no bar on New Zealand doctors practising in Australia in accordance with their medical registration. If they wish to practice privately and access Medicare benefits, they must obtain an exemption to the requirements of section 19AB of the Health Insurance Act 1973. These exemptions are granted for work in districts of workforce shortage (see definition at Attachment A) which for general practice are generally in rural and remote areas of Australia. This restriction does not affect the ability of these doctors to work in public hospitals or salaried positions.

Any queries on this matter, may be directed to Stanford Harrison, Director, Workforce Distribution on 6289 8996 in the first instance.

Yours sincerely

signed

Bob Eckhardt
A/g Assistant Secretary
Policy & International Branch

22 September 2003

Attachment A

Policy guidelines for determining a district of workforce shortage

Policy-based criteria that are considered in decisions to grant exemptions

1. Applications for exemptions are decided on individual merits.

2. **Work located in a *district of workforce shortage***
    - In making decisions regarding exemptions, a delegate of the Minister for Health and Ageing should establish that applicants intend to work in *districts of workforce shortage*. This is the primary consideration in all decisions regarding the grant of exemptions, except for those made in relation to academic positions and occupational trainee positions.
    - *Districts of workforce shortage* are those in which communities are considered to have less access to medical professional services than that experienced by the population in general, either because of the remote nature of the community or because of lack of supply of services or a combination of the two factors.
    - Districts are determined by reference to geographic areas (metropolitan or rural) immediately surrounding specific practice locations. Areas considered will vary depending on the type of practice to be engaged in by applicants. For example, a 'district' considered in relation to an applicant seeking an exemption for work as a general practitioner, would be the surrounding postcodes that make up a shire or local district, or a division of general practice.
    - To determine whether workforce shortages exist in districts, a delegate will examine material relevant to the population need for professional services of the type that applicants propose to perform in the district. To assist in an understanding of the population needs of the particular district, the decision-maker may:
        - Seek specific information from authorities such as State Health Departments and Rural Workforce Agencies
        - Examine Medicare statistics and other relevant health workforce data (for example, Australian Medical Workforce Advisory Committee reports, Australian Bureau of Statistics data).
        - Examine the numbers of other medical practitioners in the district with the same or similar skills to applicants. (In the case of specialists, information may be sought about the number of other practitioners practising in either the same recognised speciality, or providing similar services).