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Lost in the Labyrinth

Report on the inquiry into registration processes and support for overseas trained doctors

House of Representatives
Standing Committee on Health and Ageing

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Canberra

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Foreword

Australia has one of the best health systems in the world, delivering high quality health care to the community. This, along with our high standard of living, makes Australia an attractive destination for international medical graduates (IMGs). In turn, Australia has long been reliant on IMGs to address medical practitioner workforce shortages, particularly in regional, rural and remote communities, where they make up over 40% of the medical workforce. Local communities highly value their IMGs and throughout the inquiry the Committee heard many examples of the way in which rural and remote communities in particular have embraced IMGs as one of their own. However, it is clear that whilst IMGs generally have very strong community support, they do not always receive the same level of support from the institutions and agencies that accredit and register them.

IMGs working in Australia are required to meet a number of accreditation standards in order to gain registration allowing them to practise medicine in this country. Importantly, the Committee does not support any reduction in the high clinical standards they are required to meet. Rather, in formulating the report's 45 recommendations the fundamental aim has been to reduce red tape, duplication and administrative hurdles faced by IMGs whilst ensuring that the Australian standard continues to be rigorously applied. The number of recommendations in the report reflects the complex nature of the accreditation and registration processes, and the breadth of issues faced by IMGs across their personal and professional lives as they seek to navigate these systems. These issues were canvassed in the 216 submissions (including supplementary submissions) which were received during the inquiry. Of the 216 submissions, 109 were from IMGs, 91 from organisations with involvement in accreditation, registration or recruitment of IMGs and the remaining 16 were from other interested parties including academics, co-workers, community members and patients. The Committee also conducted an extensive program of public hearings visiting in every state and territory in Australia, and hearing evidence directly from 145 witnesses during 22 public hearings in 12 different cities.

In addition to the range and complexity of issues canvassed, the Committee also had to contend with issues of a sensitive nature which had evidently resulted in high levels of angst and personal distress for some IMGs. Nearly one third of the IMGs who made submissions requested anonymity, citing fears that their chances of progressing through accreditation to registration would be compromised if it became known that they had commented publicly. The Committee also receive approaches from a number of IMGs, who while keen to air their concerns informally, refused to make formal submission to the inquiry fearing negative consequences.

Key themes emerged as the inquiry progressed, with a significant proportion of witnesses describing a system lacking in efficiency and accountability, and importantly, one in which IMGs themselves often had little confidence. Many IMGs also felt that they had been the subject of discrimination, and anti-competitive practices and that this had in some cases adversely affected their success in registering for medical practice in their chosen speciality. One particularly illustrative example of the type of problems faced by IMGs was a specialist who despite being highly regarded overseas was forced to sit a basic exam for his field. There was a textbook listed as a study guide – he was the author!

The context of the inquiry was the implementation in 2010 of the National Registration and Accreditation Scheme (the National Scheme). The National Scheme replaced varying schemes operated by state and territory governments. The Medical Board of Australia (MBA) was established as the national registration body for medical practitioners, with its administrative functions provided by the Australian Health Practitioners Regulation Agency (AHPRA). The fundamental aim of the National Scheme was to provide a more efficient and uniform system of accreditation and registration for health professionals, including IMGs.

Although the premise for implementing the National Scheme is laudable, managing the transition from state and territory based systems proved to be a significant undertaking. As such it is not surprising that its introduction was accompanied by a number of teething problems, particularly for AHPRA as administrative processes were developed, implemented and refined. Without doubt the introduction of new accreditation processes and national registration standards for IMGs resulted in confusion and frustration for many as they tried to navigate what is still a complex system in order to comply with new requirements. As noted earlier, a perceived lack of transparency and clarity in relation to aspects of the National Scheme left some IMGs feeling as if they had been significantly disadvantaged, and in some cases even deliberately discriminated against.

During the inquiry the Committee heard from many IMGs, some of whom had already practised medicine in Australia for a number of years under state and territory based schemes but were unable to continue practising under the National Scheme. Experiences ranged from those who had difficulties meeting new mandatory registration standards, particularly standards pertaining to English language proficiency, to those who felt that they were adversely affected by more stringent requirements to progress from limited registration to full registration.

