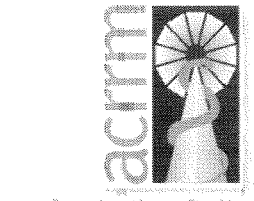
Submission No. 103
(Overseas Trained Doctors)
Date: 22/02/2011



Australian College of
Rural and Remote Medicine

ACRRM submission to the House of Representatives Standing Committee on Health and Ageing

"Inquiry into Registration Processes and Support for Overseas Trained Doctors"

February 2011

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Executive Summary

The Australian College of Rural and Remote Medicine (ACRRM) is an Australian Medical Council (AMC) accredited medical College for the specialty of general practice particularly in the context of rural and remote practice. As approximately 40% of Overseas Trained Doctors (OTDs) work in rural and remote environments and are a critical part of the medical workforce, the College is committed to provide education and support to these doctors to ensure that they have the skills and knowledge base required to provide safe quality medical practice in the communities they serve.

In recognition of the importance of this workforce for the safe medical care for our rural and remote communities, ACRRM has taken a deliberate decision to work across the full spectrum of assessment pathways that OTDs need to traverse in order to fill generalist medical roles.

We understand that ACRRM is currently the only specialist medical College in Australia that is accredited to play an active role in conducting assessments in each of the national OTD assessment pathways, that is:

- The Specialist Pathway for the specialty of General Practice;
- The Competent Authority Pathway for non-specialist medical practitioners; and
- The Standard Pathway for non-specialist medical practitioners.

ACRRM also aims to support specialist and non-specialist OTDs through the following activities and programs:

- Workplace Based Assessment process as an alterative to the AMC clinical exam for doctors on the Standard Pathway
- A College-funded OTD Mentoring Program
- Access to specific education and support program through the Colleges online platform Rural and Remote Medical Education Online (RRMEO)
- A Vocational Training program which allows temporary and permanent resident OTDs with medical registration to undertake formal training towards Fellowship prior to their completing AMC Part 2
- Networking and peer support

ACRRM is guided in its endeavours through strong commitment to seven underlining principles:

- Long term self sufficiency for Australia's rural health workforce;
- The Melbourne Manifesto which is a Code of Practice for the international recruitment of health care professionals;
- Fairness, transparency and supportiveness in assessment processes;
- Maintenance of Australian medical standards through assessment systems that support their maintenance;
- AMC accreditation and the ongoing recognition of their role in maintaining medical standards;

- Area of Need and the need for equity to education and support systems for OTDs working in these areas; and
- Future education and support through increased investment by governments, medical Colleges and other professional organizations.

In addressing term of reference 1 ACRRM has identified areas of difficulty or inconsistencies in the current administrative arrangements and would support strategies to address the inconsistencies in interpretation and assessment processes nationally across authorities under Standard Pathway, improve consistency, accuracy and overall quality in information provision to OTDs in regard to assessment, improve overall quality and scope of support services provided to OTDs particularly from private sector medical recruitment agencies, the mandatory establishment of clearly articulated and transparent appeals processes for all Colleges, an authority established to review current administrative system with the mandate to improve time delays between agencies and stages of immigration, assessment, employment and registration and the development of a system wide community education program.

In addressing term of reference 2 ACRRM has identified the need to increase investment in the education, training, supervision and support services being offered to OTDs and would support increased funding for the development and implementation of a broader range of support services particularly work based place assessment, mentoring and online education. ACRRM would strongly support investment in capacity building of the rural medical workforce particularly the need for investment in developing and maintaining good teaching and supervision capacity and through financial incentives to support OTDs undertaking learning and assessment.

In addressing term of reference 3 ACRRM has identified a number of impediments for OTDs choosing the Fellowship route including; misunderstanding as to vocational training and assessment options for obtaining Fellowship due to inconsistent and inaccurate information available to OTDs; lack of investment by government in alterative pathways and lack of investment to support programs to assist OTDs move along the learning continuum. ACRRM would strongly support the introduction of government funding incentives that assist OTDs with the costs of undertaking training and assessment, for example ACRRM's Independent Pathway which is well suited to OTDs but is currently a user-funded program. Assistance with learning and assessment cost would open this pathway to an increased number of OTDs.

