

## INTERNATIONAL MEDICAL GRADUATES

### *Grievance*

**MR P. ABETZ (Southern River)** [9.26 am]: My grievance is directed to the Minister for Health. I am sure that we are all aware of the serious shortage of general practitioners in Western Australia. We are probably all aware that local governments, particularly in country areas, are recruiting doctors from overseas and offering significant packages to try to attract them to the area. We have a desperate shortage of GPs in my suburb and electorate of Southern River. The after-hours clinic often has a line outside the waiting room because people cannot fit in the waiting room.

My office gets complaints from people about the shortage of doctors; therefore, I was surprised when recently Dr Elza McNamara of Canning Vale came to have a chat to me about the long time delay she is experiencing in being able to be registered in Australia to practise as a doctor. Dr McNamara is a very experienced South African doctor who is here with her family through her husband being in Australia on a 457 visa. For the first year, she helped her children settle in to school. Once they had settled in well, she wanted to begin working as a doctor, so she applied for accreditation as a GP through the normal process for international medical graduates. Little did she know that she may have to wait several years before she can be registered.

In 2006, the Council of Australian Governments agreed to implement a nationally consistent assessment process for international medical graduates. We all agree that that is a good idea. All international medical graduates must now undergo nationally agreed processes to ensure that the standards of assessment are consistent across all jurisdictions to support the implementation of the national registration and accreditation scheme.

Dr McNamara sat her Australian Medical Council theory exam in Perth in February this year. However, before she can practise, she also needs to complete the Australian Medical Council clinical examination—the practical exam. Mr Speaker, I am finding it very difficult.

**The SPEAKER:** Take a seat, member for Southern River. Members, I appreciate that there is not a great deal of members in the chamber at this moment. Other conversations can be very distracting for those who are attempting to listen to what the member for Southern River has to say and, indeed, for the member for Southern River himself. I simply have some very basic advice: if you want to have conversations that are not relevant to what is happening in the chamber at the moment, out of respect please take them outside this place.

**Mr P. ABETZ:** Thank you, Mr Speaker. The next available time in Perth that Dr McNamara could sit the practical exam was supposedly September this year; however, when she applied, having completed her theory exam in February, she discovered that she could not even get on the waiting list for the exam because the list is closed off once 300 doctors are on that list. In other words, we have more than 300 doctors in WA who want to practise as doctors but are unable to do so because of the lengthy delays in being able to sit the practical exam. The Australian Medical Council says that it is working on solving the lengthy delays, but I put it to the house that that is totally inadequate. For instance, the number of clinical examinations in Western Australia has been increased from one a year to four from 2010, and that will now increase the number of doctors that can be registered from 36 a year to 144; we have 300 on the waiting list and they will not add any further doctors because the waiting list is closed off at 300. Even with this move, it will take more than two years to clear the backlog on the waiting list, not to mention those who cannot even get on the waiting list. The Australia Medical Council has indicated that it has now reached its capacity for the number of clinical examinations it is able to offer annually, so there can be no further growth in this area in the short term. We have a ludicrous situation of agencies going overseas to recruit doctors while there are hundreds of competent doctors who are willing and able to work, but are sitting around, waiting to be allowed to work. Some of them will now have to wait up to three years before that can begin. We could even have the ludicrous situation of a local government somewhere going out and recruiting a doctor from overseas and providing expensive housing, while there is a doctor already living in the town, perhaps married to a mining engineer, who cannot get registered for another three years. That just seems totally unacceptable.

Dr McNamara said that she does not want any special treatment; she believes that it is absolutely essential for overseas doctors to be screened and for there to be quality control. That is essential, and I certainly fully support that. However, as we have such a shortage of GPs in our area because it is a new, outer suburban area, it would be wonderful to have a bright, bubbly person like Dr McNamara. She would be the sort of doctor that kids would relate to well and I am sure that young mums would find her very approachable. She is a delightful person. These kinds of people could be working in our community, but they cannot because the accreditation system is so awfully slow. As Western Australia is the state with the fastest-growing population, I urge the Minister for Health to do all in his power to expedite the processing of doctors for registration. In saying that, I appreciate that this is a federal issue rather than a state issue, but I urge the minister to use his good office to bring about a radical speeding up of the registration process.

