## **Department of Immigration and Multicultural and Indigenous Affairs (DIMIA)**

# Input into Productivity Commission Health Workforce Study Issues Paper

## Migration of health workforce professionals

Immigration has long been a source of medical professionals for Australia. The 2001 census shows that 43% of practising doctors and 23% of nurses are foreign born. This includes both medical professionals here on a permanent basis and those here temporarily for more than 12 months.

In 2003-04, almost 2,400 medical (and related) professionals were accepted as part of the skill stream of the Migration Program.

In the same year, 6,900 medical professionals were accepted to work here on a temporary visa (anywhere from 1 month to 4 years).

There are a range of visas that individuals, organisations and governments can access to facilitate entry of medical professionals. The main visa categories are:

- a) Permanent skill migration
  - i. General skilled migration
  - ii. Employer Nomination and Regional Sponsored Migration Scheme
  - iii. State/Territory sponsored
- b) Overseas students
- c) Temporary Business long stay visa 457 (since 2 April 2005) and Temporary Medical Practitioner Visa subclass 422
- d) Occupational Trainee (Medical) visa subclass 442

#### Permanent skill migration

All professionals applying to migrate in the skill stream have to satisfy requirements of skill, age and English language proficiency. Those applying to migrate as general skilled migrants also have to satisfy a minimum threshold in the Points Test, which awards points for occupation (more for an occupation in demand), age, English proficiency, spouse and spouse skills, education undertaken in Australia, etc.

Certain categories of sponsored migration are subject to less stringent requirements on points thresholds, language, and skill.

Health professionals applying to migrate under Skill Stream must have their qualifications assessed by the relevant authorities as meeting Australian standards.

Overseas trained doctors can obtain permanent residence as doctors under the Employer Nomination Scheme, the Regional Sponsored Migration Scheme and the General Skilled Migration Scheme. State and Territory Medical Boards act as assessing authorities for persons nominating the occupation of Medical Practitioner. All doctors applying for

permanent residence must have full unconditional registration with the relevant state medical board.

Many medical specialisations (list attached) attract extra points in the migration points test, which facilitates the entry of health force professionals. This has represented a major shift in policy - only 2 years ago, medical professions were not even included in our 'occupations in demand' list, whereas now they get extra points.

Permanent		Primary Applicants
2003-04	ENS/RSMS nominations for medical practitioners	259
2003-04	Permanent skilled migrants applying as medical	2,391
	professionals	

#### **Overseas students**

Medical professionals can also be sourced from the pool of overseas students studying medical courses here in Australia. In 2004, 7,147 overseas students were engaged in medical, dental, nursing and pharmacy related courses. Applicants who have completed an Australian qualification in the preceding six months can apply without leaving the country, and get extra points according to the level of their qualification.

Students who have completed the medical course can apply for general skilled migration. In the case of doctors, they do not need to have completed their internship to apply, though they will, of course, have to complete all state board requirements before being able to practise.

## Temporary visa options

DIMIA works cooperatively with state and health authorities to respond effectively to health workforce needs. Visas for temporary residence are granted to doctors with conditional or unconditional registration with the State or Territory registration authorities. Full registration allows unrestricted practice. Conditional registration allows doctors to practice under conditions set by medical registration boards. Conditional registration does not qualify a doctor for a permanent visa. State and Territory Medical Boards approve doctors to be registered to practise in that State or Territory.

The Medical Practitioner Visa is used by employers such as hospitals and health agencies to bring doctors to Australia and allows up to a four year temporary stay. It can be extended beyond four years or Temporary Medical Practitioner visa holders can apply for permanent residence.

The Temporary Business Entry (Long Stay) visa is the preferred temporary visa pathway for health professionals entering Australia, as it allows applicants to take advantage of streamlined processing arrangements which include the ability to lodge applications over the internet using a special online application form.

An Occupational Trainee visa allows persons from overseas to undertake a supervised training program in Australia that is workplace-based and that has been designed specifically to add to, or enhance, the person's level of practical skill in their present occupation or area of expertise.

Temporary		Primary Applicants
2003-04	Temp Medical Practitioners (subclass 422)	2,499
2003-04	Occupational Trainee (Medical) (subclass 442) (Figure is an estimate only as data against occupations was not collected till April 2005)	Approx 700-800
2003-04	Temp Business Long stay Nurses (subclass 457)	1,714
2003-04	Temp Business other medical practitioners (subclass 457)	2,687
Academic year 2004	Overseas students in medical fields of study	7,147

#### Possible Issues for Consideration

DIMIA can only facilitate the entry of professionals. Ensuring that professionals are employed, and remain employed, falls within the purview of the sponsoring state or organisation.

#### **Fulfilling Australian requirements for practice**

There are migrants who come in through categories other than skilled (eg. family, humanitarian, etc), that may have been qualified as medical personnel in their previous country, but may not be eligible to practise here. Dependants of primary applicants in other occupations and streams can also be foreign-qualified health professionals. As their qualifications were not assessed during the application process, they are often unable to practise here without further expense and training. It may be worth considering ways to assist these professionals to come up to Australian standards.

## **Global competition**

Australia is competing with Europe, Canada and the US for medical professionals. Measures to make Australia more attractive compared to those countries should be considered.

Regardless of the ease of entry into Australia, there is a limited pool of professionals in the world. It is possible that the hurdles and complexity presented by our accreditation system may prove discouraging to many applicants. On the other hand, we must maintain standards.

#### **Emigration of Health Professionals**

It is worth noting that in 2003-04, for example, although 3,371 health professionals entered the country with the intention of settling here, almost 4,200 professionals left the country.

#### **Role of Immigration**

Can the number of health professionals that migrate to Australia be increased? Which raises the question, what sorts of numbers are required to fill Australia's demand for medical professionals?