Furthermore, many IMGs, medical recruitment agencies and employers of IMGs provided insights into systemic inefficiencies and inconsistencies, highlighting poor communication and coordination between key accreditation and registration authorities. Far from streamlining administrative processes, under the National Scheme many IMGs have been required to submit the same documents on multiple occasions but to different accreditation and registration authorities, a situation which I and other members of the Committee have found puzzling. In addition, many IMGs necessarily find themselves grappling with other complex requirements associated with immigration, employment and access to a Medicare provider number. In the more extreme cases, a number of frustrated IMGs have reconsidered their prospects in Australia and a few who have considered walking away from their lifelong careers in medicine.

In seeking to address these issues a significant number of the report's recommendations have been developed to increase the transparency of the National Scheme's accreditation and registration processes for IMGs, and to reduce the administrative burden on IMGs by improving efficiency. To achieve these outcomes IMGs must be able access to clear, concise and detailed information on the relevant processes and have access to advice; responsible authorities need to improve their communication and coordination.

In the context of Australia's aim to achieve self-sufficiency in medical practitioners by increasing the number of domestically trained graduates, the Committee considered the longer term utility of policy that requires IMGs to work for up to 10 years in a district of workforce shortage in order to qualify for a Medicare provider number – the so called 10 year moratorium. As Australia's reliance on IMGs decreases, it is understood that more will need to be done to encourage Australian trained medical practitioners to work in communities which have routinely experienced medical practitioner shortages in the past. In view of anticipated changes in the composition of the medical practitioner workforce the Committee concludes that a review of the 10 year moratorium would be appropriate and timely.

Last, but by no mean least, the Committee considered the importance of professional and personal supports for IMGs and their families, noting that access to these types of support is not only crucial to the initial recruitment of IMGs but also to rates of retention. The Committee's recommendations seek to enhance and strengthen existing systems of support, including pre- and post-arrival orientation, access to professional development opportunities and peer support networks for IMGs, and access support networks for spouses and children. With the 2010 establishment of Health Workforce Australia and its focus, among other things, on facilitating the immigration, recruitment and retention of overseas trained health professionals, I am confident that significant progress will be made to enhance support systems for IMGs and their families.

As Chair of the Committee, I would like to thank all of those who participated in the inquiry process and who have assisted with the provision of information. The knowledge and insight of those that have highlighted key issues, in many instances also providing suggestions for workable solutions, has been impressive. Likewise, those IMGs who have openly shared their difficult experiences with the hope of seeing an improvement for others in the future should be commended. I also thank the other members of the Committee for their participation, contribution and commitment to the inquiry.

In concluding, I emphasise that throughout the inquiry the Committee has been aware that improvements in registration processes for IMGs must be achieved without compromising the high standards that Australians expect from medical practitioners. In that context however, it is my sincere hope that the report's recommendations will help to resolve the administrative difficulties faced by many IMGs, and ensure that those wishing to practise medicine and call Australia home in future may do so with certainty and clarity of what is expected of them. To provide reassurance that this is the case, the Committee intends to review progress made towards implementing its recommendations at a future date.

Steve Georganas MP
Chair



Membership of the Committee

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Deputy Chair Mr Steve Irons MP

Members Mr Mark Coulton MP
 Ms Jill Hall MP
 Ms Deborah O'Neill MP
 Mr Geoff Lyons MP
 Mr Ken Wyatt MP

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Terms of reference

Recognising the vital role of colleges in setting and maintaining high standards for the registration of overseas trained doctors (OTDs), the Committee will:

- Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand colleges' assessment processes, appeal mechanisms could be clarified, and the community better understand and accept registration decisions;
- Report on the support programs available through the Commonwealth and State and Territory governments, professional organisations and colleges to assist OTDs to meet registration requirements, and provide suggestions for the enhancement and integration of these programs; and
- Suggest ways to remove impediments and promote pathways for OTDs to achieve full Australian qualification, particularly in regional areas, without lowering the necessary standards required by colleges and regulatory bodies.



