

Tassie's doctor shortage sham

Why are eager foreign-trained doctors being held back from filling desperate needs in Tasmania? FRAN VOSS reports:

WHILE country towns and hospital specialist areas in Tasmania are screaming for doctors, a cardiologist is driving a taxi and a urology specialist is working as a junior doctor.

They are all overseas-trained doctors. There are 95 of them in Tasmania working under temporary medical registration which restricts their access to areas desperately needing their services.

Ayman Shenouda and his wife Samiha, both qualified Bachelor of Medicine and Bachelor of Surgery doctors from the University of Cairo, Egypt, could not find medical work for two years after coming to Australia in 1993. In Sydney Ayman worked in a newsagency; Samij was unemployed.

They're both now employed at the Launceston General Hospital, but live with the uncertainty of temporary registration which must be renewed annually.

In other cases:

● A Chilean cardiologist is reportedly driving a taxi in Hobart;

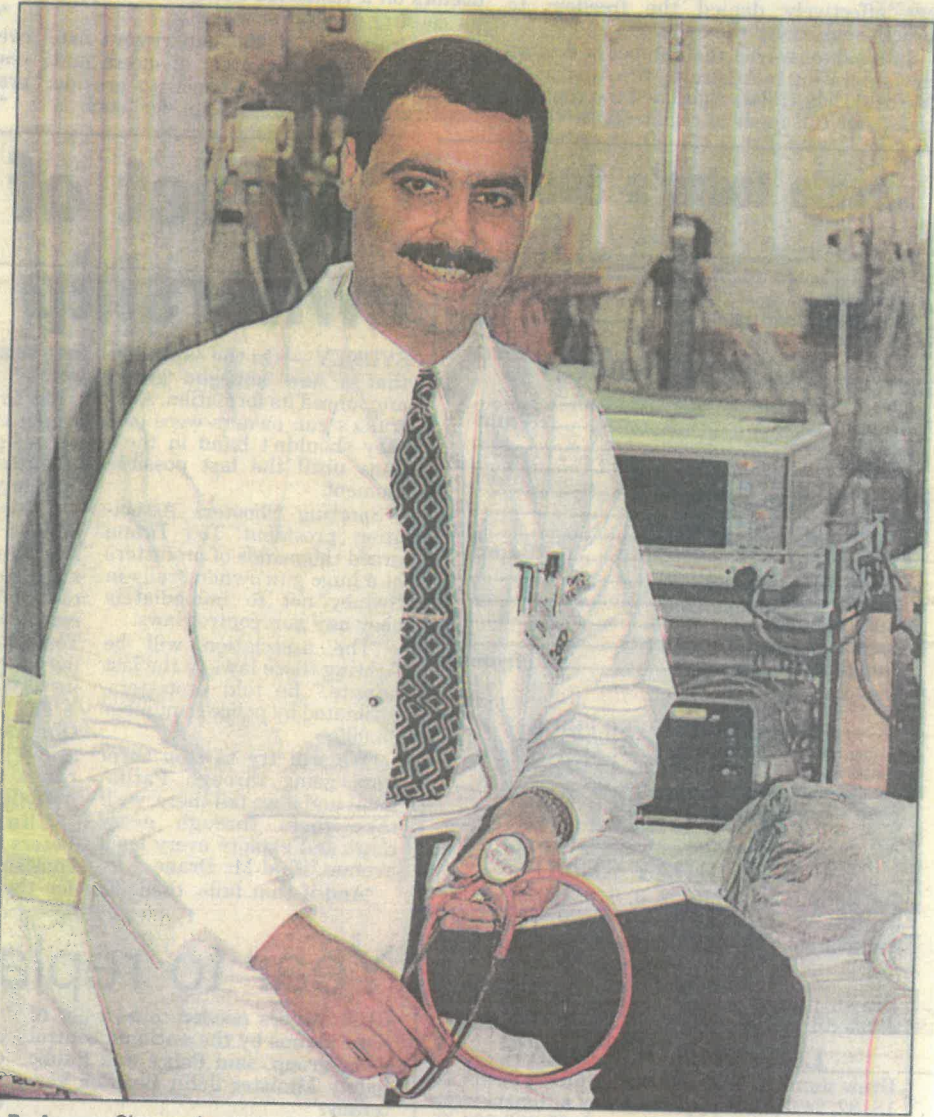
● An Egyptian urologist is working as a medical registrar even though urology is a recognised area of need in Tasmania;

● Overseas-trained doctors on temporary registration are supervising interns who will be fully registered at the conclusion of their internship;

● Overseas-trained doctors form the backbone of public hospital services in Tasmania because Australian-trained doctors are not applying to work here.

"Tasmania is considered a remote area by doctors in Sydney and Melbourne and they do not want to come here," Dr Shenouda said.