Other issues identified by our membership that should be addressed is the lack of access to courses available to OTDs that provides training in occupational English in medical practice as IELTS does not test contextual use. Lack of consistent orientation sessions for OTDs in regard to working in the Australian health care system and the need to develop a common curriculum and the need for additional support for doctors working in AON under the ten year moratorium.

1. Introduction

The Australian College of Rural and Remote Medicine (ACRRM)

ACRRM is accredited by the Australian Medical Council (AMC) to undertake the requisite training and assessment of doctors to enable recognition as a specialist general practitioner.

ACRRM was founded by rural doctors in 1997 for the purpose of establishing the standards for rural and remote medical practice and to provide education and training pathways that skill doctors to work independently and safely in rural, remote or urban environments.

ACRRM administers a number of student programs such as the John Flynn Scholarship Program and Rural Bonded Student Program, works with junior doctors in shared hospital and general practice placements, provides three vocational training pathways which lead to Fellowship and vocational recognition as a general practitioner and ongoing professional development through the Professional Development Program. More detail on ACRRM's training pathways and professional development program can be found on the ACRRM website www.acrrm.org.au.

As part of College's commitment to safe and quality medical practice ACRRM also offers a variety of unique programs for the assessment and support of Overseas Trained Doctors (OTD) who make up approximately 40% of the medical workforce in rural and remote communities across Australia. These programs are overseen by the International Medical Graduate (IMG) Assessment Committee which is a committee of the ACRRM Board and administered through the IMG Program Unit within ACRRM.

In recognition of the vital role that OTDs play in caring for rural and remote people throughout Australia and of our College's responsibility to ensure safe medical care for those communities, ACRRM has taken a deliberate decision to work across the full spectrum of assessment pathways that a generalist OTD may need to traverse in order to fill a generalist medical role in Australia.

ACRRM has been accredited by the AMC to conduct assessments in each of the national OTD assessment pathways, that is:

A. The Specialist Pathway for the specialty of General Practice;
B. The Competent Authority Pathway for non-specialist medical practitioners; and
C. The Standard Pathway for non-specialist medical practitioners.

The following is a summary of ACRRM's processes and activities in the area of OTD assessment and support details can also be found on the ACRRM website.

A. ACRRM's Specialist Pathway

ACRRM's Specialist Pathway is accredited by AMC as a national assessment process including for Area of Need for doctors with recognized overseas qualifications. The pathway leads to Fellowship of ACRRM which confers medical registration as a specialist general practitioner and vocational recognition for the purposes of Medicare.

Doctors with recognized general practice qualifications apply to AMC and if the doctor chooses ACRRM as their assessing College ACRRM is notified by AMC and sent the relevant paperwork.

As a first step the College conducts a paper based assessment to deem if the doctor is potentially substantially or partially comparable to a Fellow of ACRRM, if so they will then be interviewed by a panel of three Fellows of the College. The purpose of the interview is to confirm the applicant's skills, knowledge and experience and to establish their level of comparability. If the doctor is also applying for an Area of Need position, their skills, knowledge and experience for that position is also assessed.

If an applicant is deemed "substantially comparable" they enter a period of peer review which is normally 12 months. ACRRM in consultation with the applicant and their ACRRM approved supervisor will draw up a learning plan which sets out the learning objective that must be successfully completed during this period if the applicant is to be considered fully comparable and recommended for Fellowship. The learning objectives are set against the applicant's skills or knowledge shortfalls against the ACRRM curriculum indentified in interview e.g. Aboriginal health. The applicant is also required to successfully complete a multi-source feedback (MSF) assessment during this period.

If an applicant is deemed "partially comparable" then they will enter a period of peer review which is normally up to two years. The learning plan process is the same but there will be a greater amount of learning and assessment required.

ACRRM opened its Specialist Pathway in April 2010 to date ACRRM has assessed 10 OTDs under this pathway, 7 have been deemed substantially comparable to an ACRRM trained Fellow and 3 have been deemed partially comparable.

