A.O.C. Submission No. 148
(Overseas Trained Doctors)
Date: 25/05/2011

The Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

22 May 2011

Dear Secretary:

The University of Wollongong's Graduate School of Medicine was created to graduate doctors who have the competencies required and commitment to practise medicine in regional, rural and remote areas of Australia. The school is young with our first cohort of doctors having graduated in December 2010. Our students are preferentially selected on the basis of their demonstrated attachment to regional, rural or remote areas, and all required clinical placements occur in these areas. A defining feature of our program is that all students spend two academic terms (one year) attached to a general practice in regional, rural or remote Australia – this placement includes regular clinical experiences in the local hospital. While almost all Australian medical schools provide opportunities for some of their students to gain experiences in regional, rural or remote areas, no other medical school requires that all its students spend one year in these areas. We will consider ourselves successful if upon completing their specialty training (including GP training) at least 75% choose to practise medicine in a regional, rural or remote area in Australia.

As noted in the Committee's Terms of Reference the focus of the inquiry is on overseas trained doctors (OTDs). OTDs comprise a significant portion of the rural medical workforce, and few would argue that without their contributions there would be a crisis situation in terms of the rural medical workforce. But if Australia is to achieve national self-sufficiency in terms of its health workforce supply (as stated in the National Health Workforce Strategic Framework), it must institute policies that gradually reduce its reliance of OTDs while simultaneously increasing the number of Australian trained doctors who work in rural areas. Problems with the current system from the perspective of assessment of OTDs' credentials as well as supervision and support while they attempt to meet registration requirements are described in a number of submissions to the Committee. There is little doubt that for the foreseeable future OTDs will continue to be needed to address current and anticipated medical workforce shortages in rural Australia. However, in this submission we focus on the other part of the rural medical workforce problem – that being increasing the number of graduates of Australian medical schools who elect to work in rural areas. We believe this is an appropriate strategy for Australia for a range of reasons.

- All Australian medical schools enroll international students, and many of these students decide during the course of their studies that they would like to practise medicine in Australia. For example, we admit up to 12 international students into our medical program each year. An informal survey of these students suggests most

would like to stay in Australia. Among our first cohort of graduates 6 of the 7 from North America expressed a clear desire to remain in Australia – a similar situation is projected for our international medical students who will graduate this December. Thus over a 4-year period our medical school alone could produce up to 32 international medical graduates who want to continue their training and then practice in Australia. In the case of our graduates we would expect a majority of them would choose to practice in a regional, rural or remote area. Thus rather than continuing to recruit OTDs as a primary strategy for resolving the rural medical workforce problem, we believe it is preferable to reduce our reliance on this strategy and devote some of the resources to retaining international graduates of Australian medical schools, and especially those who indicate a desire to practice in regional, rural or remote Australia.

- International student graduates are likely to have good to excellent command of the English language. The importance of this to the practice of safe and effective medicine should not be underestimated. For example, it has been estimated that the medical history contributes 60% or more to the final diagnosis (Markert et al., 2004; Hampton et al., 1975). Woloshin and colleagues (1995) have noted that "...skillful use of language endows the history with its clinical power and establishes the medical interview as the clinician's most powerful tool". The importance of efficient and effective communication is even greater in emergency situations. Thus if an OTD has a limited command of the English language the chances of miscommunications with patients and doctor colleagues are significantly increased resulting in an increased chance of a medical error or omission. Since OTDs are required to get a minimum score of 7 on each of the four components of the IELTS examination (or an equivalent exam), it is assumed that they can communicate effectively with patients and their doctor colleagues. This is assumed as a score of 7 is suppose to indicate that the person can "speak at length without noticeable effort or loss of coherence", "uses vocabulary resource flexibly to discuss a variety of topics", and "frequently produces error-free sentences, though some grammatical mistakes persist" (IELTS Australia). Experience suggests that many OTDs do not actually communicate at an IELTS level of 7 – a lack of command of the English language is especially a problem in rural areas where most of the population speaks English as the first (and often only) language. In the Graduate School of Medicine's situation over 80% of our international medical students are from North America and speak English as their first language. While most international graduates of Australian medical schools are likely to have a good command of the English language, to ensure patient safety it is reasonable to require that all medical graduates from non-English speaking countries demonstrate their English language competency via the IELTS examination or an equivalent, approved examination.
- There is little, if any, cost associated with 'recruiting' international graduates of Australian medical schools to work in rural areas as those interested would have self-identified during the medical studies. This is in clear contrast to recruitment of OTDs. Recruiting OTDs to work in rural areas or areas of designated need can take months to years, depending on the medical specialty. In addition, there are significant costs associated with advertising available positions, employing search firms to identify possible candidates, bring the candidates to Australia for interviews and assisting with relocation. For example, in the Illawarra we have been trying to

recruit an OTD with a specialty in neurology for almost two years. There have been significant costs associated with this recruitment (designated as an 'area of need' position) – as one would expect over the recruitment time period the waiting time for patients to see a neurologist have continued to increase. By retaining international graduates of our medical school and working to create new advanced training opportunities in areas such as neurology, over time we could become self-sufficient producing GPs and other medical specialists who have the desire and capacity to work in the Illawarra and its surrounding rural areas.

- In most Australian medical schools up to 25% of the students will have had some experience with rural medicine – at Wollongong all of our students, including international students, will have experienced a 1-year clinical placement in a regional, rural or remote area. These students will have experienced the culture of rural Australia and should have a reasonable understanding of how to live and work effectively in these areas. International graduates of all Australian medical schools will have an understanding of the Australian health care system and how medicine is practiced in this country. They would be expected to be aware of issues such as patient-centred care and informed consent, and have the knowledge and skills to practice medicine safely in an internship position. They are also likely to be aware of national health priorities and national health initiatives. In essence, they are a known and endorsed 'commodity', and in that sense are ready to practice medicine in a supervised environment (ie, internship). They will still require support if they choose to work in rural areas, but most likely about the same level of support that other Australian trained doctors working in rural areas currently require. OTDs on the other hand require significant, ongoing support in the form of clinical supervision, English language support, support related to preparing for registration-related examinations, and support related to understanding how to operate effectively and efficiently within the health care system.

From the Graduate School of Medicine's perspective the actions we request the Committee consider to address the rural medical workforce shortage include:

- Commit to having a reduced reliance on OTDs as a primary solution to the rural medical workforce shortage problem.
- Institute economic and other incentives as well as various types of support (eg, connectivity) for doctors working in regional, rural or remote areas.
- Ensure international graduates of Australian medical schools have the opportunity to complete their internship and advanced training in Australia, and subsequently secure permanent resident status, depending on their commitment to work in a regional, rural or remote area in Australia or a designated 'area of need'.

Respectfully submitted,

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References:

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