

## From StudentBMA News

### So you want to be an Aussie doctor?

Do you fancy working overseas as a doctor? Staff shortages, good working conditions, and a high quality healthcare system, and an outstanding quality of life and standard of living make Australia a tempting prospect.

**Stephanie Gapper** investigates what it takes to set up as a doctor down under

#### Introduction

On a dark, cold December evening, when you've been at work all day and there's no prospect of going home any time soon, and you don't really feel like going outside because it's pouring with rain and you'll have to wait ages for a bus, is it any wonder that the land down under suddenly seems irresistible?

It has certainly proved so to many UK medical graduates. In 2002-03, 476 UK doctors went to work in Australia on a temporary visa, and 251 as occupational trainees, far outnumbering medical migrants from any other country.<sup>1</sup> At first glance it's not hard to see why. Australia seems to have struck a good balance between public healthcare funding (via Medicare, Australia's equivalent of the NHS) and private healthcare provision, with the result that many hospitals and surgeries are better equipped and staffed than those run by the NHS. Working conditions, although extremely professional, are generally more relaxed and informal than in the United Kingdom, and there's an extremely good rapport between doctors, nurses, and other allied health professionals. And then, of course, there are the additional perks of living in a country with a fantastic climate, amazing diversity of scenery, excellent sporting and leisure provisions, a thriving cosmopolitan culture, and a world-renowned sense of humour and welcoming spirit. There's a reason—or several—why, in Mercer's annual quality of life surveys,<sup>2</sup> Sydney, Melbourne, and Perth consistently rank in the top 20 cities to live.

So how can you get your hands on a piece of the Aussie action? Read on to find out—but be prepared to encounter some serious red tape.



#### Navigating the minefield

Australia is in desperate need of overseas-trained doctors because of a failure in long term planning in the early 1990s, which saw places at Australian medical schools capped.<sup>3</sup> Not surprisingly, with rising demand for healthcare services, this has resulted in the present shortage of doctors. Although the government has taken steps to redress the balance by expanding medical schools and offering scholarships and bursaries, it's going to take at least eight to ten years to fill the shortfall, which means that for the next decade Australia will be heavily

reliant on immigrant medical workers.<sup>4</sup> This is part of the reason why many categories of medical practitioner have now made it onto the hallowed skilled occupation list (more later).

Unlike in the United States, or even in the United Kingdom, there is no nationally regulated system of applications to work in the Australian medical system. Instead, you apply to the state or territory health department for a job, the state or territory medical board for registration, the Department of Immigration for a visa, and the Health Insurance Commission for a Medicare provider number (every doctor has to have one of these and it allows you to request diagnostic services, refer patients to specialists, and in some cases treat private patients). This, as you can probably already appreciate, creates no end of confusion.

### **Finding a job**

In many ways, this is the easy bit. For hospital positions, from intern to specialist level, you'll need to apply to the state or territory health department where you want to work. A cursory trawl through the websites of these organisations reveals several points of note:

- They differ wildly in their user friendliness
- Some states, such as Queensland and the Northern Territory, will bite your arm off to get you to work there. Others, such as Victoria and New South Wales, have more stringent guidelines and may not accept overseas-trained doctors on their intern programmes, particularly in the cities. It's a grey area, however, so get in touch with them directly
- The application procedures are as lengthy as you would expect, so make sure you get on the case as early as possible. The academic year is different and intern positions and resident jobs start around January, so application deadlines tend to be in July and August.

If you want to work as a general practitioner in rural Australia, contact the state or territory rural workforce agencies or the divisions of general practice. The specialist colleges also advertise, as do the medical journals. Probably your best bet as a junior doctor, however, is a medical recruitment agency. You'll be subject to fees or a commission, but they'll lead you through the process and take a lot of the hassle out of it for you.

### **Registration**

This is another minefield. All doctors working in Australia are required to register with the relevant state or territory medical board. The standards for these differ between states.

### **Full registration**

Full registration is awarded to Australian medical graduates and overseas-trained doctors who have successfully passed the Australian Medical Council exams. There are also separate pathways that don't involve taking the exam for specialists who trained in other countries (although the process seems so arduous you might be better off just doing the exam anyway).