B. ACRRM's Competent Authority Pathway Work-place Based Assessment

The Competent Authority work-place based assessment process for general practice is the first of its kind and incorporates a MSF and supervisor reports as the tools to appropriately assess OTDs in the work-place. Until now doctors entering practice through the Competent Authority Pathway (CAP) have been limited to hospital positions as AMC could not be sure that in general practice the supervisor report model of assessment was not without the potential for conflict of interest. ACRRM has only just recently opened this pathway and are now taking enrolments.

C. ACRRM's Standard Pathway

C (i) Pre-Employment Structured Clinical Interviews (PESCI)

ACRRM conducts PESCI for OTDs on the Standard Pathway. ACRRM has been conducting interviews on behalf of the Medical Board of Queensland for the past 14 months and in that time have conducted 241 interviews. The College is also in discussions with a number of other states regarding introduction of ACRRM PESCI assessments.

The PESCI process follows the requisite national standards for this mode of assessment as determined by the COAG guidelines and accredited by the AMC.

C (ii) Workplace Based Assessment

ACRRM is currently implementing a pilot program of Workplaced Based Assessment for OTDs on the Standard Pathway. This program is designed to provide an alternative to the AMC Clinical exam for those OTDs working in general practice settings.

For sometime now there have been concerns in regard to the time it takes for doctors to get into the AMC clinical exam. In response to this, DoHA and AMC have been supporting the conduct of five pilot Workplace Based Assessment models in hospital settings and now thanks to funding support from DoHA ACRRM can design a similar model for general practice. This will be of benefit particularly for OTDs working in rural and remote settings as it will not only provide additional opportunities for assessment but will enable the doctor to be assessed in their own communities limiting the need for them to travel away from the community which can cause disruption to medical services.

C (ii) Mentoring

ACRRM is conducting a pilot mentoring program for OTDs to assist them in moving through to general registration. At this time it is limited to five doctors who have been referred by the Medical Board of Queensland as ACRRM is funding this initiative through its own member funds.

It has been clearly identified through ACRRM's involvement with the PESCI process there is a significant need for this type of support for OTDs who have experienced difficulty in moving from special purpose registration to general registration for a number of reasons. ACRRM is currently seeking DOHA support to extend this both in terms of numbers and geographic spread so ACRRM can offer a national mentoring program. For further details please refer to ACRRM response term of reference 2.

Underlining Principles

ACRRM appreciates the opportunity to respond to this inquiry and have developed this submission based on seven key principles which ACRRM believes are fundamental in the development and implementation of policies and programs to address medical workforce issues including the recruitment of OTDs as an important part of the medical workforce in rural and remote Australia.

1. Long term self sufficiency for Australia's rural health workforce

The National Health Workforce Strategic Framework (2004) calls for the focus to be on national self sufficiency and acknowledges that underinvestment has influenced approaches to self sufficiency and use of OTDs to meet workforce needs particularly in Areas of Need (AON).

The Productivity Commission report (2005) recognized Australia's current reliance on an internationally trained health workforce and the need for compliance with ethical protocols in recruitment. The report acknowledges medical workforce shortages and misdistribution issues particularly in regard to AON and the number of OTDs filling these positions. ACRRM agrees with the reports identification of the need to continue to progress self sufficiency and adoption of a range of measures including:

- Progressively increase locally trained doctors;
- Improving the capacity and productivity of education and training; and
- Continuing to develop effective recruitment and retention approaches.

2. Melbourne Manifesto

The principle of self sufficiency is one of the subjects incorporated into the Melbourne Manifesto to which ACRRM is a signatory. The Melbourne Manifesto was developed at the World Organization of Family Doctors (Wonca) World Rural Health Conference held in Melbourne in 2002 and is a Code of Practice for the International Recruitment of Health Care Professionals (HCP).

The code is based on the following principles:

- It is the responsibility of each country to ensure that it is producing sufficient HCPs for its own current and future needs; is retaining them; and is planning for both rural and urban areas.
- International recruitment is related to an inability on the part of individual countries to satisfy their own workforce needs.
- The principles of social justice and global equity, the autonomy and freedom of the individual, and the rights of nation states, all need to be balanced.
- Integrity, transparency and collaboration should characterize any recruitment of HCPs.
- International exchanges of HCPs are an important part of international health care development.

