

Submission to the Productivity Commission

Our submissions are restricted to issues related to overseas trained doctors (OTDs) and will be restricted to three issues as follows:-

- 1) Workforce numbers;
- 2) Integration of OTDs into the Australian workforce; and
- 3) The co-operation between the jurisdictions (at least some of them) and the medical profession to restrict the entry of permanent resident OTDs into the workforce (particularly specialists) and especially to the lucrative private market.

We shall make some short comments re points 1) and 2) and shall concentrate on point 3).

1) Workforce Numbers

The shortage of medical practitioners has already been adequately covered by other submissions. I shall only add that the need to mitigate as much as possible the shortages of medical practitioners by the utilization of OTDs is self evident and will be required for many years to come.

2) Integration of OTDs into the Australian Workforce

OTDs face a range of problems, the specifics of which depends upon the quality of education and experience of the individual (in clinical terms) and the culture and nature of the health system in which the individual worked.

Relatively short bridging courses to overcome clinical shortcomings have been very successful, for the vast majority of individuals (who need it) while orientation courses are needed by all OTDs at the start, to learn something about the Australian health system and expectations of the Australian public and the local doctors.

To date these courses have been only available to very small numbers and governments (both Commonwealth and state) need to organize them on a sufficient scale, as a matter of urgency.

3) The Co-operation between the Jurisdictions and the Medical Profession to Restrict Entry of OTDs into the Private Market

Let me start off saying that I do not have in my possession 'direct evidence' of any collusion but some of the policies/practices of health departments and/or medical boards cannot be understood in any other context.

May I also state that the Hon. T. Abbott M.P., Minister for Health and Ageing, in an interview with Tom Noble of The Age newspaper, on the issue of Commonwealth intervention re Australia wide standards for registration of overseas trained doctors in "*area of need positions*" stated that he will not get involved in that quagmire.

Just why would the Minister refer to such an issue as a “*quagmire*” unless there are serious problems with the current system?

Hereunder please find a number of examples of policies/practices of health departments and/or medical boards in support of the allegations:-

a) The Proposed Standards for “*Area of Need – General Practitioners*”

The Commonwealth organizes and chairs a “*Steering Committee*” to agree upon National standards required from individuals applying for registration for “*area of need – general practitioner*” positions.

The proposed standard is well above what the law would allow medical boards to demand of Australian graduates.

Please find attached copy of our letter to Mr Brett Lennon, Assistant Secretary, Workforce, Department of Health & Ageing, dated 25 October, 2005 re this issue.

b) Overseas Specialist Qualifications

Both Commonwealth and state/territory (with the exception of South Australia) legislation accept an assessment of equivalence to an Australian trained specialist for registration as a specialist medical practitioner, restricted to work within that specialty.

Please find attached copy of P200 of the Committee of Inquiry into Employment Practices within the NSW Public Health System and please note the Committee’s comments that the policy/practice of NSW Health was not based upon any issue of standards but upon restricting specialist appointments to Fellows of Australian specialist colleges or Fellows of colleges in a small number of English speaking countries with which the Australian colleges have mutually beneficial exchange arrangements.

Not only was this practice “*in restriction of trade*” but also constituted unlawful racial discrimination.

In the year 2000, the Industrial Relations Commission of NSW completed a Review of the relevant Award following the intervention of the President of the Anti-Discrimination Board of NSW.

Please find attached copy of the Decision.

It is now 2005, five years after the Review and there is still widespread refusal, within the NSW public health system, to comply with the terms of the varied Award. NSW Health refuses to take any disciplinary action against offenders nor implement a simple system (whereby an individual or individuals are made responsible for approving job descriptions) to minimise non-compliance.

It must be further stated that the same individuals who refuse to comply with the law (the Award and anti-discrimination legislation) and implement a restrictive and racially discriminatory system, then put on their college hats and act as “*peer reviewers*” of overseas trained specialists.

With all due respect, what is the likelihood of these individuals carrying out the “*peer review*” in good faith?

In any case “*justice must not only be done but must also be seen to be done*”.

How is it possible to have faith in such a system?

c) Area of Need Approval Process

As you would be aware state/territory medical boards are all empowered by relevant legislation to register overseas trained doctors to fill positions for which no Australian registered doctors can be recruited.

Usually the medical boards rely upon an “*area of need declaration*” from the state/territory health department before they are willing to proceed with registration for an “*area of need position*”.