List of acronyms

ABS	Australian Bureau of Statistics
ACCC	Australian Competition and Consumer Commission
ACRRM	Australian College of Rural and Remote Medicine
ADTOA	Australian Doctors Trained Overseas Association
AGPT	Australian General Practice Training
AHMC	Australian Health Ministers' Conference
AHPRA	Australian Health Practitioner Regulation Agency
AHWAC	Australian Health Workforce Advisory Council
AHWOC	Australian Health Workforce Officials Committee
AMA	Australian Medical Association
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthesia
AOA	Australian Orthopaedic Association
AoN	Area of Need
ASGC-RA	Australian Standard Geographical Classification – Remoteness Areas
BEO	Branch Education Officer

CA	Competent Authority
COAG	Council of Australian Governments
CPD	Continuing Professional Development
CPMC	Committee of Presidents of Medical Colleges
CSSP	Clinical Supervision Support Program
CV	Curriculum Vitae
DIAC	Australian Government Department of Immigration and Citizenship
DoHA	Australian Government Department of Health and Ageing
DWS	District of Workforce Shortage
ECFMG	Education Commission for Foreign Medical Graduates
EICS	ECFMG International Credentials Service
ENS	Employer Nomination Scheme
FGAMS	Foreign Graduates of an Accredited Medical School
FRACGP	Fellow of the Royal Australian College of General Practitioners
FTE	Full-time Equivalent
GPET	General Practitioner Education and Training
GPRIP	General Practice Rural Incentive Program
GSM	General Skilled Migration
HWA	Health Workforce Australia
HWPC	Health Workforce Principle Committee
IELTS	International English Language Testing System
IMG	International Medical Graduate
IMS	International Medical Specialist

JSCOTS	Joint Standing Committee on Overseas Trained Specialists
MBA	Medical Board of Australia
MCQ	Multiple Choice Question
MCQ CAT	Multiple Choice Question Computer Adaptive Testing
NHP	National Health Practitioner
NHWT	National Health Workforce Taskforce
NRAS	National Registration and Accreditation Scheme
NRHA	National Rural Health Alliance
NSWRDN	New South Wales Rural Doctors Network
OET	Occupational English Test
OTDs	Overseas Trained Doctors
OTS	Overseas Trained Specialist
OTSAN	Overseas Trained Specialist Anaesthetist' Network
PESCI	Pre-Employment Structured Clinical Interview
PGPPP	Prevocational General Practice Placements Program
PII	Professional Indemnity Insurance
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCR	Royal Australian and New Zealand College of Radiologists
RAPTS	Recruitment, Assessment, Placement, Training and Support
RDAA	Rural Doctors Association of Australia

RDWA	Rural Doctors Workforce Agency
RFDS	Royal Flying Doctor Service
RHWA	Rural Health Workforce Australia
RSMS	Regional Sponsored Migration Scheme
RTP	Regional Training Providers
RVTS	Rural Vocational Training Scheme
RWAs	Rural Workforce Agencies
RWAV	Rural Workforce Agency Victoria
SCE	Structured Clinical Examination
SCI	Structured Clinical Interview
SIMG	Specialist International Medical Graduate
STP	Specialist Training Program
TMT	Tropical Medical Training
TRD	Temporary Resident Doctor
VR	Vocational Recognition
WBA	Workplace-based Assessment
WHO	World Health Organisation



List of recommendations

Recommendation 1

The Committee recommends that the Australian Medical Council (AMC), in consultation with the Medical Board of Australia and international medical graduates (IMGs), take steps to assist IMGs experiencing difficulties and delays with primary source verification, including but not limited to:

- continuing to assist IMGs who have passed all requirements of a pathway towards registration as a medical practitioner, excepting primary source verification;
- liaising with the Educational Commission for Foreign Medical Graduates to ascertain and address any barriers to achieving timely primary source verification; and
- providing IMGs with up-to-date information relevant to their application, including the anticipated timeframe for response based on their application, or options on how they might hasten the process, such as contacting the institution directly. (*para 4.21*)

Recommendation 2

The Committee recommends that the Australian Medical Council take action to increase the availability of the Australian Medical Council Structured Clinical Examination (SCE) so that those making a first attempt at the examination be accommodated within six months of their initial application. (*para 4.53*)

Recommendation 3

The Committee recommends that the Australian Medical Council publish detailed information on its website outlining the processes for determining the allocation of places for the Structured Clinical Examination (SCE). The information should

explain prioritisation, the purpose and operation of the standby list and provide up-to-date information on waiting times for undertaking the SCE. (*para 4.55*)

Recommendation 4

The Committee recommends that the Australian Medical Council provides a detailed level of constructive written feedback for candidates who have undertaken the Australian Medical Council's Structured Clinical Examination. (*para 4.61*)

