

## OVERSEAS-TRAINED ACADEMIC/CLINICAL STAFF

- WHY SHOULD WE RECRUIT FROM OVERSEAS?
- Global village of workforce needs
- Must join international competition if university's vision is to be realised
- Benchmark internal /Australian aspirants
- Enrich collaborations both curriculum and research
- Best practice demands open competition
- 95%+ of talent is offshore

## FIVE EXAMPLES

- Head, School of Rural Health and Chair of Rural Medical Education
- Recruit for General Medicine in Rural Clinical school
- Assoc. Prof in O&G, Rural Clinical School
- Assoc. Prof in Ophthalmology
- Professor of Pathology

## Rural academics

- Rural Clinical Schools and Rural Rotation demand an academic workforce
- Rural Doctors and regional hospitals are unprepared to meet the demand of Medical education
- Time....income in the bush/ no role model
- Metro medical educators in short supply
- Diversion of Rural GPs and specialists without supplementation of numbers is a risk

## Case 1

- POSITION Head, School of Rural Health University of Melbourne
- In USA Director of Regional Medical Education, Uni Washington
- Ed. Cambridge, Harvard, Uni Washington
- Fellow Am. College of Physicians
- 100 Pubs, Best doc in USA ,2000
- Lay down Misere...? but no...

## PATH TO ACCEPTANCE Aussie style..or how many mountains?

- 7 months for registration and immigration documents in the USA
- 5 months in Aust. In preregistration meetings before allowed to see patients
- Peer-review.. 12 months by Royal College of Physicians designated “peer”
- Is this a fair go? By Global best practice?

## CASE 2

- Position: 0.5 ACADEMIC/0.5Area of need Physician
- Applicant. Yale and UCSF and post grad at U. Washington
- Published Most popular Text for US med students
- Assoc.Dir Post grad Trg at UCSF
- DIMIA says never assessed this type of PR application....grants short term business visa

## General Medicine

- Not allowed to perform clinical duties
- Must obtain AMC, RACP and local Vic.Med. Board approval
- Will reapply for PR status once peer review complete in 12 months

## O and G Specialist in RCS

- .Position.. 0.4 Associate Prof. /0.6 Clinical
- .Must obtain specialist accreditation to obtain private practice qualification as no public position available at GVH
- .Just a meer Director of Post graduate Training at Kaiser Permanente ,California and widely published in O and G and Med ED.
- Has visited 3 times(\$10k) obviously has uncertain qualifications?

## Associate Professor of Ophthalmology

- Recruit and appoint male from Singapore to post but must fulfil 6 months accreditation trg in NSW,
- Highly published clinical researcher with career block in Singapore
- Partner..MB,BS NUS...5 years training as GP in Singapore and 2 years in USA
- Accreditation.. Sing,Med Council,UK Gen.Med Council,Hong Kong Med .Council
- Still no opportunity for working visa in Aust, despite intervention from former Minister of Health
- This is a duet of significance...why the mountain face?

## PROFESSOR OF PATHOLOGY

- WW search ,3 short listed for interview after presentations to Department-offer made
- Medical school ,Kiel,doctoral thesis MD, PhD 1991,DSc 2000  
UniSouthampton,MRCPath,FRCPPath,
- Chair Human morphology,U.Southampton
- Chair of Anatomy,U.Hamburg
- President of College of Pathologists on appointments c'tee

## Professor Of Pathology

- Despite all efforts College assessed the need for supervised work for three years and then Examinations preventing appointment to sessions at University hospital.
- Wife.. ENT surgeon with large practice in Hamburg
- 4 years surgical training,( in Aust. 2 yrs basic trg + 4 years Otolar,Head and neck surgery)
- And 5 years as consultant.
- College :designated period of assessment then pass College Fellowship exam in OTO,Head and Neck
- Result: all too hard and uncertain .Offer turned down.

## PROBLEMS

- Redundant paper work;
- DIMIA,AMC,RACP,regional Medical Practitioners Boards, Health Insurance Commission,separate and sequential approval.
- Delays in acquiring approval to practise
- Long delays invalidate some docs.
- International training not well understood by Aust. Specialist Colleges
- DIMIA reluctant to give PR status for Academic AND Clinical appointment
- Academic Salaries alone too low...

## SUGGESTIONS 1

- FAST TRACK goal of 3 months for VISA, Specialist College, State rego board, and Medicare approval
- Clinical rights to practice within 1 month of arrival
- Single set of documents
- Might limit to Area of workforce need.

## Suggestions 2

- Liaison Officer within DHA
- Specialist Colleges harmonise requirements and forms, online,
- Standard Training recognised and listed
- Develop standard practice of independent confirmation of Credentials