- Countries that produce more HCPs than they need may continue this contribution to global health care.

These principles have significantly influenced the development of a Global Code of Practice, by the World Health Organization (WHO) which was adopted by the World Health Assembly in 2010. This code was initiated following the Kampala Declaration in 2008 and the subsequent G8 communiqués (2008).

3. Fairness, transparency and supportiveness

ACRRM believes that assessment processes must be fair, transparent and supportive but rigorous to ensure safe and quality services to communities. The WHO code stresses that "international recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and mutuality of benefits".

4. *Maintenance of Australian medical standards*

ACRRM believes that all assessment systems must support the maintenance of Australian medical standards to ensure safe, quality health care for all Australians. This should be true for both the assessment systems for Australian graduates as well as for doctors trained overseas.

5. *AMC accreditation*

ACRRM supports AMC as the accreditation body and believes that the development of Specialist Pathway, Competent Authority Pathway and Standard Pathway assessment processes are valid as each end point supports the maintenance of and are in line with those required for Australian trained doctors to obtain registration e.g. Specialist Pathway requires education, training and assessment equivalent to those of an Australian Fellow to obtain specialist registration, Competent Authority is calibration to PGY1 = general registration and Standard Pathway provides special registration time to enable the non-specialist doctor to undertake AMC accredited education, training and assessment required to obtain either specialist or general registration.

6. *Area of Need*

ACRRM believes that OTDs who fill an AON position must be given additional support. There are a high number of OTDs working in isolated remote practices with limited support systems. This must be addressed if they are to have equity to education and support system that will assist them in obtaining Australian qualifications.

7. *Future education and support*

ACRRM strongly believes that not only should improvements be made to assist OTDs in the registration process but future investment focus of governments, medical

Colleges and other professional organizations must include the post employment/registration components of the system to ensure once an OTD is working in Australia they are adequately supported through improved supervision, mentoring, education, training and ongoing professional development to obtain full registration.

2. Terms of Reference

Term of Reference 1

Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand Colleges' assessment processes, appeals mechanism be clarified and the community better understand and accept registration decisions.

Entry processes for OTDs are complex and interrelated involving multiple agencies and, until relatively recently, there were marked differences in processes between each State and Territory. The Council of Australian Governments (COAG) decision to introduce National Registration in July 2010 has brought some much-needed consistency to assessment and registration processes including Area of Need. This has removed one significant layer of difficulty from the system and has the potential to streamline some administrative arrangements for certain other aspects such as allocation of Medicare Provider Numbers.

The change management process between the old and new registration arrangements was not smooth but does seem to be improving. ACRRM is aware that many organisations and individuals were significantly affected at both a professional and personal level by the lack of clear, consistent and correct information about requirements, lack of communication channels and lack of ability to escalate urgent matters for resolution. For OTDs the ineffectiveness of the system had the flow on implication of compounding other highly significant issues such as immigration decisions/arrangements, employment offers, confidence in decisions to relocate their families etc.

The other impact of the change to national registration that was relatively poorly managed on the ground at the time was transition arrangements for OTDs with existing limited registration. There was a lack of clear communication about the impact that the new arrangements would have on these doctors. Furthermore it seemed each jurisdiction set different requirements and protocols which led to further confusion. Feedback from members at the time indicated the following factors:

- Poor communication and transparency by medical board of policies regarding new requirements (e.g. IELTS) and progression timeframes to gain Australian qualifications;
- Policies and processes did not provide adequate allowance for time required to meet new requirements at same time as meeting employment commitments;
- Increased costs for new requirements;
- Lack of willingness by boards to communicate personally with OTDs impacted by these changes;
- No apparent ability to apply discretion in how to manage individual cases/applications;
- Failure to introduce supported transitional learning plans including increasing opportunities to study and re-skill particularly in the Area of Need/limited registration status context;
- Limitations on OTD to be able to access requisite assessment (e.g. time delay incurred in gaining place on AMC Clinical exam); and
- Poor understanding by recruiters regarding expectations of boards.

The National Accreditation and Registration process has now been in place for seven months and the responsiveness of the system is improving, as is understanding of the system by key stakeholders and individuals.