Recommendation 5

The Committee recommends that the Council of Australian Governments include workplace-based assessment (WBA) pathway for international medical graduates on its health workforce agenda in order to extend endorsement from state and territory governments and increase the availability of host sites nationally. (*para 4.81*)

Recommendation 6

The Committee recommends that the Medical Board of Australia in conjunction with the Australian Medical Council, commission an independent evaluation of the workplace-based assessment (WBA) model. The evaluation should incorporate a cost benefit analysis of WBA, and encompass the views of all stakeholders, including international medical graduates, clinical assessors and host institution administrators. The outcomes of the evaluation should be made public. (*para 4.83*)

Recommendation 7

The Committee recommends that the Australian Government Department of Health and Ageing and Australian Medical Council, in consultation with the Joint Standing Committee on Overseas Trained Specialists and the specialist medical colleges:

- publish agreed definitions of levels of comparability on their websites, for the information of international medical graduates (IMGs) applying for specialist registration;
- develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are used to determine level of comparability;
- develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are taken into account when

determining the length of time an IMG needs to spend under peer review; and

- develop and maintain a public dataset detailing the country of origin of specialist pathway IMGs' professional qualifications and rates of success. (*para 4.109*)

Recommendation 8

The Committee recommends that specialist medical colleges adopt the practise of using workplace-based assessment (WBA) during the period of peer review to assess the clinical competence of specialist international medical graduates (IMGs) in cases where applicants can demonstrate that they have accumulated substantial prior specialist experience overseas. As part of the WBA process the specialist medical colleges should make available the criteria used to select WBA assessors.

Specialist medical college examinations should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during WBA. (*para 4.120*)

Recommendation 9

The Committee recommends that all specialist medical colleges consult with the Australian Medical Council to ensure each college undertakes a consistent three-stage appeals process, incorporating the following:

- an automatic right for an international medical graduate (IMG) to undertake the next stage of appeal, following completion of each preceding appeal;
- the option for the IMG to retain an advocate for the duration of any appeal process to an Appeals Committee, including permission for that advocate to appear on the IMG's behalf at the appeal itself; and
- the capacity to expand membership of the Appeals Committee to include an IMG who holds full membership of the relevant specialist college, but has no involvement with the decision under review. (*para 4.134*)

Recommendation 10

The Committee recommends that the specialist medical colleges undertake the following steps to ensure international medical graduates (IMGs) are aware of their right of appeal regarding their application for specialisation:

- publish information regarding their appeals process in a prominent place on their website, including information regarding each stage of the appeals process, timelines for lodging appeals and the composition of Appeals Committee membership; and
- ensure that IMGs are informed of their right to appeal when any decision is made regarding their application, with information regarding their right to appeal a particular decision provided in writing on the same document advising the IMG of the decision made regarding their application. (*para 4.136*)

Recommendation 11

The Committee recommends that the Australian Health Ministers Advisory Council, in conjunction with the Australian Government Department of Health and Ageing and the National Health Practitioner Ombudsman, develop and institute an overarching, independent appeals mechanism to review decisions relating to the assessment of clinical competence to be constituted following an unsuccessful appeal by an international medical graduate to the Appeals Committee of a specialist medical college. (*para 4.139*)

Recommendation 12

The Committee recommends that Health Workforce Australia, in consultation with state and territory health departments, the Medical Board of Australia, specialist medical colleges and other key stakeholders, investigate options to ensure equitable and fair access to clinical supervision places for international medical graduates. Consideration should include establishing designated supervised placements for international medical graduates in teaching hospitals or similar settings. (*para 5.23*)

Recommendation 13

The Committee recommends that the Australian Medical Council, the Medical Board of Australia and specialist medical colleges collaborate to develop a process which will allow semi or recently retired medical practitioners and specialist practitioners to maintain a category of registration which will enable them to work in the role of a clinical supervisor. (*para 5.25*)

Recommendation 14

The Committee recommends that Health Workforce Australia provide support under the Clinical Supervision Support Program to promote the innovative use of new technologies to increase clinical supervision capacity, particularly for medical practitioners who are employed in situations where they have little or no access to direct supervision. (*para 5.27*)