Unfortunately, at least some of the health departments are only willing to approve the “*area of need*” declaration if the medical profession agrees (the local Division of General Practice for general practitioners or the relevant college for specialists).

This begs the question as to whether the incumbent doctors refuse to give their blessing in order to protect their economic interest as opposed to considerations of a genuine need.

Having had such concerns re this practice, in the state of NSW, our Association brought this issue to the attention of the National Competition Council (N.C.C.).

The N.C.C., on 27 September 2005, wrote to the NSW government (copy attached hereto) requesting information as to how the system is managed so as to ensure that decisions are made in the public interest and not merely to protect the incumbent doctors from competition.

The NSW government has simply refused to answer the N.C.C.

d) The Medical Practitioners Board of Victoria (MPBV) introduced a policy for “*area of need – general practitioner*” positions whereby applicants are only approved for registration if he/she had a minimum experience of 2 years as a general practitioner in Australia, New Zealand, South Africa, England, Ireland, USA, Canada or Singapore.

I first wrote to the MPBV earlier this year to raise our concerns to such a policy.

The MPBV replied (falsely) that they do not have such a policy. By that time I obtained copies of documentation on the MPBV letterhead confirming the existence of such a policy.

Since then I have been writing to the MPBV, the Victorian Minister for Health and the Victorian Premier regarding this issue but nobody replies.

As an example, please find attached copy of letter dated 5th October 2005 to the Hon. Bronwyn Pike M.P., Minister for Health, together with attachments.

I also attach copy of an email received from Jennifer Elwin of ‘Recruit-A-Doc’, giving their opinion as to the impact of the MPBV’s policy.

e) In all jurisdictions of Australia, with the exception of South Australia, it is possible to be recognised as a specialist if the individual is assessed as “*of equivalent/comparable standard as an Australian trained specialist*”.

In S.A., legislation has been passed to allow recognition only of Fellows of Australian specialist colleges.

The restrictive practices of the Australasian specialist colleges have been the subject of a number of inquiries including by the Australian Competition and Consumer Commission.

I also attach copy of letter from the New Zealand Medical Council dated 14 October 2003, re this issue.

When I inquired with the South Australian Medical Board as to the reason for such a legislative policy at a time of severe shortages of specialist medical practitioners, the S.A. Medical Board replied that there is no shortage in S.A. (see attached letter of 13 May 2005).

I would suggest that the statement is totally incorrect.

The S.A. Medical Board goes as far as to refuse registration under the Mutual Recognition Act of individuals registered as specialists in other jurisdictions unless they are Fellows of the relevant Australian specialist college.

I have in my possession further documentation re these examples and also of other means by which state/territory allegedly collude/co-operate with the incumbent doctors in order to restrict competition.

Should you have any questions or request further documentation, please do not hesitate to contact myself.

Registration: NSW Y 2255725 & ACN 082419430

25th October 2005

Mr Brett Lennon
Assistant Secretary - Workforce
Department of Health and Ageing

Fax No. (02) 6289 1350

Dear Mr Lennon,

Please find attached copies of emails received from
1) Dr Ian Cameron, C.E.O., Rural Doctors Network NSW
2) Jennifer Elwin, Recruit-a-Doc,
re the questionnaire to be submitted to Medical Boards.

I request that the comments be distributed and taken into consideration.

I would again also reiterate that no restrictions can be placed by the Medical Boards upon individuals eligible for general registration in the practice of "*general practitioner*".

The Health Insurance Act 1973 (Cth) (HIA) imposes requirements for further qualifications in order to qualify for the doctor's patients to receive Medicare rebates.

However the above affects the economic viability of a practice and not the right to carry on a practice.

It is also noted that all restrictions under the HIA upon general registrants are lifted in "*districts of workforce shortage*".

The proposed model sets a standard well above the minimum required of general registrants. I make no comments as to whether the higher standard is appropriate or not, however until legislative amendments are passed by the jurisdictions, requiring such higher standards from general registrants, the proposed system is, putting it bluntly, racially discriminatory.

Could you please circulate our concerns to all members of the steering committee?

Yours faithfully,



Andrew Schwartz
President

c.c. 1) The Hon. T. Abbott M.P.
Minister for Health and Ageing

The Director of the Health Workforce Section of the Commonwealth Department of Health and Family Services stated that NSQAC has been disbanded 'on the understanding that it had met much of its original brief and because the pathway to specialist recognition had changed in recent years'. NSQAC's brief was to recommend whether new specialties or section specialties should be recognised and to compile a list of recommended postgraduate medical qualifications that are, in the normal course of events, recognised by the specialist colleges for the purposes of medical registration.