There is an ongoing need to review the current administrative systems to identify blockages and set systems that will streamline stages through improve coordination and collaboration between agencies. Issues include:

- Time delays between agencies and stages of immigration, assessment, employment and registration. OTDs have responsibility for navigating the system themselves, which is complex and the lack of a cross agency collaborative agreement in regard to co-ordination and administration of the current system contributes to these time delays.
- An issue that can contribute to time delays is the rigidity within the system e.g. statements of good standing can be hard to get from authorities in countries that have relatively poor organizations for their profession and from countries with significant political unrest. There is no 'back up system' to address such issues and there is the need to incorporate strategies into cross agency collaborative systems that while maintaining rigor provides a viable alterative route to follow.
- There is also the need for agencies to work together to ensure consistent, accurate, and articulated messages and to increase capacity for localizing the messaging. Currently information is fragmented and agency centric.
- Each agency has its own documentation and verification requirements and there is little information sharing or transfer of documentation between agencies e.g. every agency wants a copy of the OTDs' passport so many certified copies have to be made and submitted with certified copies of qualifications which they also have to make several copies of and submit to the next agency etc. The establishment of a centre information collection

agency with the authority to collect all information required by the system validates it and make available to authorized agencies would limit delays. An example of this is the current system for Specialist Pathway where all information application etc is received by AMC who check all requirements have been meet and does the primary source verification and provides this directly to the appropriate specialist College hence meeting their administrative needs and that of the specialist College.

The development of a community education program to increase understanding and acceptance of registration decisions required a multi level approach targeted to a number of audiences if there is to be broader understanding. Communities' needs quality, consistent, timely and ease of access to information in regard to registration requirements and to gain an understanding of what are the Australian health care standards, what are the systems that are in place to establish and maintain quality health services through accreditation and educational and training standard for medical practice. There is inconsistent information and misunderstanding in communities generally about registration of the medical workforce and in particular as it relates to OTDs. Australia has one of the best health systems in the world underpinning this are accredited standards of practice.

There is also the need to build capacity in community based organizations to work with and inform communities e.g. Medicare Locals (potentially), Divisions of General Practice etc.

College assessment processes

As previously stated ACRRM is AMC accredited for the conduct of assessment for all three assessment pathways Specialist Pathway for General Practice, Competent Authority Pathway for General Practice and Standard Pathway.

ACRRM's OTD policy framework has been developed in accordance with the directives of the COAG for the implementation of "Nationally Consistent Assessment of International Medical Graduates" and adheres to the AMC standards for assessment of overseas trained doctors. ACRRM's policy framework supports assessment of a broad scope of generalist practice in all general practice settings including urban, regional, rural and remote and joint general practice and hospital positions.

ACRRM supports the rigours of the current policy framework based on the COAG directive but have identified inconsistencies in interpretation and assessment processes nationally across authorities under Standard Pathway. For example while there is a national policy framework and accreditation process for the conduct of PESCIs there is not consistency in regard to who can be accredited to conduct PESCIs. The bodies accredited to conduct PESCIs and the implementation varies across Sates and Territories as it is jurisdictionally based and not nationally consistent.

This inconsistency raises two major issues: (i) the appropriateness of some agencies in the assessment process, and (ii) the ability to apply national standards in the assessment of OTDs on this pathway.

In some States and Territories the 'Rural Workforce Agency' is the accredited assessment body but they are also a recruiter which raises issues of potential conflict of interest. In another it is the Medical Board that conducts the assessment a role that potentially conflicts with its role as the registering agent.

ACRRM strongly supports the introduction of a nationally consistent process for the conduct of PESCIs. PESCI like accredited assessment processes under Specialist Pathway and Competent Authority Pathway should be a nationally consistent process conducted by the AMC accredited specialist College(s) most appropriate to assess the OTDs skills, knowledge and experience for the position for which they are seeking registration particularly general practice in Areas of Need. This would contribute to consistency in assessment outcomes as they would be based on the accredited standards that incorporate the knowledge of clinical skill requirements for scope of practice within that specialty and within the context in which the OTD is applying to work.

If the assessment is not benchmarked consistently against standards and across the stages of the medical training continuum (i.e. calibrated) it can be very confusing and hinder understanding of requirement, assessment processes and the communities understanding of registration decisions. Assessment consistently based on standards also contributes to fairness and transparency in the assessment process.

