

CHAPTER 7 – ECONOMIC STREAM: MEDICAL PRACTITIONER

BACKGROUND

Policy Objective

7.1 This visa is intended for medical practitioners whose proposed temporary stay in Australia involves providing medical services. It is aimed at addressing the shortage of medical practitioners particularly in regional Australia. The benefit to Australia is in terms of meeting a specific skill need in an area experiencing shortage, with obvious benefit to the Australian community.

Current Arrangements

7.2 Current provisions and requirements for medical practitioners reflect the specific requirements of their occupation as set out by the relevant Federal and State/Territory health authorities. All applicants, regardless of period of intended stay, are required to be sponsored for a specific position and to be offered at least conditional registration as a medical practitioner by the relevant State/Territory Medical Board, who assesses their qualifications as part of this registration process.

7.3 The current safeguards with respect to these aspects are the following:

- the relevant State/Territory Medical Board checks all overseas qualifications before allowing an overseas resident to practice in Australia;
- labour market requirements must be met, which involves the relevant State/Territory Health department indicating that the overseas doctor is needed; and
- the applicant must undergo appropriate health and character checks.

7.4 Approximately 3,400 of these visas were granted last year. Persons granted these

visas stay in Australia for various periods of time, from a few months to several years. About one quarter stay less than three months. The bulk of these visas are granted for positions in regional Australia and/or the less populated States and Territories.

Major Issues Raised

7.5 The main issues raised in relation to this visa are the following:

- do all the current safeguards work appropriately?
- do they all need to be retained?
- how can procedures be simplified while safeguarding medical standards?
- how can processing be made faster, especially for doctors that are needed urgently?

7.6 These will be discussed in relation to the identified policy parameters for temporary residence and client service and administrative efficiency. There is however a threshold issue which is discussed first.

Is a Separate Visa Needed?

7.7 All persons who enter under the medical practitioner visa arrangements are skilled workers who are sponsored for a specific position. In those respects they are the same as other skilled sponsored employees who enter under the temporary business entry arrangements. Consideration could therefore be given to providing for doctors under the generic visa arrangements for temporary business entrants. Whether this would be appropriate will depend on the appropriateness of the streamlined arrangements proposed for the temporary business entry visa (subclass 457) for medical practitioners.

7.8 Amalgamation into fewer visas has advantages in terms of being simpler for clients and staff and achieving consistency in approach. However it would not be appropriate to amalgamate if there are highly specific requirements for these visa applicants.

7.9 Certain organisations indicated that:

Doctors need not be kept separate from other sponsored workers as long as the special health processing and qualifications processing is maintained. (Submission from the Greater Murray Area Health Service).

7.10 On the other hand another Submission stated that:

Unlike Visa Subclass 457, sponsorships under Subclass 422 do not relate to general business development, commercial or training vacancies. Subclass 422 sponsorships are subject to highly specific recruitment criteria and are made for the purpose of recruiting health service staff to fill workforce shortages in defined areas of need, with potential for significant community benefit... given the specific and rigid recruitment and eligibility criteria of Visa Subclass (422), that amalgamation with other visa and sponsorship arrangements would complicate rather than simplify the application process. (Submission from After Hours Doctor, Tasmania)

7.11 Particular considerations that distinguish this visa from other sponsored employees are the following:

- the implications for the provision of health services, particularly in regional and rural Australia, given the large volume of overseas temporary residents practising medicine in these areas;

- the fact that medical practitioners are dealing with members of the community who are unwell and vulnerable; and
- public expenditure implications which could flow from an oversupply of medical practitioners under the current Medicare arrangements, which mean that there is a need to ensure that overseas recruitment does not contribute to an oversupply of doctors in any area.