**DR K.D. HAMES (Dawesville — Minister for Health)** [9.32 am]: I thank the member for raising this grievance. Indeed, it is a grievance I have raised with the federal Minister for Health and Ageing at previous meetings. In fact, I have raised the matter at the last two meetings of health ministers to try to find a resolution to this problem. As the member stated, the process of accreditation was changed in 2006. There was a requirement for a nationally consistent framework for the assessment of international medical graduates who wanted to work in Australia. The immediate result of that was that we had a significant reduction in the numbers of doctors available to work in Western Australia. As I have said, it is a problem that I have raised and it certainly needs to be addressed.

It is all very well to have an Australia-wide standard for assessing international graduates, but the problem is twofold. Firstly, the only countries whose medical qualifications are immediately recognised as adequate in Australia without any need for further assessment are the United Kingdom, the United States and Canada. South Africa, one of our prime sources of highly qualified doctors and nurses, is not on that list of automatic acceptance. I have to say that my understanding is that South Africa's standard of medical training is equal to anything we have in Australia. In fact, just last week in Merredin I was talking to the nurse practitioner who runs the Merredin Hospital. He said that in his belief, nursing training in South Africa, particularly for nurse practitioners, is superior to that for Australian trainees. My view is that that is one of the things that need to be changed and, indeed, I think that has been recognised by the commonwealth government. The federal committee responsible for workplace management is looking at adding countries to that list, and it is my hope that South Africa will be one of the first countries added. That will significantly improve the number of doctors who do not need to go through this process.

There are three pathways to gaining approval for the practice of medicine in Australia. One is called the competent authority pathway, which is the one I just mentioned. It is a fast-track registration process for graduates from the three countries I mentioned. The second is the specialist pathway, which is for recognised medical specialists, and it is progressed through the specialist medical colleges. The third is the standard pathway for graduates who do not meet the other criteria; this is the pathway being taken by the doctor mentioned by the member for Southern River. Graduates on the standard pathway must pass what is called the AMC clinical examination. This is a national system and takes the form of either an examination or workplace-based assessment. The examination was one of the issues raised by the member for Southern River. It is the process through which accreditation is currently achieved; graduates must go through a fairly detailed examination. The workplace-based assessment is not yet in operation in any Australian jurisdiction, although pilot projects are to be carried out in some states, including in Western Australia at Bunbury Hospital in September.

The figures cited by the member for Southern River are correct. For the clinical examination process, which is funded by the commonwealth government, there was formerly one examination per year; that has now been increased to four. That allows for an increase in assessments from 36 in previous years to 144. That will go some way towards dealing with those people who are on the waiting list to work in Australia, but this is a significant problem. We are desperate for doctors in both metropolitan and rural areas. There are doctors who want to practise here, but they have to go through a long and difficult process to gain accreditation. Hopefully the changes that are being proposed will make a difference, and I know that this matter will be considered at the next meeting of the national health workforce principal committee on 26 August. The recommendations of the committee will be forwarded to the next national meeting of health ministers. I have raised this matter in two previous meetings and I am very pleased to see that I will get a response at the next meeting as to how this can be best managed.

Dr McNamara gained her qualifications in South Africa. As that is not a recognised country for the purposes of medical accreditation, she has to go through the examination process. She sat and passed her first examination in Perth in February 2010, and she is undertaking the second part of her examination in Brisbane in October. I expect that she will be registered in the near future. However, by increasing the number of those examinations to four we will save doctors having to go to other states, but that option is still open. The examinations do not all occur at the same time, and she can currently go to Brisbane to get her examination done quickly.

As the member said, this is a serious issue; we are desperately short of doctors. A lot of doctors are qualified to work here, and we have to improve the process of accreditation. Of course, we must make sure that the process is done properly, because we do not want doctors who do not have the proper qualifications getting through the system quickly just because we have a significant need, and then providing inadequate medical services in this state.