This would also assist in addressing the need for consistency and accuracy in information provided to OTDs in regard to assessment as it would enable the identification of a primary source of information. It would also support ease of access to information for OTDs given the primary source would be responsible for ensuring information currency and that appropriate information links between key stakeholders are established and maintained.

The availability and quality of information is an issue that has been raised by the ACRRM membership. Other feedback relating to information includes; that information availability is not always timely, usually not correct e.g. Doctor Connect is not up to date, can be very specific and often hard to understand.

While web based information can act as a guide there is the need to compliment this by ensuring there are 'contact points' to enable the OTD to seek individually required clarification. ACRRM would support a review of Doctor Connect with the view to improving its capacity to provide, timely, accurate and consistent information in a manner that is easily understood and the potential to provide a link to appropriate organizations to assist individual queries.

Rural Workforce Agencies play a vital role in providing information and support (particularly case management) to OTDs looking to work in Australia and to OTDs

working toward general or specialist registration. ACRRM would welcome a review of the role and function in regard to information provision and support provided by Rural Workforce Agencies with the view to improving coordination particularly in regard to case management which needs cross agency cooperation and priority.

Further feedback from the ACRRM membership relates to the inconsistencies in overall quality and scope of support services provided to OTDs from the private sector medical recruitment agencies. The issue of poor information being provided has also been raised. Private medical recruiters like Rural Workforce Agencies should play an important role in providing accurate and timely information and support to OTDs and have a well governed accountability system to ensure quality service linked to practice standards. ACRRM would welcome a review of the medical recruitment industry with a view to introducing clear standards and governance for the industry.

College appeals process

ACRRM has a formal appeals policy and process that is open to any OTD on the Specialist Pathway who wishes to have their assessment process reviewed. The College makes all OTDs aware of this policy at the time that their assessment results are conveyed to them. To date, no candidates have availed themselves of this process.

As ACRRM conducts assessments of candidates on the Standard and Competent Authority Pathways on behalf of the relevant state jurisdiction (e.g. Medical Board of Queensland) rather than on behalf of OTD candidates, the appeals processes are set and managed by the registration agency rather than the College.

ACRRM strongly believes the Medical Board of Australia and all of its state agencies should have a clearly stated and consistent appeals process available to OTDs who wish to appeal registration determinations.

ACRRM would give in principle support to the establishment of an external appeals body such as an ombudsman and would recommend the establishment of a national working group to investigate this matter and provide recommendations to government as to the feasibility, roles, functions and governance. Such an independent body should limit the cost of appeal for the OTD and speed the appeal process as it would take it out of the 'legal system'.

Term of Reference 2

Report on the support programs available through the Commonwealth and State and Territory governments, professional organizations and Colleges to assist OTDs to meet registration requirements and provide suggestions for the enhancement and integration of these programs.

The most consistent message received by ACRRM when consulting members was the need to increase investment in the education, training, supervision and support services being offered to OTDs.

ACRRM has implemented a range of services to OTDs which is going some way to address this major shortfall but is restricted by limited funding currently available to ACRRM to further develop specific program particularly for OTDs working in area of need.

Workplace Based Assessment

The Workplace Based Assessment (WBA) pilot has recently been funded by the DOHA as an alterative to the AMC clinical. Twenty doctors on standard pathway will be support through this funding which is to provide an alterative process and improve the timeframe for OTD to meet their general registration requirements.

The aim of the project is to develop and implement WPA for OTDs who are eligible to sit the AMC clinical examination. ACRRM is developing processes and tools that will provide practical evidence based assessment methods conducted in the workplace to determine if the clinical performance and competencies of the OTD are equivalent to those required to be met within the AMC clinical exam.

In developing this WBA pathway, ACRRM is referring to the AMC Workplace-based assessment Accreditation Guidelines and Procedures for OTDs and the AMC Workplace-based assessment Resource Guide.

The project is being overviewed by a Project Advisory Group the membership of which included OTDs who have achieved specialist registration and who can bring to this pilot their own knowledge and experiences.

