Inquiry into Registration Processes and Support for Overseas Trained Doctors

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Rural Health West

Submission to the Standing Committee on Health and Ageing: Inquiry into registration processes and support for Overseas Trained Doctors.

Belinda Bailey
Chief Executive Officer
Rural Health West
[redacted]

CONTENT

ABBREVIATIONS

ACLS	Advanced Cardiac Life Support
ACRRM	Australian College of Rural and Remote Medicine
AEG	Ad Aendum Gradum
AGPT	Australian General Practice Training
AMC MCQ	Australian Medical Council Multiple Choice Question
AMS	Aboriginal Medical Service
AUN	Area of Unmet Need
BLS	Basic Life Support
Dip O & G	Diploma Obstetrics and Gynaecology
DWS	District of Workforce Shortage
ED	Emergency Department
EICS	International Credentials Service
GP	General practitioner
JCPTGP	Joint Committee on Postgraduate Training for General Practice
KPI	Key Performance Indicators
MBBCh	Bachelor of Medicine, Bachelor of Surgery, Ireland
MBBS	Bachelor of Medicine and Bachelor of Surgery
MBChB	Bachelor of Medicine, Bachelor of Surgery, United Kingdom
MICGP	Member of the Irish College of General Practitioners
MPH	Masters of Public Health
MRCGP	Member of the Royal College of General Practitioners, United Kingdom
OSCE	Objective Structured Clinical Exams
OTD	Overseas Trained Doctor
PESCI	Pre-employment Structured Clinical Interview
RACGP	The Royal Australian College of General Practitioners

INTRODUCTION

Rural Health West welcomes the Australian Governments inquiry into registration processes and support for Overseas Trained Doctors.

Rural Health West is the leading rural workforce agency for rural and remote Western Australia. For more than 15 years Rural Health West has been in the business of medical recruitment and retention. Core services delivered include international recruitment under the auspices of Bush Medicos.

As a result of our experience, Rural Health West has developed expert knowledge about the health workforce in rural and remote Western Australia and has demonstrated a strong track record of partnership and collaboration with individual general practitioners, general practices, non-government agencies, local, State and Australian Governments.

BACKGROUND TO WESTERN AUSTRALIAN RURAL AND REMOTE GENERAL PRACTITIONER WORKFORCE

Between 2000 and 2008 rural and remote Western Australia relied on international recruitment of approximately 120 new Overseas Trained Doctors (OTD) per annum to meet general practitioner (GP) turnover and ensure a small growth in total GP workforce numbers. The OTDs were largely recruited from India, Sri Lanka and Africa. In 2011, GP workforce in rural and remote Western Australia continues to rely on OTDs who make up 52% of the GP workforce.

However, concurrent with the 2008 national changes to the entry pathways, assessment and registration processes for OTDs, regional Western Australia has seen an 80% reduction in the number of OTDs being recruited into this state.

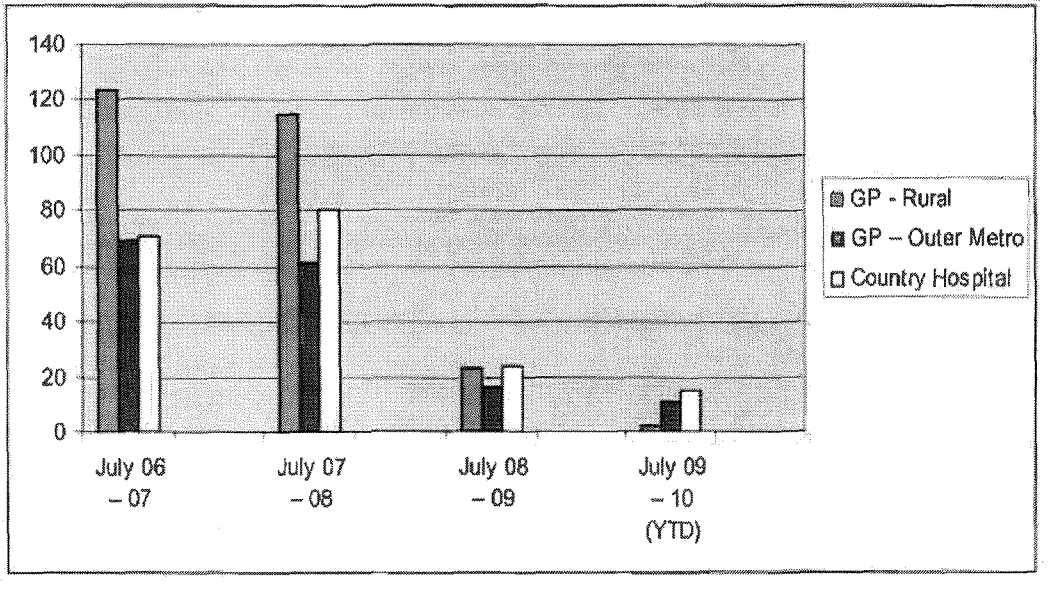
There are two significant time points in the implementation of the national changes which clearly correlate with reduced numbers of OTDs entering country Western Australia:

1. July 2008 the National Assessment Process for OTDs required successful completion of the Australian Medical Council – Multiple Choice Question (AMC – MCQ) as a pre-requisite to Step 1 of the process, ie approval for initial assessment under the standard pathway.