7.12 Accordingly specific processing arrangements are in place to ensure that each proposed position has the support of the relevant State/Territory health authority and will be in an area of need. It is not sufficient for an employer to simply sponsor an overseas doctor. Moreover, medical practitioners are required to have their qualifications assessed by the relevant medical Board who also advise on issues of registration. The current processing requirements for medical practitioners are therefore distinguished from arrangements for other skilled sponsored employees, including the temporary business visa applicants, who are now simply subject to a salary and skill threshold, and where the employer is responsible for ensuring that appropriate registration is obtained and maintained. As the discussion below suggests, there are good grounds for retaining the specific requirements and processing arrangements for medical practitioners, based on the specific sensitive public issues associated with the practice of medicine. The Department of Health and Ageing have indicated that they would support the retention of the current requirements specific to doctors. While specific requirements are discussed in more detailed below, it is clear that any amended arrangements for doctors would need to retain these safeguards and checks, and it would be difficult to retain the current specific requirements within the generic provisions of the temporary business visa.

7.13 It would be possible to incorporate arrangements for doctors into the sponsored entry arrangements while retaining these specific requirements and safeguards for medical practitioners, by adding regulations making specific provision for them. Indeed, one submission to the Review suggested that:

Medical practitioners could be accommodated under the subclass 457 or some new Australian sponsored class. Increasing the responsibility of sponsors and greater monitoring of compliance in Australia would streamline the process of recruiting. (Submission from Northern Territory Remote Health Workforce Agency Inc)

7.14 However, it would considerably complicate the temporary business entry visa criteria and processing arrangements to do so. On the other hand, if arrangements for medical practitioners were to be retained in a separate visa, they would be one of the few occupations not to be provided for under the generic arrangements for sponsored employees. Any recommendation to retain a separate visa should therefore not be made lightly.

7.15 Under current arrangements, different requirements apply to medical practitioners as distinguished from other temporary sponsored employees with respect to the following:

- doctors need to have their qualifications formally assessed by the relevant State/Territory Medical Board (as opposed to other sponsored employees under the temporary business entry visa where the sponsor does their own assessment of the employee's skills and DIMIA only assesses skills where there is doubt about the claimed skills);
- doctors need to provide evidence that they will be recognised as a registered

medical practitioner by the relevant State/Territory Medical Board (as opposed to other sponsored employees under the temporary business entry visa where there is a sponsor undertaking to check that this is done for any applicants that they sponsor);

- labour market requirements need to be met for doctors, either through labour market testing or by obtaining a letter of support from the State/Territory health department (as opposed to other sponsored employees under the temporary business entry visa where it is proposed that labour market testing will be replaced by a skill threshold and sponsor declaration regarding labour market testing and salary).

7.16 Any transfer of provisions for medical practitioners into the temporary business entry (subclass 457) visa arrangements would necessitate retention of certain differences or resolution of certain issues:

- a decision would need to be made about the maintenance of normal health processing (as compared with streamlined health processing currently available for temporary business entrants) recognising any health issues that may apply for medical practitioners;
- a decision would need to be made about the retention or otherwise of normal character processing (as opposed to streamlined arrangements for temporary business entrants);
- under current policy, length of stay for Medical Practitioner visas is linked to the period of temporary registration, which is limited to twelve months on each occasion (as opposed to other temporary business entrants who can be granted visas of up to four years stay). This issue would need to be clarified if provisions for medical practitioners were to be moved to the temporary business (subclass 457) visa.

- 7.17 These points are discussed in greater detail below under Client Service and Administrative Efficiency.
- 7.18 These represent a significant number of differences in visa requirements and processing arrangements for medical practitioners. These differences would make it administratively more complicated to provide for doctors within the same visa as other sponsored employees because the specific requirements for doctors would either need to be removed or alternatively need to be managed under policy. The discussion below suggests that there are good reasons to retain specific requirements for doctors different from other sponsored employees, so the specific requirements would need to be retained regardless of which visa these persons are given. It may well make more sense to retain a separate visa for medical practitioners, reflecting the different visa requirements and specific social and employment issues associated with the practice of medicine in Australia. Comments in submissions to the review support this view:

...whilst the category...is not so important of itself, it is essential that the existing safeguards in relation to registration and practice are protected in order to maintain the integrity of the wider health system in this country. (Submission from the Australian Medical Association)

It would be safer if the requirements of recognition of qualification etc be retained in regulation, rather than policy, as this would ensure some continuing oversight of the process by the profession and also the Parliament. (Submission from the Royal Australian College of General Practitioners)

...if qualifications and educational requirements be defined by policy

rather than regulations this would lead to a situations which will be less enforceable and could be subject to the discretion of the decision maker...This may result in inconsistent decisions being taken...(Submission from the former Department of Health and Aged Care).