The first three months of the pilot will see the development of the processes and tools which will be submitted to AMC for accreditation. This will be followed by the conduct of the assessment processes over a 12 month period. While an outcome of this pilot will be an alterative route with improved timeframes a major benefit of a WBA process for rural and remote communities is that the doctor will undertake their learning and assessment in their own communities and will not have to leave to sit examinations.

This pilot is being evaluated and it is hoped that at the completion of the pilot this much needed alterative pathway will be offered to OTDs on a permanent bases.

Mentoring

As previously stated ACRRM is conducting a College funded mentoring program which is limited due to funding. The ACRRM mentoring program is designed to provide independent one on one support which is provided by a FACRRM who is a medical educator. Once a OTD agrees to enter the mentoring program they are

required to do a self assessment activity which identifies the demography of the community they service, health services within that community, their type of practice including the epidemiology of the patients they see etc and the skills they believe they have or should have to provide a high level service to their patients.

The ACRRM appointed mentor considers this together with their PESCI report which includes an assessment panel's view of gaps in skills and knowledge base and together with the participant develops a learning plan to fill the gaps. The participant must successfully complete all activities included in the learning plan.

The mentor has regular agreed telephone sessions to monitor the progress and offer support. The mentor also monitors the participant's progress on Rural and Remote Medical Education Online (RRMEO) and provides comments into the learning plan.

The participant is also required to undertake and successfully complete 2 Mini CEX's during the 12 month program. The first is a formative process where the mentor spends a day with the participant in their practice and provides feedback etc. The second is a summative exam and is conducted by an approved ACRRM examiner.

Within the current program ACRRM is required to report to the MBQ on the progress of the participant as the OTDs special purpose registration has been extended by them to enable the OTD to participate in the mentoring program. ACRRM is required to provide progress reports and a written report at the completion of the program.

ACRRM has developed an evaluation process for this program but as it has only been going a short time analysis of outcomes are not available but it should be noted the early indicators are that the participants have grown in confidence. It should also be noted that the five doctors referred by the MBQ have undertaken the AMC clinical and or the RACGP Fellowship exam on multi occasions without success and were in danger of de-registration.

ACRRM strongly urge's the inquiry to support the funding of this program to enable the formalization of the program, its further development and expansion nationally as there is not another program that offers one on one medical educator support and a structured educational program based on an agreed learning plan.

Rural and Remote Medical Education Online (RRMEO)

Owned and built by ACRRM, RRMEO is the online platform for ACRRM's education, training and support programs and is the only online platform in the world specifically designed to provide rural and remote education and training programs in rural and remote environments.

RRMEO consists of:

- an Educational Inventory (online catalogue of educational events, modules, clinical attachments, training posts and resources)

- an online learning planner (where users keep a life long record of all their medical education and training); and
- a Learning Management System (that hosts a wide variety of online educational modules and peer support groups)

Many of these features are specifically designed to support OTDs including a customized Learning Planner that is specifically designed to record the progress of OTDs on the Specialist Pathway during their Peer Review Period. This is also being used to track the learning and assessment progress of OTDs on the Competent Authority Pathway and Mentoring Program and will be used for the WBA program.

A major feature of RRMEO is its learning modules which a doctor can undertake in their own community in their own time. There are currently 70 modules on RRMEO. Online modules of specific interest to OTDs (and their support network) including:

- Cultural Awareness Module - The aim of this module is to provide knowledge and awareness of Australian Aboriginal and Torres Strait Islander cultures in the context of health care;
- OTD Supervisors Training Module – This module provides supervisors with the specific teaching and supervision skills required for OTD supervision. It comprises 3 discrete parts which can be undertaken independently in the supervisors' own time;
- Tele-Derm – a detailed resource on dermatology with a Telemedicine service that allows doctors to submit their own cases for free advice on diagnosis and management of skin conditions;
- Toxinology – An introduction to treatment of snake bite, spider bite and marine envenomation;
- Mental Health – An introduction module (Level 1 accredited) which is designed specifically for use in rural and remote communities were often the GP will work in communities with limited if any mental health professionals or services;
- Others include; breast cancer, antenatal care, radiology, stroke management and digital photography.