2. January 2009 the Medical Board of Western Australia implemented the National Assessment requirement for a mandatory Pre-employment Structured Clinical Interview (PESCI).

The impact on the number of applications to the Medical Board of Western Australia for registration of OTDs to work in rural Western Australia is highlighted in Graph 1.

Graph 1: Medical Board applications for registration by OTDs



The influence of the National Assessment Process on rural Western Australian communities has impacted in the following ways:

As at November 2010:

- Seven Western Australian rural towns had no permanent GP, an increase of six in 12 months.
- There were 78 advertised private practice GP vacancies in country Western Australia, an increase of 12 in 12 months.
- Country hospitals were down approximately 25 hospital medical officers.

For the foreseeable future Western Australia will continue to rely on OTD general practitioner workforce to ensure rural/remote communities have **basic access** to primary medical health care. It is essential to identify improvements and solutions to the existing impediments in the national system.

Additionally, it is imperative that significant attention is given to retaining the existing rural GP workforce. There are approximately 50 OTDs in rural general practice (and Aboriginal Medical Services) in Western Australia, who have not achieved Fellowship of a specialist medical college and who are on a moratorium. This number does not include OTDs in country hospitals, metropolitan hospitals, and/or outer-metropolitan general practice. This cohort of OTDs is at risk of being de-registered from the medical workforce unless they successfully complete vocational registration in the coming two to three years.

INQUIRY INTO REGISTRATION PROCESSES AND SUPPORT FOR OVERSEAS TRAINED DOCTORS

Term of Reference 1:

Issues with current registration administrative processes and accountability measures

Five actual case studies and three anecdotes are presented in this submission to highlight issues with current registration administrative processes and accountability measures (see Attachment 1). The issues highlighted are recurring issues experienced by Rural Health West, other recruitment agencies, practices and individuals.

The purpose of presenting detailed examples of the assessment and registration process is not to impugn any particular agency or individual, rather to highlight the problems in a national system which is not serving the best interests of rural communities across Australia.

The case studies are also intended to highlight the many layers of complex, multi-agency processes required to work as an OTD in rural Australia. Registering an OTD to work in Australia is not a one-size-fits-all process; it is a highly complex, resource intensive and individualised process. The examples highlight key problems within the system, including, but not limited to:

- Multiple agencies involved in the assessment and registration process.
- Individual agency roles remain unclear, each agency lacks understanding of other agencies requirements and processes.
- Multiple duplication of information requirements from OTDs.
- A perception within the rural general practice community that the difference in registration requirements for The Royal Australian College of General Practitioners (RACGP) Specialist Pathway, Category 1 doctors (ie Canada, New Zealand, United Kingdom) and Category 2 doctors (eg South Africa, Denmark, Netherlands, Belgium etc) is excessive and perverse compared to the difference in practical knowledge and skills between the category of doctors.
- PESCI's are conducted by a range of different agencies across Australia, which promotes a nationally **inconsistent** process.
- Cost of face-to-face PESCIs is a deterrent, especially when associated with the travel and accommodation expenses for OTDs who come to Australia just for a PESCI.
- Lack of access to a central information portal with 'all steps' and contingency options for OTDs, recruiters, practices and individuals.
- A perception that key agencies are under resourced for the processes required to be completed, resulting in extremely poor customer service.

- The expenses paid by the OTD just to comply with the general practice registration process can be greater than $20,000, which is a deterrent to choosing Australia.

- There is a lack of compassion and understanding within the agencies about the urgency felt by rural communities who are desperate for GP services.

- There is a lack of understanding by rural communities about the quality and safety agenda underpinning the changes to the National Assessment and Registration processes.

It is essential that a range of solutions and strategies be identified, resourced and implemented to improve the current processes for the benefit of rural patients and communities.

Potential Solutions

- The Commonwealth should conduct a national mapping exercise of all the processes involved for a range of potential recruits, and remove processes that do not add value and/or are duplicated, eg Australian Criminal Clearance Check for an OTD who has never lived in Australia.

- The mapping exercise should include the processes for the Department of Health and Ageing approval of District of Workforce Shortage (DWS) and access to a Medicare provider number and how this aligns with jurisdictional Area of Unmet Need (AUN) processes.