Recommendation 15

The Committee recommends that prior to undertaking practise in an area of need position or regional, rural, remote position with indirect or limited access to clinical supervision, international medical graduates (IMGs) be placed in a teaching hospital, base hospital or similar setting. Within this setting IMGs could be provided appropriate supervision for a defined period to further establish their clinical competency and assist with their orientation to the Australian health care system. (*para 5.31*)

Recommendation 16

The Committee recommends that Health Workforce Australia ensure aspects of cross cultural awareness and communication issues are key components in any guidelines, educational materials or training programs that are developed to support enhanced competency of clinical supervisors. (*para 5.40*)

Recommendation 17

The Committee recommends that the Medical Board of Australia/Australian Health Practitioners Registration Agency (MBA/AHPRA) provide more information on the Pre-Employment Structured Clinical Interview (PESCI).

At a minimum this information should outline:

- the criteria used to determine the need for an IMG to undertake a PESCI assessment; and
- criteria for accreditation of PESCI providers.
- details of the PESCI assessment process including:
 - ⇒ the composition of the interview panel, the criteria used for selecting panel members and their roles and responsibilities;
 - ⇒ the format of the interview and the aspects of skills, knowledge and experience that will be assessed;

- ⇒ criteria for assessment and mechanisms for receiving feedback; and
- ⇒ the process for lodging and determining an appeal against the findings of a PESCI assessment.

This information should be easily located on the MBA/ AHPRA website and provide links to relevant information on PESCI that is available on the websites of Australian Medical Council accredited PESCI providers. (*para 5.59*)

Recommendation 18

The Committee recommends that all Pre-Employment Structured Clinical Interview (PESCI) assessments be video-recorded and a copy of the video-recording be provided to the applicant for the purpose of providing appropriate feedback on the assessment and as a record should an international medical graduate wish to appeal the outcome of a PESCI. (*para 5.61*)

Recommendation 19

The Committee recommends that the Medical Board of Australia, as part of its current review of the utility and portability of Pre-Employment Structured Clinical Interview, include broader consideration of its utility as an assessment tool, particularly its application to international medical graduates who have already practised in Australia for a significant period of time under Limited Registration. (*para 5.65*)

Recommendation 20

The Committee recommends that the Medical Board of Australia provide an opportunity for interested parties, including international medical graduates, to provide input into its current review of the utility and portability of Pre-Employment Structured Clinical Interviews.

To promote transparency, the Medical Board of Australia should also provide regular updates on the review on its website, and at the conclusion of the review publish its findings. (*para 5.66*)

Recommendation 21

The Committee recommends that the Medical Board of Australia review whether the current English Language Skills Registration Standard is appropriate for international medical graduates.

The review should include consideration of:

- whether the International English Language Testing System and Occupational English Test scores required to meet the English Language Skills Registration Standard is appropriate; and
- the basis for requiring a pass in all four components in a single sitting. (*para 5.85*)

Recommendation 22

The Committee recommends that the Medical Board of Australia negotiate with providers of the International English Language Testing System and Occupational English Test with a view to requiring that detailed, qualitative written feedback on each component of the English Language test be provided in writing to international medical graduates to enable identification of areas of deficiency which may be rectified. (*para 5.87*)

Recommendation 23

The Committee recommends that the Medical Board of Australia extend the period of validity for English language proficiency test results as prescribed by the English Language Skills Registration Standard to a minimum period of four years. (*para 5.102*)

Recommendation 24

The Committee recommends that the Medical Board of Australia/Australian Health Practitioners Registration Agency provide the Australian Government Department of Immigration and Citizenship with direct access to information on its registration database as necessary to determine granting of a visa for employment purposes. (*para 5.113*)

Recommendation 25

The Committee recommends that the Australian Government Department of Health and Ageing produce and publish on its website a comprehensive guide detailing how District of Workforce Shortage (DWS) status is determined and how it operates to address issues of medical practitioner workforce shortages. The guide should include detailed information on the following:

- the methodology of DWS determination;
 - frequency of DWS status review; and
 - criteria for benchmarking of appropriate workforce levels.
- (*para 5.140*)

Recommendation 26

The Committee recommends that the Australian Government Department of Health and Ageing consult with state and territory government departments of health to agree on nationally consistent and transparent approach to determining Area of Need (AoN) status based on agreed criteria. Consideration should also be given to improving the alignment between the AoN and Districts of Workforce Shortage. (*para 5.145*)