- 7.19 Because of the nature of the labour market for medical practitioners, it is important to be able to monitor the number of overseas medical practitioners entering Australia. Monitoring and reporting on the number of visas granted to medical practitioners is relatively straightforward where there is a separate visa for them. However, there could be some loss of data integrity if they were amalgamated into the temporary business (subclass 457) visa.
- 7.20 On balance it is preferable that a separate visa be retained for medical practitioners, in recognition of the specific visa requirements and processing arrangements and the particular policy objectives associated with the practice of medicine.

EMPLOYMENT OPPORTUNITIES FOR AUSTRALIAN WORKERS

- 7.21 The labour market for the medical workforce is a complex one – in some parts of Australia there is an oversupply but for other areas (particularly, but not exclusively, regional areas) there are severe shortages. An oversupply of medical practitioners can have significant implications for public expenditure under the Medicare arrangements as well as having implications for employment opportunities for Australians. For these reasons labour market testing has been an important visa requirement for medical practitioners.

Labour Market Testing Arrangements

7.22 The current requirement is that either labour market testing has been done for the proposed position, or the State/Territory Health Department supports the entry of the overseas doctor. In practice, most positions involving sponsorship of an overseas doctor involve State/Territory support. This arrangement works well and there was no call for change to the current labour market safeguards from stakeholders who were consulted in the Review and those who made submissions to the Review. Therefore these arrangements should be retained at this stage for medical practitioners.

7.23 There are a number of alternative approaches to labour market testing which could be considered:

- requiring state support in all cases;
- moving away from a blanket State/Territory support requirement to requirements which are more regionally focussed;
- using the mechanisms associated with the provision of Medicare provider numbers to provide some kind of indication that labour market issues had been satisfied;
- replacing the current labour market testing requirement (where State/Territory support is not provided) with other mechanisms, for example, a declaration on the sponsorship form in relation to having tested the labour market appropriately.

7.24 The most administratively simple of these would be a requirement for State/Territory support in all cases. However this would not be welcomed by certain State/Territory health authorities who consider that doctors not employed by the state, that is who are employed by other bodies, should be sponsored by those bodies, who would as a consequence be responsible for labour market testing. The implications of different

options were not identified by stakeholders in this Review. Consideration could be given to alternate labour market testing arrangements and, to this end, consultations should occur with the appropriate health authorities with a view to introducing a requirement for State/Territory health authority support in all cases before any change to the current arrangements are considered.

Retaining Specific Requirements for Medical Practitioners But Not Other Health Professionals

7.25 The retention of specific safeguards in relation to doctors under the generic temporary business entry arrangements raises the question of the additional safeguards that apply to medical practitioner visa applicants as opposed to other visa applicants who may intend working in the health profession. For example, all nurses are not required to have their skills independently assessed; instead most provide documentary evidence of their skills, qualifications and experience, accompanied by a sponsor undertaking to ensure that they hold any necessary licence or registration to practise. In contrast, all medical practitioners are required to have their skills recognised by the relevant Medical Board. The assessment by the Medical Board also takes into account factors other than qualifications, including clinical competence and a history of safe practice.

7.26 This difference in skills assessment has not been raised as a cause for concern by health authorities. Consultations with DoHA do not suggest any need to increase the assessment of other health professionals. Any additional processing for the other health professionals to make their assessment processes consistent with those for medical practitioners would impact on processing times for these visa applications.

7.27 Nor has there been any support for removal of the current skill and qualification assessment procedures for medical practitioners. Indeed,

...the inappropriate practice of medicine does put the public interest at risk. Patients are not in a position to judge the quality of the service provided. An unscrupulous sponsor may, for reasons of personal gain, falsify or hide evidence of, for instance, professional misconduct in another country. For these reasons only the Medical Boards have the credibility of ensuring the high quality of the profession. (Submission from the Royal Australian College of General Practitioners)

7.28 The current differences appear to serve policy objectives well - the requirements for all medical practitioners to be thoroughly assessed before a visa is granted would reflect community expectations in relation to doctors. The more streamlined arrangements for other medical professionals recognise the need to balance speed of processing with appropriate safeguards. There is no ground to change the current qualification assessment processes for medical practitioners and other medical professionals, notwithstanding the inconsistency in processing arrangements that this involves.