The Director advised the Committee that some NSQAC functions will be performed under alternative arrangements, although the nature of the arrangements is yet to be determined. The Department expects them to be in operation by the end of 1998.

Although NSQAC has been disbanded, the Review Committee's Executive Officer was informed that the list will not be withdrawn and will continue to be used until relevant bodies decide that it is too out of date to be useful.

It is clear that the Commonwealth regards both the Specialist Recognition Advisory Committee assessments and the NSQAC list as valid means of determining specialist status but it appears unconcerned that other bodies claim that NSQAC listing overrides assessments by the Specialist Recognition Advisory Committee.

The NSW Medical Board, for instance, will not list the specialist qualifications of practising specialists on its register unless the qualifications are on the NSQAC list. Having one's qualifications listed makes it easier to gain similar registration in other States through portability provisions. The Committee asked the Board why it refuses to list on its register the postgraduate qualifications of practising specialists whose qualifications have not been assessed by the National Specialist Qualifications Advisory Committee. The Board replied, 'Specialist Recognition Advisory Committees are established in each jurisdiction to consider individual cases within the parameters set by NSQAC, which is the over-riding National body. The NSQAC listing of qualifications provides a compilation of decisions made by the SRACs.'

The assertion that NSQAC is the overriding national body is without substance. NSQAC advises SRAC, which is a legally established body under the Health Insurance Act. It is clear that NSQAC is only one source of advice to SRAC, since there are many overseas-trained specialists practising in New South Wales who have been recognised by SRAC but whose qualifications are not on the NSQAC list.

Use of the NSQAC list to override the SRAC assessments appears to be an attempt to limit staff specialist positions in public hospitals to Fellows of Australian colleges and Fellows of colleges in a small number of English-speaking countries with which Australian colleges have mutually beneficial exchange arrangements.

It is of note that if practising specialists do not have their qualifications on the NSQAC list and are denied access to staff specialist positions on this basis they can obtain these positions only by becoming Fellows of a local college. If practising specialists are required to become Fellows of a local college this may constitute 'third line forcing', which is a breach of the Trade Practices Act. The April 1998 *Newsletter of the Australian Healthcare Association* states,

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

CORAM: McLEAY C

14 December 2000

Matter No IRC 3819 of 1999

Salaried Senior Medical Practitioners (State) Award
Notice of award review pursuant to section 19 of the Industrial Relations Act 1996

DECISION

Notice of review of the Salaried Senior Medical Practitioners (State) Award (306 IG 1225) pursuant to section 19 of the Industrial Relations Act 1996 was made by the Industrial Registrar on 16 July 1999.

The matter was listed for directions before Walton J, Vice President on 5 August and 6 September 1999. At a consent hearing before me on 14 December 2000 Mr S Mead appeared for the Australian Salaried Medical Officers' Federation (New South Wales) Ms E Fletcher for New South Wales Department of Health and Ms S Winters for the President of the Anti-Discrimination Board.

The intervention of the Anti-Discrimination Board was in regard to the definition of specialist which has been revised. The parties sought to vary the award in regard to minor changes and the award review requirements.

Having heard from the parties and studied the documentation, the Commission varies the award in accordance with exhibit 1. The variation is consistent with the Industrial Relations Act 1996 and the award review principles. The variation is to take effect as of today, being 14 December 2000.

The review is concluded.

National Competition Council

Level 9, 128 Exhibition Street Melbourne 3000 Australia
GPO Box 2508 Melbourne 3001 Australia
Telephone 03 9285 7474 Facsimile 03 9285 7477
Website: www.ncc.gov.au

Ref:np210.1B

27 September 2004

Mr Roger Wilkins
Director-General
The Cabinet Office
Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

Dear Mr Wilkins

I refer to the attached correspondence of 13 September 2004 from Mr Andrew Schwartz, President, Australian Doctors Trained Overseas Association regarding the New South Wales Government's "areas of need program".

The Council understands that the areas of need program enables the recruitment of suitably qualified overseas trained doctors into a declared area of need position. However, Mr Schwartz considers that the administrative practices adopted by NSW Health in relation to this program under s. 7(1)(D) of the *Medical Practice Act 1993* restricts competition as local doctors have to approve increased competition to themselves.