Recommendation 27

The Committee recommends that the Department of Health and Ageing, in association with Health Workforce Australia, examine options for a planned, scaled reduction in the length of the 10 year moratorium so that it is consistent with the average duration of return of service obligations that apply to Australian graduates of Bonded Medical Places. Workforce modelling should be used to determine the implications for workforce preparation, transition, training and distribution. The outcomes should be made publicly available. (*para 5.160*)

Recommendation 28

The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, Australian Medical Council and specialist medical colleges, publish data against established benchmarks on their websites and in their annual reports, on the average length of time taken for international medical graduates to progress through key milestones of the accreditation and registration processes. Information published on websites should be updated on a quarterly basis. (*para 6.15*)

Recommendation 29

The Committee recommends that AHPRA's annual report, with respect to the functions carried out by the MBA must also include a number of other key performance indicators providing further information to IMGs. In the Committee's view, these indicators must include (but should not be limited to):

- the country of initial qualification for each IMG applying for Limited Registration;
- the number of complaints and appeals which are made, investigated and resolved by IMGs to AHPRA, the AMC and specialist medical colleges; and

- the number and percentage of IMGs undertaking each registration pathway (including workplace-based assessment) and their respective pass and failure rates for:
 - ⇒ Australian Medical Council Multiple Choice Question Examination;
 - ⇒ Australian Medical Council Structured Clinical Examination;
 - ⇒ AHPRA's Pre-Employment Structured Clinical Interview (PESCI);
 - ⇒ the MBA's English Language Skills Registration Standard;
 - ⇒ other MBA Registration Standards including Criminal History Registration Standard; and
 - ⇒ processes of specialist medical colleges including college interviews, examinations and peer review assessments. (*para 6.18*)

Recommendation 30

The Committee recommends that where an international medical graduate considers that the processes prescribed under the National Registration and Accreditation System have placed them at a significant disadvantage compared to their circumstances under the processes of former state and territory medical boards, that the Medical Board of Australia investigate the circumstances, and if necessary rectify any registration requirements to reduce disadvantage. The process and procedure for review should be clearly outlined. Any review should be conducted in a timely and transparent manner. (*para 6.38*)

Recommendation 31

The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency ensure that computer-based information management systems contain up-to-date information regarding requirements and progress of individual international medical graduate's assessment, accreditation and registration status to enable timely provision of advice. (*para 6.46*)

Recommendation 32

The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency implement appropriate induction and ongoing training for all employees responsible for

dealing with inquiries. This training should include among other things, an understanding of the overall system of accreditation and registration so that referrals to other organisations can be made where necessary. (*para 6.48*)

Recommendation 33

The Committee recommends that the Medical Board of Australia, in conjunction with the Australian Medical Council and specialist medical colleges, develop a centralised repository of documentation supplied by international medical graduates (IMGs) for the purposes of medical accreditation and registration.

The central document repository should have the capacity to:

- be accessed by relevant organisations to view certified copies of documentation provided by IMGs;
- be accessed by relevant organisations to fulfil any future documentary needs for IMGs without the need for them to resubmit non time-limited documentation multiple times;
- form a permanent record of supporting documentation provided by IMGs; and
- comply with the Australian Government's Information Privacy Principles and *Privacy Act 1988* (Cth). (*para 6.62*)

Recommendation 34

The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, the Australian Medical Council, and specialist medical colleges consult to develop consistent requirements for supporting documentation wherever possible. These requirements should be developed with a view to further reducing duplication by preventing the need for international medical graduates (IMGs) to lodge the information more than once and in different forms and formats.

This documentation should form part of an IMG's permanent record on a central document repository. (*para 6.71*)

Recommendation 35

The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Registration Agency amend requirements so that Certificates of Good Standing provided by past employers remain valid for a period of 12 months, noting the following:

- where there is a period of greater than three months since the last Certificate was issued, applicants must certify that they have not been employed in medical practice during that period; or
- where applicants have been employed in medical practice since issuing of the last Certificate, additional Certificate(s) of Good Standing must be provided.