- Consideration should be given to making one of the existing national agencies more powerful overseeing the entire process. Funding should be determined on achieving successful efficiency and effectiveness key performance indicators (KPIs).

- Increased resourcing should be provided to those agencies 'necessary' to the assessment and registration processes to ensure timely services are provided, for the benefit of the community, including specialist medical colleges.

- Investment should be directed to recurrent, cross agency education and training opportunities for all parties involved with recruiting and registering OTDs, including the Department of Immigration and Citizenship.

- One agency should be specified as the agency to conduct PESCIs, eg the Medical Boards, the College's or an independent agency with a mix of representatives. Processes should be amended to allow for video-conference PESCIs for OTDs living outside of Australia.

- It is recommended the RACGP review the components of the Specialist Pathway to General Practice for Category 2 doctors with a view to amending the qualification requirements and the costs.

Term of Reference 2

Support programs to assist organisations and College's to assist OTDs and promote pathways to:

(a) meet registration requirements.

(b) achieve full Australian qualification.

There are two cohorts of OTDs where support programs are required to assist them meet registration requirements and achieve full Australian qualification.

1. Cohort 1 are those OTDs who are considering migrating to Australia and currently live 'off-shore'.

2. Cohort 2 are those OTDs who are currently working in rural Australia, who are on a moratorium and who have not yet achieved Fellowship of a medical specialist college and are, therefore, at risk of being de-registered.

Cohort 1

In respect to cohort 1, the following recommendations are put forward:

- All new OTDs continue to be required to work in a District of Workforce Shortage/Area of Unmet Need, on a time limited moratorium with concurrent and mandatory professional supervision; and education support strategies. The aim of the professional supervision and educational strategies is to support the OTD to achieve the required professional standards (Fellowship) within the period of the moratorium. The educational support strategies will be funded by the Australian Government, similar to the support currently offered by the "Five Year OTD Additional Assistance Scheme." This model could be jointly administered through a collaboration of the RACGP State Faculties and the jurisdictional based rural workforce agencies.

- A capped number of OTDs per jurisdiction be recruited internationally and provided with a fully funded training position within the Australian General Practice Training (AGPT) Program. These OTDs would be accepted onto the Program with temporary residency status, be placed in a modified rural pathway and a five year moratorium to a DWS/AUN. The Rural Workforce Agencies would recruit suitable applicants to apply to AGPT for this pathway. In addition the rural workforce agencies would prioritise areas with critical shortages of GPs to place these candidates, ensuring supervision is achievable. The Rural Workforce Agency would be responsible for providing recruitment and registration support.

As an example of how this process might occur, a simplified step-by-step example is provided

Step 1: Rural Workforce Agency and local GP training provider screen and identify eligible recruits from the following countries:

- Netherlands
- Belgium
- Norway
- Denmark

- Sweden
- Singapore
- United States of America.

Step 2: Rural Workforce Agency support OTD with all migration and registration administration. OTD to remain conditionally registered on a temporary visa until GP Fellowship achieved.

Step 3: OTD accepted to a dedicated but modified AGPT 'rural GP training pathway', ie all training posts to be in rural/remote regions.

Step 4: GP Fellowship successfully achieved within a minimum of two and maximum of three years.

Step 5: Achievement of GP Fellowship will enable unrestricted Australian medical registration and permanent Australian citizen residency status.

Step 6: Once Fellowship is achieved, the OTD to remain on the moratorium in an Area of Unmet Need, until five years is completed.

Cohort 2

In respect to Cohort 2, those OTDs currently working in rural Australia, who are on a moratorium and who have not yet achieved Fellowship of a medical specialist college and are, therefore, at risk of being de-registered, the following strategies should be considered:

OTDs could be offered a training place in either the AGPT Program or the Remote Vocational Training Scheme, similar to the strategy outlined above for Cohort 1 OTDs. This would ensure access to a comprehensive program with appropriate support, supervision and educational content to achieve the Australian standard of knowledge and skill.

Alternatively, a range of individualised strategies should be offered, coordinated and funded, eg:

- A personalised, on-site, educational assessment, by an experienced RACGP or ACRRM Fellow with the intention of developing a specific Learning Plan for the OTD.
- Funded educational supervisor and mentor to assist OTD monitor Learning Plan objectives and progress.
- Funded access to workshops which help prepare for Fellowship examinations, especially Objective Structured Clinical Exams (OSCE).
- Access to OTD exam study groups, similar to those being piloted at the RACGP WA Faculty.
- Funded time to take study leave as this is a key issues for time pressured country doctors.

ATTACHMENT 1

Overseas Trained Doctors
Recruitment and Registration Process
Five Case Studies
Three Anecdotes