Now an Australian citizen, Dr Shenouda said that the Australian health system depended on people from overseas. "If they're not needed, don't bring them here. Don't get them here and not use them," he said.



● Dr Ayman Shenouda at the Launceston General Hospital yesterday: "If they're not needed, don't bring them here. Don't get them here and not use them." Picture: Paul Scambler.

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Migrant doctors face double test

Last week's special report in The Sunday Examiner about the difficulties country areas were experiencing in attracting doctors provoked a huge response. FRAN VOSS looks at the restrictions that apply to foreign-trained doctors and the uproar such red tape has caused in the medical community.

AUSTRALIA is over-supplied with general practitioners, according to Commonwealth health authorities.

Tell that to country communities which have been without a local doctor for months. Or hospitals that cannot fill specialist positions.

"The reason I'm here is because no Australian doctor wants to come," said one Mersey Community Hospital doctor on temporary registration for the third year. "If they did I wouldn't be given the job. There hasn't been an Australian graduate in this hospital for five years."

Ayman Shenouda and his wife Samiha are two of a large number of foreign-trained doctors who have been allowed to immigrate to this country but whose medical qualifications are not accepted for full registration.

Both are at the Launceston General Hospital, he as a surgical registrar, she a resident medical officer.

Since 1991, foreign-trained doctors from every country except New Zealand must pass two examinations — one theoretical and one clinical — to qualify for full registration.

Until the examinations are passed they are effectively denied the freedom to practise wherever they choose.

In a bid to restrict the number of doctors now migrating to Australia, the Australian Medical Council has tightened the requirements for full medical registration.

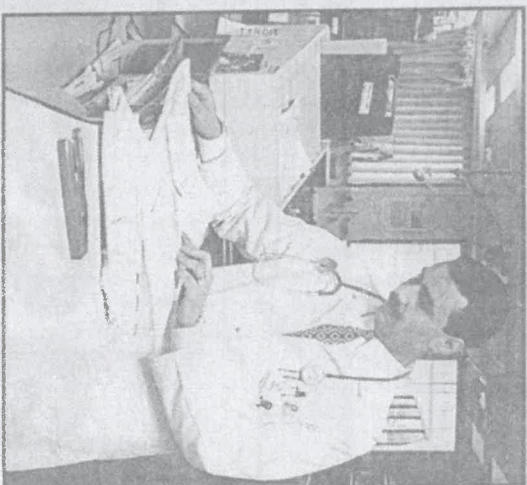
Over-supply of GPs blamed for restrictions on finding positions

Passing the two required examinations is difficult for working doctors; even more so for unemployed ones. Some believe there is a covert quota system in place, passing only that number required for existing vacancies.

The entire junior staff at the Mersey General Hospital are foreign-trained doctors on temporary registration, one for eight years despite 35 years' experience in his home country. Another is a qualified urologist working as a medical registrar. They claim they would gladly take up general practice in remote country areas if they could.

However, the chief medical officer of the Department of Community and Health Services, Dr Jack Sparrow, said that doctors on a restricted licence could apply for country general practices.

"The secretary of the department can declare a town an area of need and empower the Medical Council to provide registration with conditions for such a



● **Future doubts: Dr Ayman Shenouda at work as a surgical registrar at the LGH.**

doctor to practise in this area," Dr Sparrow said.

He said that in order to be declared an area of need, towns looking for a doctor must have exhausted every other avenue in obtaining a fully registered doctor.

The Northern chairman of the AMA, Dr Doug Welch, said that the restrictions on overseas-trained doctors were imposed to avoid their competing with young Australian-trained doctors.

"Government policy is not to have an over-doctored population, so there are restrictions on the number of medical graduates," he said.

"It is bizarre to restrict our own bright

young men and women to reduce GP numbers."

A Burnie doctor on temporary registration for six years said that it was false economy for the Medical Council to look at spending thousands of dollars on a programme to encourage Australian graduates to practise in country areas.

"They're not tapping into the resource that's already here," he said. "If we're unable to get complete registration, at least give us a contract for two to three years — a yearly registration is a very big anxiety."

Of the 10 doctors interviewed, only Dr Shenouda was willing for his name to be used. The other doctors were fearful that the controversy might jeopardise their licence renewal.

Dr Shenouda agreed with the others in saying that while he accepted the need for Australian health authorities to establish the credentials of foreign-trained doctors, this need not be solely through an examination system.

While he is happy with the principle of an examination, Dr Shenouda said it needed to be consistent and reliable system.

"There is a need for overseas doctors to work under supervision in hospital so they can get an idea of the standard and to know the system of protocol in treating patients," he said.

"Working under supervision means being assessed. If their performance over three years, for example, is good they should end up in the system.

"I chose to come here. I am an Australian citizen and I love it here. I want to start a family and settle here but I have no security for the future."