

Uncovering an invisible workforce

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TO THE EDITOR: Hays notes that international medical graduates on temporary residency visas are “an almost invisible workforce”.¹ This invisibility results partly from a lack of data, but it also stems from a lack of coordination and consistency between agencies which do hold relevant data. In the main, these doctors hold conditional registration (rather than general registration) with state and territory medical registration boards. However, there are inconsistencies between jurisdictions in how data on conditional registrants are treated in relation to national medical workforce data collection (namely the annual national medical labour force surveys overseen by the Australian Institute of Health and Welfare [AIHW]), and in how statistics relating to this group are reported.

Available data from four medical registration boards indicate that, in 2003, conditional registrations of overseas-trained doctors comprised over 10% of all medical registrations in Western Australia and Queensland (see Box). Percentages have increased since 2001 in WA, NSW and, to a lesser extent, in Queensland, while remaining steady in Victoria (2001 figures were WA, 8.2%; Qld, 9.3%; Vic, 6.5%; NSW, 2.3%).²⁻⁵

The invisibility of this group might be ameliorated to some extent if existing data on conditional registrants were reported and collated in a consistent manner. The AIHW is the obvious candidate to oversee such collation, and the question of why the state and territory medical registration boards do not provide the data to enable this to occur is a puzzling one. The primary function of medical registration boards is, of course, administration of registrations in their jurisdictions, and their workload has been increased by growth in conditional registrations, which involve time-consuming processing. In this context, it is perhaps understandable that the boards are not focused on the potential value of their data to medical workforce planning. If better use is to be made of the

All registrations and conditional registrations for overseas-trained doctors in four states, 2003

State	Total registrations	Conditional registrations*
Western Australia ²	6 854	718 (10.5%)
Queensland ³	12 531	1263 (10.1%)
Victoria ⁴	17 603	1115 (6.6%)
New South Wales ⁵	25 481	1211 (4.7%)

* These include overseas-trained conditional registrants only. It excludes conditional registrants who are interns, who have passed all Australian Medical Council examinations or who are registered conditionally for health or disciplinary reasons.

existing data for national medical workforce planning, the boards will need to commit to consistent and more detailed reporting practices for conditional registrants. This would probably occur easily if boards were convinced of the value of national medical workforce planning, and recognised the value of their unique contribution to it.

It is a stated principle of national health workforce strategy that Australia should aim to achieve national self-sufficiency in its health workforce supply.⁶ If this is to be achieved, the numbers, characteristics and movements of international medical grad-

uates on temporary visas must be monitored more carefully.

1 Hays RB. An invisible workforce? [letter]. *Med J Aust* 2004; 181: 385.

2 Medical Board of Western Australia 16th annual report 2003. Perth: MBWA, 2003.

3 Medical Board of Queensland. 2002–2003 Annual report and financial statements. Brisbane: MBQ, 2003.

4 Medical Practitioners Board of Victoria. Annual report 2003. Melbourne: MPBOV, 2003.

5 New South Wales Medical Board. Annual report 2003. Sydney: NSWMB, 2003.

6 Australian Health Ministers' Conference. National health workforce strategic framework. Sydney: AHMC, 2004. □