7.29 The retention of specific requirements for medical practitioners relative to other visas raises the issue of whether medical practitioners should be able to use other visas, for the purpose of practicing medicine or other purposes. Clearly there will be situations where it will be appropriate for medical practitioners to use other visas, for example, when the purpose of their stay in Australia is tourism or the purpose of the visit is to deliver a lecture.

Use of other visas by medical practitioners is discussed later in this Chapter.

TRAINING OPPORTUNITIES FOR AUSTRALIANS

7.30 Overseas temporary resident doctors generally use this visa to work in regional areas, although it is sometimes used to bring doctors to work as locums in urban areas. In these circumstances it is not appropriate that the employers of doctors be required to demonstrate a commitment to training Australian doctors – the shortages of the medical workforce cannot be addressed by individual employers training their own doctors.

PAY AND CONDITIONS FOR AUSTRALIAN WORKERS

7.31 It is a legal requirement that applicants for this visa are ‘adequately remunerated’ having regard to Australian levels of remuneration and working conditions. There is provision to refer cases to the DoHA if there is any doubt about the proposed pay and conditions. No concerns have been raised about inappropriate remuneration or work conditions for overseas doctors working in Australia - the current arrangements in relation to pay and conditions are effective.

CLIENT SERVICE AND ADMINISTRATIVE EFFICIENCY

Longer Visa Validity and Health Processing Implications

7.32 All doctors (not just overseas temporary resident doctors) receive registration for a twelve-month period at a time. Current immigration policy is to grant a visa consistent with the period of registration from the relevant Medical Board, which means that visas are usually granted for a maximum of twelve months, notwithstanding that temporary resident

visas are granted for other occupational groups for up to two years.

7.33 This issue was raised in the consultations for this review. A doctor who has entered for twelve months is required to undergo chest X-ray and medical examination again if they seek to extend their stay in Australia, as is a doctor who applies for a subsequent medical practitioner visa that will take their total stay to over twelve months.

7.34 This arrangement is inconvenient for clients and does little to serve immigration or health policy objectives. The need to repeat the medical assessments flows from the need to obtain a further visa, which in turn flows from the policy to limit the visa period to the registration period. It is therefore proposed that the policy in relation to period of stay be changed to break the nexus between the period of the visa and the period of registration. Consistent with DoHA's views, the visa period should reflect the period of sponsorship (up to the maximum permitted for the visa). This is based on the expectation that, provided the Medical Board offers initial registration for twelve months, they would be expected to renew this registration at the end of the twelve months. This is consistent with suggestions made to the Review in its consultations:

It is unlikely that state medical registration boards will extend the period of registration beyond one year... The period employers are willing to provide sponsorship can easily be extended for three to four years. All sponsors, or nearly all would agree to that. The period the Health Insurance Commission grants Section 3J exemptions [sic] could easily be for three or four years... on request by a sponsor for three or four years sponsorship, DIMA could easily grant the same length of visa which could immediately be cancelled if medical

registration were not granted by the relevant board... It would be entirely reasonable for the first visa application to be for twelve months but subsequent applications in line with the sponsor's request for a longer period. (Submission from Murray-Plains Division of General Practice)

7.35 Consistent with other occupation-specific temporary resident visas, subject to the period of sponsorship and continued registration, the maximum period of stay could be increased to two years.

7.36 Doctors who have passed the Fellowship examination of an appropriate Australian clinical college such as the Royal Australian College of General Practitioners (the FRACGP), could be granted a four-year visa.

7.37 Of course there would need to be accompanying arrangements in place for situations where the medical practitioner's temporary registration is terminated (or not extended to cover the period of the visa). This could be achieved by a new visa condition (for example, that requires the medical practitioner to advise DIMIA of termination) combined with a legislative provision that specifies this as a ground for cancellation of a medical practitioner visa.