Certificates of Good Standing should also be available on a central document repository. (*para 6.82*)

Recommendation 36

The Committee recommends that specialist medical colleges should consult with one another to establish a uniform approach to the fee structure applied to international medical graduates (IMGs) seeking specialist accreditation in Australia. This fee structure should be justified by the provision of clear and succinct fee information published on the Australian Medical Council and relevant college's websites, itemising the costs involved in each stage of the process. IMGs should be informed about possible penalties which may be applied throughout the assessment process. (*para 6.99*)

Recommendation 37

The Committee recommends that the Medical Board of Australia/ Australian Health Practitioner Registration Agency, the Australian Medical Council and specialist medical colleges review the administrative fees and penalties applied throughout the accreditation and assessment processes to ensure that these fees can be fully justified in a cost recovery based system. (*para 6.100*)

Recommendation 38

The Committee recommends that the Australian Medical Council and the Medical Board of Australia/ Australian Health Practitioner Regulation Agency increase awareness of administrative complaints handling and appeal processes available to international medical graduates (IMGs) by:

- prominently displaying on their websites information on complaints handling policies, appeals processes and associated costs; and
- ensuring when IMGs are advised of adverse outcomes of any review, that the advice contains information on the next step in the appeal process. (*para 6.120*)

Recommendation 39

The Committee recommends that the Medical Board of Australia extend the obligations it applies to employers, supervisors and international medical graduates in its *Guidelines – Supervised practice for limited registration* to include a commitment to adhere to transparent processes and appropriate standards of professional behaviour that are in accordance with workplace bullying and harassment policies. (*para 6.141*)

Recommendation 40

The Committee recommends that Health Workforce Australia, in consultation with key stakeholders, develop and implement a program of orientation to be made available to all international medical graduates (IMGs) and their families to assist them with adjusting to living and working in Australia. In addition to detailed information on immigration, accreditation and registration processes, the program should include:

- accommodation options, education options for accompanying family members, health and lifestyle information, access to social/welfare benefits and services, and information about ongoing support programs for IMGs and their families;
- information on Australia's social, cultural, political and religious diversity; and
- an introduction to the Australian healthcare system including accreditation and registration processes for IMGs, state and territory health departments and systems along with Medicare.

An integral part of the orientation program should be the development of a comprehensive package of information which can be accessed by IMGs and their families prior to their arrival in Australia. (*para 7.31*)

Recommendation 41

The Committee recommends that Health Workforce Australia, in consultation with key stakeholders, develop a nationally consistent and streamlined system of education and training supports for international medical graduates.

The consultation should include specific consideration of the following:

- strategies for facilitating access for IMGs working in regional, remote and rural locations, including:
 - ⇒ the potential for the innovative use of new technologies including tele/video-conferencing and internet;

- ⇒ the adequacy of locum relief where IMGs need to be absent from their practice to access education support; and
- ⇒ the adequacy of financial assistance for IMGs who need to travel to access educational and training supports.
- strategies for extending eligibility to educational and training support programs to temporary resident IMGs seeking full registration in Australia and permanent residency; and
- the financial and resource implications associated with providing wider access to educational and training supports. (*para 7.71*)

Recommendation 42

The Committee recommends that Health Workforce Australia, in consultation with key stakeholders, develop a cohesive and comprehensive system of ongoing support options for IMGs and their families as an integral part of its National Strategy for International Recruitment. Such a system should include at a minimum, a particular emphasis on the educational needs of children, along with support and employment prospects for spouses. (*para 7.89*)

Recommendation 43

The Committee recommends that Health Workforce Australia (HWA), as part of its National Strategy for International Recruitment program, examine options for establishing a one-stop shop for international medical graduates (IMGs) seeking registration in Australia. Serious consideration should be given to the feasibility of providing an individualised case management service for IMGs.

In developing the most suitable model for such a service, HWA should consider the proposed scope of this service and the range of assistance provided, having regard to available resourcing. (*para 7.109*)

Recommendation 44

The Committee recommends that the Australian Government Department of Health and Ageing expand the DoctorConnect website to include a register of support services available to IMGs in the various agencies around Australia, including information on:

- details of location;
- eligibility;
- duration and timing;

- cost; and
- whether the program is available electronically/remotely.
(*para 7.118*)

Recommendation 45

The Committee recommends that the Australian Government Department of Health and Ageing provide a telephone help line to answers questions and provide clarification on information provided on the DoctorConnect website.
(*para 7.120*)