The Australian Medical Council is an independent body that assesses medical training and provides recommendations to the state boards—somewhat akin to the General Medical Council, except that it doesn't actually register doctors. The exam consists of two three-hour multiple choice papers sat on one day, and a multi-station clinical assessment, which takes up a morning or an afternoon. The standards are defined as “the level of

attainment of medical knowledge, clinical skills and attitudes required of newly qualified graduates of Australian medical schools who are about to commence intern training". So, clinical finals all over again then.

Full registration means you can practise unsupervised anywhere in Australia. Mutual recognition between states means that registration in one state qualifies you to practise anywhere in the country.

## Conditional registration

As a junior overseas-trained doctor you'll almost certainly be awarded conditional registration. This means that you have to work in an "area of need", and also that you'll be working as a hospital non-specialist, which means you'll be working in a public hospital as either an intern (equivalent to preregistration house officer), a resident medical officer or hospital medical officer (corresponds to the first and second year of current senior house officer grade), registrar, or occupational trainee. You won't be able to do any private work.

### What's an area of need?

Australia needs doctors, but in certain specific places. As an overseas-trained doctor on conditional registration, you will have to work in an area of need, which is usually a rural area or metropolitan hospital. In addition, if you're going to be doing a job that requires the third kind of Medicare provider number (the one that allows you to treat private patients), you'll be further restricted to working in a district of workforce shortage—"areas in which the general population's need for healthcare has not been met."<sup>5</sup> Doctors on temporary visas are required to work in these areas of need indefinitely, and depending on circumstances, those on permanent resident visas or with Australian citizenship for five or ten years. That's quite a long time to be working in Kununurra (where? My point exactly).

If you harbour a burning desire to work alone in the back of beyond then the chances are you will be snapped up before the ink has dried on your application. If, however, you see yourself relaxing on Bondi beach after work, while sipping a cold Fosters (although no one really drinks it out there) and contemplating the surf, you're likely to be disappointed. That said, there's tremendous variety in the areas of need and the training opportunities they provide, and of course, they are changing all the time.

### Paperwork

Here is a rough guide to the forms and documents you'll need to apply for registration and a visa. Don't send the originals unless they're specifically requested; get your photocopies certified, or scan them if you're applying online.

### *Registration documents*

- Certified copies of your medical degree and other qualifications
- Identification, such as a certified photo or a driver's licence
- A certificate of good standing from your current UK medical registration authority
- Criminal Records Bureau form
- CV
- Letter from your employer in Australia confirming your job offer
- Evidence that your job is in an Area of Need (from your employer)

- Health and character check form (see the Department of Immigration's website)
- Registration application form for the medical board you are applying to.

## Visa documents

- Relevant visa form
- Passport
- Evidence that you will be eligible for medical registration, from the medical board you are applying to
- Marriage certificate, and birth certificates of your children, if you are migrating as a family
- Fee
- Your health check and police record disclosure are sent straight to the Department of Immigration, but you need to make sure you've sent the forms off to the right people.

## Visas

There are three main ways you can work as a doctor in Australia for a temporary period.

- On a temporary business (long stay) visa (subclass 457). You can work for up to four years on this. It requires you to be sponsored by an Australian employer, so you'll need to find a job first
- On a temporary medical practitioner visa (subclass 422). This also allows you to work for up to four years for your sponsoring employer. The Department of Immigration pushes the temporary business visa rather than this one as it allows employers to sponsor more than one doctor, and other health professionals, on the same form and it can be done online, whereas this one has to be done in print
- On an occupational trainee visa (subclass 442). This is probably the most relevant for current students and junior doctors wishing to train in Australia. It basically allows you to undertake a specified training programme for which you need to be nominated by a hospital. This scheme is intended for you to develop your skills and knowledge base, and "is not for work in Australia", but it's difficult to see how a workplace based training programme differs from, say, a year as a preregistration house officer.

