

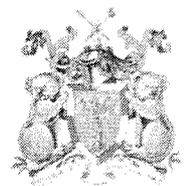


Submission No. 69
(Overseas Trained Doctors)
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AOA SUBMISSION

Inquiry into Registration Processes and Support for Overseas Trained Doctors

4 February 2011



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Introduction

The Australian Orthopaedic Association (AOA) welcomes the opportunity to provide a submission House of Representatives Standing Committee on Health and Ageing inquiry into registration processes and support for overseas trained doctors.

The Australian Orthopaedic Association is the peak professional body for orthopaedic surgeons in Australia. AOA provides high quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community.

AOA objectives are to:

- foster and maintain the highest standard of surgical practice and ethics in orthopaedic surgery
- advance the practice of orthopaedic surgery
- promote research into musculoskeletal conditions
- provide postgraduate education in orthopaedic surgery and, as necessary, accreditation in orthopaedic surgery
- support orthopaedic humanitarian initiatives in Australia and overseas
- foster scientific interchange between orthopaedic surgeons
- act as an authority and adviser in relation to musculoskeletal conditions and orthopaedic surgery.

AOA education and training functions are accredited with the Australian Medical Council (AMC) as a subset of the Royal Australasian College of Surgeons (RACS).

AOA, therefore, is very well placed to provide the Standing Committee with expert advice on matters pertaining to the registration processes and support for overseas trained doctors, in particular specialist doctors.

Terms of Reference

AOA will provide comment on each of the terms of reference individually.

- 1) 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;
 - a. Current processes are explained in great depth on the RACS web site. It may be that OTDs need better guidance to access this site or they lack the information technology to participate.
 - b. The appeals process seems to be difficult for some OTDs to understand so improved explanation would be helpful.
 - c. The community needs to be made aware that assessment is necessary to maintain standards and safe health practices.

- 2) 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.

Currently there would seem to be a disconnect between the process of Area of Need/District Workforce Shortage positions which are determined by Federal and State governments and the specialty colleges/associations that will be responsible for the training/oversight/mentoring and supervision of the overseas trained specialist. This disconnect further impact on the difficulties experienced in the rural sector

- a. The AOA are involved in the initial assessment of the OTDs application and the subsequent interview if that is deemed appropriate.
 - b. Once assessed the OTD may be recommended to take up a position which may be an area of unmet need or another available post. The AOA assess the position and then appoint appropriate supervisors.
 - c. These supervisors are fellows of the AOA and supply 3 monthly reports and log books of the surgery performed and the degree of supervision.
 - d. The OTDs are able to access the local Bone School which is the teaching component that is run by the fellows to prepare candidates for the fellowship exam.
 - e. In some circumstances OTDs are assessed as not requiring to sit the fellowship exam and then undergo a period of oversight for 2 years.
 - f. At all times the supervision assessments are monitored to ensure suitable progress is maintained.
- 3) 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.
- a. The AOA realises that the ability for OTDs to successfully pass the exam is more difficult in regional areas where access to teaching maybe restricted. Similar restrictions mean that supervision of OTDs in regional areas is often less than ideal. It is for these reasons that the AOA strongly support the creation of specific positions for OTDs in the main teaching hospitals prior to them taking up regional posts. This can put pressure on workforce numbers in certain areas if it delays the taking up of posts. It would however give the best form of assessment of the OTDs and allow processes to be put in place if issues were identified.

Recommendations:

AOA recommends that the House Standing Committee:

- Seek further specific input from medical/surgical specialty associations and colleges in conjunction with the overall input sought from the Royal Australasian College of Surgeons as it the specialty association members who provide the on the ground supervision and training of OTD;
- That a working group be established to develop 'minimum supportive clinical services requirements' required for OTD in rural settings ie: availability of radiology, anaesthetic, orthopaedic services

OA representatives would like an opportunity to appear before the Standing Committee to provide further information to assist the Committee deliberations.