NSW reviewed the Medical Practice Act in 1998 in accordance with its National Competition Policy (NCP) obligations and review recommendations were implemented through the *Medical Practice Amendment Act 2000*. The Council's 2001 NCP Assessment subsequently considered that NSW had met its CPA obligations in this area.

However, Mr Schwartz's concerns raise competition policy issues about the administrative processes under the Act. The Council therefore requests further information on how the application of the areas program is consistent with the State's NCP obligations. In particular, the Council is interested in the procedures in place to ensure that the power of incumbent doctors to restrict potential new entrants reflects public interest, rather than competitive impact, considerations.

I have forwarded a copy of this letter to Mr Schwartz.

Yours sincerely



John Fell
Executive Director

Registration: NSW Y 2255725 & ACN 082419430

5th October 2005

The Hon. Bronwyn Pike M.P.
Minister for Health

Fax No. (03) 9616 8355

Dear Minister,

I first wrote to the Medical Practitioners Board of Victoria (the Board) on 30 March, 2005 regarding the Board's policy requirement that applicants for "*area of need general practitioner positions*" have at least two years experience in Australia or in a similar health care system. The countries accepted by the Board are Canada, New Zealand, UK, USA, Ireland, South Africa and Singapore.

By letter, dated 18 April 2005 (copy attached hereto), the Board (falsely) denied the existence of such a policy.

I then wrote to the Board on 21 April, 2005 (copy attached hereto) attaching copy of the Board's letter of 3 February, 2005 (copy attached hereto) confirming the existence of the abovementioned policy.

Despite numerous phone calls, the Board did not respond to that letter until late July, when I spoke by telephone to Mr Anthony Ryan, Registration Manager of the Board.

On 29 July, 2005 (copy attached hereto) I wrote to the Board rejecting their explanation for their policy.

The Board's policy is racially discriminatory as there are other countries where standards are comparable.

Also from the list of acceptable countries, with the possible exception of South Africa, very few doctors would migrate on a permanent basis to Australia.

Consequently there is more than a hint of suspicion that the true reason is to protect the incumbent Australian doctors from potential competition.

Our Association would lodge a vigorous protest not only at the Board's policy but also at the Board's failure to respond.

Yours faithfully,



Andrew Schwartz
President

- c.c. 1) The Hon. S. Bracks M.P.
Premier
- 2) The Hon. David Davis M.P.
Shadow Minister for Health
- 3) Mr Ian Stoney
Chief Executive Officer
Medical Practitioners Board of Victoria
- 4) Mr Tom Noble
The Age

19 APR 2005 16:44

MEDICAL PRAC BOARD

NO. 2227 P. 2/4



Ref: It: ifxs.

18 April 2006

Andrew Schwartz
President
ADTOA
141/125 Oxford Street
BONDI JUNCTION NSW 2002

Dear Andrew,

I refer to your letter of March 30, 2005. I am unsure where you got your information from but either it, or your interpretation, is incorrect.

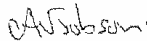
The Board registers Overseas Trained Doctors (OTD's), other than those who have successfully completed their Australian Medical Council (AMC) requirements, under specific registration, Section 8 of the *Medical Practice Act 1994* ("the Act"). In addition to the information in the application form, applicants may need to provide additional details relating to any of the following:

- educational background,
- additional training required,
- recent practice experience,
- area of expertise
- any particular supervision required, and
- experience in a "comparable health system".

The Board does not and never has referred to a requirement of "western style medicine". Your reference to the registration requirements of "Australian Graduates" is mandated by the *Medical Practice Act 1994* ("the Act"). These requirements were forwarded to you in our correspondence of 22 December 2004 (copy attached) and there have been no changes since that date.

If you require any further information please contact Mr Anthony Ryan, the Board's Registration Manager. If it would further assist you, he would be happy to meet with you at a mutually convenient time.

Kind regards,



Ian FX Stoney
Chief Executive Officer
MEDICAL PRACTITIONERS BOARD OF VICTORIA

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ADTOA

AUSTRALIAN DOCTORS TRAINED OVERSEAS ASSOCIATION inc

Registration: NSW Y 2255725 & ACN 082419430

21st April 2005

Mr Ian Stoney
Chief Executive Officer
Medical Practitioners Board of Victoria

Fax No. (03) 9655 0580

Dear Mr Stoney,

Thank you for your letter of 18 April, 2005 (copy attached hereto). However, your reply is totally inconsistent and contradicts certain correspondence between your Board and "Recruit-A-Doc" (copies attached hereto).