7.38 **RECOMMENDATION:**
That the policy for medical practitioners for period of stay on a visa be changed to allow the visa granted to reflect the period of sponsorship (up to a maximum of two years for registered doctors and four years for those who have passed the Fellowship examination of an appropriate Australian clinical college), with accompanying provision for cancellation of visas if registration is terminated.

Provision of All Necessary Documents with Visa Application

- 7.39 As part of the process of assessing a visa application for a medical practitioner, the sponsor or visa applicant must provide evidence that the relevant Medical Board accepts the applicant's qualifications and will register the applicant to practice in Australia. This is a threshold requirement, and is done by an expert third party outside DIMIA. As DIMIA cannot approve an application without this assessment being done, there is no point in an applicant approaching DIMIA with a visa application unless and until this assessment has been done and is favourable. If an application is lodged before this assessment is done (which is permitted under current processes), visa applicants may be expecting DIMIA to begin processing their application in the absence of the outstanding documentation. Clients may not understand which parties are responsible for which assessments, and this leads to associated workload for DIMIA handling inquiries about these external assessments or mistaken complaints about DIMIA processing times.
- 7.40 Consistent with the recommendations in Chapter 3, it would be appropriate to require that evidence of these assessments be provided along with the visa application. Under current arrangements sponsors can already provide this information 'up front' and sponsors who understand the processes frequently do so.

With respect to "Front-End" Loading, NAMDS members already carry out such processes. (Submission from National Association for Medical Deputising Australia Ltd)

- 7.41 The requirement to provide this information with the visa application would therefore be consistent with current practice in many cases, where sponsors and applicants have approached the Medical Board before lodging the visa application.
- 7.42 Under these proposals, once a visa application is lodged, DIMIA could complete the remaining assessments and the visa application could be processed relatively quickly. This arrangement is also likely to make the processes clearer for clients who would be able to obtain the necessary clearances from the appropriate bodies in a logical sequence.
- 7.43 On the same basis, evidence of labour market testing or State/Territory health authority support should also be required to be provided at the time of lodging the visa application. This would allow for faster processing by DIMIA once the visa application is received.

Who Can Sponsor a Medical Practitioner

- 7.44 Employers of medical practitioners are required to sponsor them, and thereby take responsibility for the needs and costs associated with the entry of the temporary resident. Under the proposals in Chapter 4 in relation to the standardisation of sponsorship arrangements, sponsors of medical practitioners will be required to sign the same undertakings as the sponsors of temporary business entrants, which are broader than the current undertakings for sponsors of medical practitioners. This will ensure that the sponsor bears any costs of the visa applicant and takes appropriate responsibility for them.
- 7.45 Under current arrangements for a sponsored temporary resident employee, the employer is expected to be the sponsor. In practice, however, the sponsor is not always in an employer relationship with applicants for this visa. For example:
- the visa applicant may be intending to work as a doctor in a rural community – the sponsor may be the State/Territory

- health department but the visa applicant may actually be employed in a clinic, hospital or regional health service;
- the visa applicant may be recruited by a locum agency who may be their sponsor but is not their employer – rather the doctor may work after-hours as a locum for a number of medical practices;
 - in small communities the doctor may need to be directly employed by several employers, for example, a hospital and one or more private practices, in order to make up full time hours – the issue becomes which employer(s) should apply as the sponsor and assume the sponsor's obligations;
 - the doctor may essentially be self-employed.
- 7.46 It is obviously of benefit that this flexibility continue. As discussed in Chapter 4 (paragraphs 4.33-4.37 refer) there is a need to clarify that in some situations the employer does not have to be the same person or organisation as the sponsor, while retaining the sponsorship requirement for all applicants and the need for some form of contractual relationship where an employer relationship is not appropriate. DIMIA could also explore the possibility of having the State/Territory Health authority act as sponsor in certain circumstances. This policy clarification would be supported in the health sector:

The sponsor need not be the employer in all cases... we have sponsored overseas doctors in the same manner for the past 20 years with no detrimental effect on the Australian community. (Submission from the Australian Locum Medical Service Pty Ltd).