If what you really wanted was a year out travelling with a bit of locum work thrown in, you could always apply for a visa through the working holiday program. This is a 12 month visa that allows you to work in temporary or casual positions for no more than three months at a time, in "incidental employment". This possibly covers agency and locum work, although the information is scant. Even for locum work, you'll still need to go through the registration process, and for short term positions it probably isn't worth the hassle. You might just have to swallow your pride and go back to bar work.

## The long haul

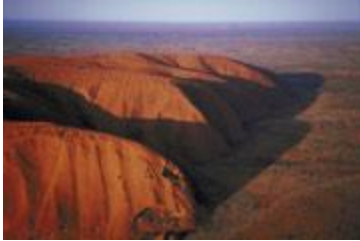
If you like the feel of the sand beneath your feet and the sun on your face and want to stay in Australia for good, then you'll need to begin the long and tortuous process of applying for permanent residency and, perhaps ultimately, citizenship.

There are three ways to apply for permanent entry to Australia. They all require full medical registration, which means passing the Australian Medical Council exams.

- The general skilled migration program. This is all part of the plan to redress the growing skills shortage in Australia. In May 2004, a selection of medical specialties was added to the skilled occupation list, which lists the occupations Australia needs to attract. These ranged from anaesthetics to paediatrics,<sup>6</sup> and each specialty is worth 60 points, the highest you can score for your profession. You need a total of 120 points across all the categories (these include education and other qualifications) to get an independent general skilled migrant visa at the moment, but the cut offs change. The points system is an IQ test in itself, so have a look at the Department of Immigration and see if you can make sense of it (address below)
- The employer nomination scheme (subclass 121 or 856). Does what it says on the tin—an employer, usually one for whom you have worked for at least a year, can sponsor you for a permanent visa.

Usually, employers have to prove that they cannot find an Australian to do the job. This requires fewer points on the points test than an independent visa

- The regional sponsored migration program (subclass 119 or 857). Again, this requires you to be sponsored by an employer, as for the above, but this time you need to be working in a regional area of need. This can be anywhere except Brisbane, the Gold Coast, Newcastle, Sydney, Wollongong, Melbourne, or Perth.



### **It's not over yet**

There are a multitude of other things you'll have to sort out before you can actually work in Australia. In addition to all the immigration forms, you'll have to have health checks and character checks, which might involve police record disclosures. You'll need to set up a tax file number (like a national insurance number) with the Australian Tax Office ([www.ato.gov.au](http://www.ato.gov.au)) so that you can be properly taxed. You'll also need to undergo a process called "credentialing" before you can practise medicine, which essentially means your hospital or employer will check your CV and supporting documents, for example, university degrees, membership of specialist colleges, further training course certificates, and so on.

Bear in mind that if you're on a temporary visa you might experience difficulties in getting things like mortgages and bank loans, or even mobile phone contracts.<sup>7</sup>

A word of caution to this (convoluted) tale. While the attractions of the lucky country are undeniable, there are some caveats. Australia's junior doctors suffer from many of the same problems as their UK counterparts. Despite codes published by the Australian Medical Council setting out guidelines for safe working hours, many interns and non-specialist hospital doctors are still working 70 hour weeks. There is a reason there are so many antipodean accents in Paddington—many junior doctors from Australia are coming the other way, drawn by the prospect of salaries up to three times what they were earning back home. Also, GP shortages are getting worse, meaning that in some areas of Australia more patients have to be squeezed onto lists, cutting consultation times to NHS-like levels.

Bear in mind also that with changes to the UK training structure for doctors, it may not be as straightforward as you think (if you could possibly still think that, after reading this far) to take a year or two out and work in Australia, or anywhere for that matter.

### **Further information**

- [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au) (start here)
- Department of Immigration and Multicultural Affairs - [www.immi.gov.au/doctors](http://www.immi.gov.au/doctors)
- Australian Medical Council - [www.amc.org.au](http://www.amc.org.au)

- Australian Medical Association - [www.ama.com.au](http://www.ama.com.au)
- Australian Medical Students' Association - [www.amsa.org.au](http://www.amsa.org.au)

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