In particular, I refer to the Board's letter of 3 February, 2005 where it is stated as follows:

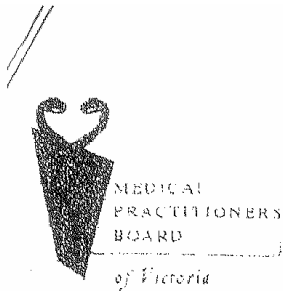
"Current Board policy requires General Practitioners to have G.P. experience in Australia or within a similar health care system. These being Canada, New Zealand, UK, USA, Ireland, South Africa and Singapore. If this is not the case then the Medical Practitioner needs to have overseas G.P. experience along with hospital based experience here in Australia. This has not been the case for Dr Mandal whose medical experience is limited to India".

The situation is precisely as alleged in my letter of March 30, 2005.

Yours faithfully,

Andrew Schwartz
President

- c.c.
- 1) The Hon. S. Bracks M.P.
Premier, Victoria
 - 2) The Hon. B. Pike M.P.
Minister for Health
 - 3) The Hon. J. Howard M.P.
Prime Minister, Australia
 - 4) The Hon. T. Abbott M.P.
Minister for Health and Ageing
 - 5) The Hon. A. Somlyay M.P.
Chair, House of Representatives
Standing Committee, Health and Ageing



Your reference
When Replying
Please Quote:

PRIVATE AND CONFIDENTIAL

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Complaints Department
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Facsimile 03 9655 0560
Email: info@msd-boards.org.au
Website: www.medicalboard.org.au

any/d

3 February 2005

Dear Ms Elwin

The Medical Practitioners Board of Victoria at its meeting on 3 February 2005 considered your application for specific registration on behalf of Dr Shantanu Mandal pursuant to Section 8(1)(e) of the Medical Practice Act 1994.

Current Board policy requires General Practitioners to have GP experience Australia or within a similar health care system. These being Canada, New Zealand, UK, USA Ireland, South Africa and Singapore. If this is not the case then the Medical Practitioner needs to have overseas GP experience along with hospital based experience here in Australia. This has not been the case for Dr Mandal whose medical experience is limited to India.

Accordingly, the Board is proposing to refuse your application.

Pursuant to Section 10 of the Act, if the Board is proposing to refuse an application for registration, the Board must not do so until -

- (a) it has given the applicant notice of this proposal; and
- (b) it has given the applicant an opportunity to make submissions to the Board.

Therefore, you are invited to make submissions and have a period of 28 days from today's date within which to do so. The Board will determine your application at the expiration of that period.

Yours sincerely

Mr Anthony Ryan
Registration Manager

cc: Dr Mandal

Registration: NSW Y 2255725 & ACN 082419430

29th July 2005

Mr Anthony Ryan
Head of Registrations
Medical Practitioners Board of Victoria

Fax: (03) 9655 0580

Dear Mr Ryan,

Thank you for taking the time to explain the Board's reasoning behind its policy re the requirement for two years experience as a general practitioner, in a limited list of countries, in order for the Board to register someone in an "*area of need*" general practice position.

After careful consideration of the Board's reasoning behind the policy, we cannot accept any justification for racial profiling of candidates nor can we see any justification on grounds of clinical standards.

The examples given by yourself of complaints to the Boards because of cultural differences can be easily and quickly overcome by explaining those expectations prior to starting work. We support the current orientation given by your Board to those overseas trained doctors about to start working in the public hospital system and would support such an "*orientation day*" being made mandatory for all overseas trained doctors about to start working.

The example of the language problem by an overseas trained doctor not understanding local colloquial language used by a consultant, is ludicrous. It would be very simple for the consultant to inquire as to the characteristics of his/her audience and use appropriate language.

The reality is that there is a dire shortage of doctors in Australia which will only get dramatically worse over the next 5-10 years given the age structure of the medical workforce.

There is also a world wide shortage of doctors and Australia has to compete with other countries in order to recruit doctors from overseas.

The issue is whether there is a real desire to recruit overseas trained doctors to mitigate, as much as possible, the current and future shortage of doctors.

If there is genuine desire, then the Australian system will have to be pragmatic and flexible. Doctors of acceptable standards need to be grabbed with both hands while for those who come close, every effort will need to be made to get them over the line.