The sponsor should not be required to be the employer in all cases. The sponsor could be the State or Federal Department of Health when a major recruitment drive is undertaken. (Submission from the Greater Murray Area Health Service).

- 7.47 It is clearly not appropriate to require the sponsor to be the employer of the medical practitioner in all circumstances, however clients could benefit from policy being clarified in this regard, to clearly provide for situations where the sponsor may be a relevant health or regional government authority.

Other Purposes

- 7.48 Medical practitioners may come to Australia for purposes other than professional practice:
- to attend conferences or have meetings;
 - for professional training; or
 - to engage in research.

- **Attending conferences**

- 7.49 Visa arrangements for persons who wish to stay in Australia for a very short period, up to three months, are discussed in Chapter 6. Under these arrangements, medical practitioners are eligible for a short stay business visa for certain work related purposes, for example to attend a conference, or observe hospital procedures, although they would not be able to practise medicine unless they have obtained registration as a medical practitioner by the relevant Medical Board in Australia. It is not proposed that these arrangements be changed.

- **Training**

- 7.50 Under current arrangements doctors working in public hospitals as part of obtaining their medical qualifications and persons undertaking 'internships' or specialist training are catered for by the occupational trainee visa (subclass 442).
- 7.51 The issue of whether doctors doing a training course to upgrade their skills should continue to use occupational trainee visas or might more appropriately use medical

practitioner or student visas is discussed in Chapter 13.

- **Research**

7.52 Some medical practitioners also use the Educational visa (subclass 418) when they intend to undertake medical research rather than practise medicine. It is not proposed that there be any changes to those arrangements once the Educational visa is amalgamated into the temporary business entry visa.

NO NET COST TO THE AUSTRALIAN COMMUNITY

7.53 Current arrangements in place for medical practitioner visa applicants ensure that there is no cost to the Australian community as a result of overseas medical practitioners working in Australia. Three issues arise in this regard:

- health checking of applicants and scope for streamlining of arrangements;
- character checking for applicants and scope for faster processing; and
- the entry of overseas doctors does not contribute to an oversupply of doctors in any area, with consequent implications for public expenditure through the operation of Medicare billing arrangements.

Health Checking

7.54 In the course of this Review, there was some discussion of health checking requirements for medical practitioners. Under current policy, all temporary entry applicants need to meet health standards as required by migration legislation. For temporary entrants seeking stays of more than twelve months (or whose stay is likely to exceed 12 months in the view of the decision-maker), a formal medical examination and X-ray is required. Most temporary entrants coming to Australia for less than twelve months usually need only

make a declaration about their health status as part of their application for the visa.

7.55 The exception is those whose health is of 'special significance', regardless of the period of intended stay in Australia. The health status of persons entering or working in hospitals or health care environments, the pharmaceutical or food/hospitality industries, or entering classrooms situations including child-care and creches, is considered to be of 'special significance'. The health of high-risk groups of applicants, such as persons over seventy years old, or persons over fifty in some countries, and of those, who may not appear, for any reason, able to meet the health criterion, are also considered to be of special significance. Where health is of special significance, it is not considered sufficient to accept only a declaration by the visa applicant. Instead all applicants are requested to provide evidence of formal medical assessment against the health criterion. Again, this is in the community interest.

7.56 By virtue of their work in health care, medical practitioners come within special significance provisions, whatever length of stay is intended. This means that each time they seek a visa, including to extend their stay in Australia, they are required to have at least a chest X-ray, which is current for twelve months if normal. Experience has shown that medical practitioners from a range of countries seeking to work in a hospital or a rural community in Australia have shown evidence of active tuberculosis, for example, during the screening process. There are streamlined processing arrangements for some of the other temporary resident visas (for example the temporary business visas) but not for medical practitioners and some other groups.

7.57 The External Reference Group for this Review considered that medical

practitioners should also benefit from streamlined health processing, including when they renew their visa in Australia. It recognised that health issues were being separately addressed in the context of a review into health processing arrangements for temporary entrants (including all the visas included in this review) being conducted by DIMIA. This is consistent with the discussion in Chapter 2 that streamlining of health processing for all temporary resident applicants should be examined (paragraph 2.107 refers).