I would remind the Board that there is a very real threat to the public's safety by lack of doctors causing delays in treatment and that the Board's policies have very real and significant impact upon workforce numbers.

Finally, I would add that we are not advocating registering non-competent doctors, what we are saying is that recruitment to meet workforce needs and maintaining appropriate standards need to be looked at as an integral issue.

Yours faithfully,



Andrew Schwartz
President

c.c. Tom Noble
The Age

Main Identity

From: "Jennifer Elwin" <jen@recruitadoc.com>
To: "Andrew Schwartz" <aschwartz@aapt.net.au>
Cc: "Michael Maalouf" <michael.maalouf@westgategp.com>
Sent: Friday, 21 October 2005 5:43 PM
Subject: RAD: Victorian recruitment

Dear Andrew, (cc Michael Maalouf)

RE: Medical recruitment of GP's in Victoria and especially outer Metro

During the last year, vacancies in the Western suburbs of Melbourne have increased. We have been contacted by approximately 15 practices in the Western area alone, seeking assistance to recruit drs.

This area is semi industrial with a mixed ethnic population. Females drs who are multi lingual are in great need, but it's almost impossible to recruit such drs to Victoria with current policies.

We recruit UK trained drs on a regular basis but to date none will work in the Western suburbs, only the East. These same UK trained Drs are most unlikely to stay more than one year and tend to come as a working holiday. Those we have recruited long term will not consider the Western area.

If you visit the practicing principals in the Western suburbs you will find that 99% are non Anglo Saxon by decent. They themselves would like to employ drs from ethic backgrounds that suit their patient profile. However if these over seas drs have not previously worked in the UK or equivalent western country, they are not eligible for medical registration in Victoria.

In late 2004 we tried to recruit 4 such drs to the Western suburbs. At the time we were unaware of the boards policy. These drs are now successfully working in other Australian states. Melbourne has missed out.

On 5th Feb 2005, Dr Brian Symon met with the board, seeking consideration for:

1. A review of our clinical interview system.

(Over 10 yrs this system has stood the test of time in selecting suitable drs to work in Australia. Our drs have a 75% success rate at first sitting of the FRACGP, well above the national average of 50%)

2. Consideration of granting provisional registration for a dr to work under supervision for one month, for the purpose of clinical assessment, prior to giving normal registration.

Both suggestions were declined.

24/10/2005

The western suburbs population is growing but medical services are already struggling to keep pace.

Workable, cost effective solutions are not difficult.
Instead the government is currently spending \$20M in advertising in the UK to attract UK drs. Let's hope those they recruit will stay long term.

Kind Regards
Jennifer Elwin on behalf of the RAD Team
Australian Migration Agent
Registration Number #0316887

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Reference: LA 5.2.1

14 October 2003

Andrew Schwartz
President
Australian Doctors Trained Overseas Association
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NSW 2022
AUSTRALIA

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Website www.mcnz.org.nz

Dear Mr Schwartz

Recognition of overseas trained specialist medical practitioners

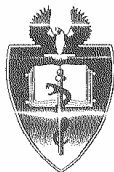
In reply to your letter of 8 September 2003, I am sorry it has not been possible to reply to you until now.

The information given to you regarding the assessment and registration of overseas trained specialists is correct.

No statistical check has been done to determine the number of recommendations overruled by the Medical Council. I can confirm that the frequency of this has declined as a result of Council's continuing work with the specialist colleges and societies to encourage them to recognise the applicant's qualifications, training and experience rather than wanting them to satisfy the requirements for fellowship of the local college to qualify for registration.

Yours sincerely

Sue Ineson
CEO/Registrar



Medical Board of South Australia

Our ref: MBSA 19/05

13 May 2005

Mr Andrew Schwartz
President
Australian Doctors Trained Overseas Association
PO Box 95
INGLEBURN NSW 2565

Dear Mr Schwartz

I refer to your request for further clarification of my earlier letter of 3 May 2005. In order that I am sure that I cover your request I will address your letter by item.

Item 1. "Firstly, I never asked if Health Insurance Commission recognition automatically triggers recognition as a specialist under the Medical Practitioners Act, 1983 (S.A.)"

I refer to your earlier correspondence of 22 April 2005 in which you stated "I would also ask as to whether your Board accepts that college recognition of the applicant for purposes of assessment under the Health Insurance Act 1973 automatically triggers the college's recognition for purposes of your state's legislation."