7.58 RECOMMENDATION:

That the possibility of streamlined health processing for medical practitioners should be explored by DIMIA.

Character Checking

- 7.59 Under current arrangements medical practitioners are subject to the same character checking as other temporary resident visa applicants. If they intend to stay in Australia for more than twelve months they are subject to mandatory penal checks for every country that they have resided in for more than twelve months in the last ten years. These checks are not however mandatory for temporary *business* visa applicants but are only done where there is some indication in the visa application or on the basis of other information known to the Department, that there may be some problem with the character record of the visa applicant.
- 7.60 The community can expect with justification that doctors are known to be of good character given their role in providing a personal and private service to the community. This is also a profession where the element of trust is important. This Review therefore considers that it is important that the current checking

arrangements for doctors be retained at this stage.

- 7.61 Where a medical practitioner obtains a further medical practitioner visa onshore, the penal clearances from overseas do not need to be repeated. Once the doctor has been in Australia for more than twelve months, a penal check to cover their period of residency in Australia is required.
- 7.62 These arrangements should be continued - there is no convincing reason to change them.

Impact on Public Expenditure from Oversupply of Doctors

- 7.63 Because of the Medicare arrangements, an oversupply of doctors can have implications for public expenditure. There is a need to ensure that overseas recruitment does not contribute to an oversupply of doctors – that is, an oversupply in any area of specialisation or in any geographical area.
- 7.64 The process whereby overseas trained doctors obtain registration to practise involves the relevant Medical Board assessing whether the doctor is proposing to practise in an area where there is a shortage of local doctors, usually a regional area. Registration is only provided if that is the intention of the doctor.
- 7.65 In addition, the arrangements for obtaining a Medicare provider number – while not part of the visa process – also operate to prevent an oversupply of doctors. In order to be able to bill under Medicare, overseas doctors must first obtain a Medicare provider number from the Health Insurance Commission (HIC). HIC only provide these if the doctor is proposing to work in a “district of workforce shortage” and the Medicare provider number can be restricted so that it only allows for billing from that district. This ensures that overseas doctors

go to areas of workforce shortage – if they were to set up practice in an area that does not have a workforce shortage they would not be able to use the Medicare system. These arrangements ensure that there is no impact on public expenditure resulting from an oversupply of overseas trained doctors.

IMMIGRATION INTEGRITY

7.66 A discussion of generic immigration integrity issues can be found in Chapter 2. No other integrity issues were raised regarding this visa in the course of the review. Available departmental statistics support this conclusion:

- In 2000–01 around 1000 of these visa holders applied for another temporary entry visa while in Australia. This represents about one third of the number of these visas granted per year and is therefore quite a high number. About one quarter applied for another medical practitioner visa. This would reflect the current visa validity arrangements that restrict the visa validity to the 12 month period of registration. This matters was discussed earlier in this Chapter under 'Client Service and Administrative Efficiency'. The balance was made up largely of people applying for tourist visas and occupational trainee visas. Use of occupational trainee visas by doctors is discussed in Chapter 14.
- A small number of these visa holders apply for permanent visas onshore. The majority applied for visas under the

Employer Nomination Scheme or the Regional Sponsored Migration Scheme. Both of these schemes enable an employer to nominate an employee from overseas to fill a skilled permanent vacancy because they cannot find suitably qualified workers in Australia.

- About 3 per cent of medical practitioner visa holders had their visa cancelled in 2000–01. Virtually all of these people were outside Australia at the time their visa was cancelled.
- Statistics regarding overstayers indicate that only a small proportion of medical practitioner visa holders remain in Australia beyond the validity of their visa, for example less than one and a half per cent in 2000–01.

CONCLUSION

7.67 The entry of overseas medical practitioners is currently in Australia's interests, and DIMIA recognises this. A separate visa for medical practitioners is justified by the unique nature of the current state of the medical profession in Australia. A separate visa does not compromise the broad thrust of the Review towards greater simplicity; it recognises the specifics of the medical workforce and maintains integrity. At the same time the Review's move towards greater efficiency can be accommodated through the proposed changes to arrangements for the Medical Practitioner visa.