I am unclear as to the exact meaning of the sentence. In my earlier letter I wished to ensure that it was clearly understood that the Health Insurance legislation is separate to the *Medical Practitioners Act*. Therefore I can only answer as far as the Medical Board legislation is concerned. Decisions taken under the *Health Insurance Act* have no direct relevance.

In relation to the actions of the college, I am unable to speak on their behalf as to what 'triggers ...recognition' for them and would advise that you contact the college direct. Certainly recognition as a 'specialist' for commonwealth payment purposes does not trigger specialist registration on the medical register under South Australian legislation.

College recognition of suitability to apply for fellowship would allow a medical practitioner, following application and granting of fellowship, to apply to be placed on this state's Specialist Register. As you are aware, South Australia and Queensland have a Specialist Register access to which is controlled under the legislation. I have previously supplied you with evidence of those sections of the *Medical Practitioners Act* which are applicable.

Item 2. You have asked if someone who is recognised as a specialist in another state, (your example is New South Wales), as holding recognised specialist qualifications and experience recognised by a relevant 'specialist college' is able to be registered under s35(b) of the Medical Practitioners Act, 1983?

This matter is directly related to item 1 above. Where a doctor has in your words "recognised specialist qualifications and experience recognised by relevant specialist college" than that person would be deemed to be appropriate to apply for fellowship. Upon the granting of the fellowship, based on that doctor having recognised qualifications and experience, that doctor would be entitled to be placed on the Specialist Register.

S35(1)(b) relates to limited registration in the public interest.

91 Payneham Road, St Peters, South Australia, 5069
Telephone: (08) 8132 6444 Facsimile: (08) 8362 7906 Email: admin@medicalboardsa.asn.au
Address all correspondence to: The Registrar, PO Box 359, Stepney, South Australia, 5069
ABN: 85 605 060 492

Mr A Schwartz
13 May 2005

In order to assist doctors who fall short of such qualifications and to ensure that the shortage of medical specialists is addressed in the public interest. The Board will allow limited registration for those doctors who fall short of the relevant specialist requirements insofar as they only require twelve (12) months supervision before being eligible to apply for fellowship. **Should an applicant fall so far short of the colleges assessment that they require an exam of any type or more than twelve months supervision only, they unable to apply under s35(b).** This is in order to ensure that the safety of the public in South Australia is balanced against the need for specialist medical practitioners. Further, any applicant must provide written confirmation of 'Public Interest' positions from the State Department of Health at the time of application.

The Board is not aware of any areas of shortage which have been unable to be met under these arrangements, and given the recent example of Queensland, I am sure the Board would be most reluctant to reduce its standards requirements beyond that described above and create an unnecessary public risk.

In relation to your last comment you say that the following two statements are "totally inconsistent".

Statement 1: *"In order to obtain recognition on South Australia's Specialist Register it is necessary for the applicant to have been granted fellowship with the appropriate college as listed in schedule 3 and 4 of the legislation."*

Statement 2: *"A doctor who has trained overseas as a specialist may be admitted as a specialist without having completed the Australian fellowship examination, but only upon recommendation of the particular college."*

With respect, I would suggest that you have either misunderstood the above comments or given your experience, are misrepresenting their true meaning. The Minister's comment advises that a doctor who has trained overseas as a specialist may be admitted without having completed the Australian fellowship examination, "but only upon recommendation of the particular college." There is no suggestion that *fellowship* is not applicable, only an exam.

There are overseas qualified specialists who are assessed by the college to have experience and qualifications deemed as equivalent to the Australian standard. The equivalence goes so far as to allow the college to grant twelve months supervision only **without the need to sit the fellowship exam**. I believe this is the proper interpretation of the Minister for Health's letter and her information is correct. I see no inconsistency between this statement and the content of my letter which states that before a doctor can be placed on the specialist register, they must be granted fellowship.

I hope this now clarifies my earlier correspondence.

Yours faithfully



JOE HOOPER
REGISTRAR / CHIEF EXECUTIVE OFFICER

cc Hon M Rann MP, Premier of South Australia
Hon Lea Stevens MP, Minister for Health, South Australia
Hon D Brown MP, Shadow Minister for Health, South Australia
Hon T Abbott MP, Minister for Health and Ageing, ACT
Mr John Feil, Executive Director, National Competition Council

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