OTDs can also access ACRRM's clinical guidelines. These are a series of clinical guidelines that can be downloaded from RRMEO to the user's Smartphone to gain offline access to vital clinical information from any location when required. These guidelines are reviewed and updated annually.

RRMEO also features a live 'real time' interactive class room, providing learning activities for users from any location via a standard internet connection. This allows ACRRM to run 'real time' sessions with local or international experts to users without the need for travel. Sessions include audio, video, interactive whiteboard, PowerPoint presentations, application sharing, and online polling and break out rooms if required. All sessions are recorded and can be played back by participants.

Capacity Building

Of further concern is the level and quality of supervision available to OTDs to assist them in the development of their skills and knowledge base required to work safely in the Australian health care system and to meet the standards of practice required for registration.

Member feedback has stressed the need for investment in capacity building of the rural medical workforce particularly the need for investment in developing and maintaining good teaching and supervision capacity. ACRRM observation when conducting PESCI is that OTD struggle when there is not quality supervision and trained supervisor's overview their progress. ACRRM has developed an OTD supervisor module on RRMEO but there is no mandatory requirement for a supervisor when supervising OTDs to undertake formal training and be accredited to fulfill this important role as there is when they are supervising registrars. ACRRM would support the introduction of mandatory accreditation for all doctors supervising OTDs. Colleges should set the standards, provide training and accreditation if there is to be improved supervision provided and increased accountability for supervisors. Government should be providing incentives such as support for training and accreditation of training posts and remuneration to the supervisor for time spent in teaching and reporting.

A further initiative that could support capacity building is financial incentives for OTDs undertaking learning and assessment. An example is OTDs on the ACRRM Specialist Pathway that have been deemed partially comparable to an Australian training Fellow. Their period of Peer Review is up to two years and they are required to undertake a number of ACRRM's AMC accredited assessment modalities which can be expensive for an OTD. This and their learning requirements could be subsidized by government through grants to the assessing College. A further example of financial support for OTDs to undertake assessment and training is discussed in this submission under the heading 10 year moratorium.

Term of reference 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 the College and regulatory bodies.

To achieve general registration OTDs must complete AMC and for specialist registration a Fellowship of an AMC accredited College. The increasing availability for intending OTDs to sit AMC MCQ off shore is assisting the process and ACRRM's WBA removes one of the impediments for OTDs working in general practice in meeting general registration as it provides an alterative route that can be achieved within their own rural and remote communities without lowering the standards required by AMC. But there are still a number of impediments for OTDs choosing the Fellowship route including:

- Misunderstanding as to vocational training and assessment options for obtaining Fellowship due to inconsistent and inaccurate information available to OTDs;
- Lack of investment by government in ACRRM's Independent Pathway (IP) which leads to specialist registration and VR: and
- Lack of investment in support programs to assist OTDs to move along the learning continuum.

Vocational Training

A myth surrounding vocational training for general practice is that an OTD must complete the FRACGP to gain full registration and VR. This is not true ACRRM is AMC accredited for training in general practice the end point is also Fellowship which provides for specialist registration and VR.

As most OTDs are required to work in rural areas, FACRRM training provides the most appropriate skill mix. FACRRM training also includes at 12 months Advanced Specialised Training in one discipline. FACRRM therefore allows doctors with specialist training in other countries to continue using these skills as well as developing generalist skills. OTDs should be encouraged to consider and be supported to undertake ACRRM's IP. IP provides an alterative vocational training option as it provides an alterative route to Fellowship without compromising standards. There is the need to develop improved information systems so OTDs more clearly understand their options and support for those OTDs who choose the IP.

Independent Pathway

The IP has been developed for experienced doctors who wish to gain FACRRM. This makes it a suitable pathway for OTDs. IP training may commence once an OTDs hold medical registration (completion of AMC clinical is not a requirement) and temporary or permanent residency. At commencement of training doctors have their previous experience assessed through the recognition of prior learning process and training is then tailored to meet the identified gaps. Medical Educators work with the registrars to develop an individualised learning plan. Self directed learning is supplemented by a structured educational program of workshops and online tutorials on RRMEO covering the curriculum. Doctors are required to gain a pass in the assessment modalities.

IP provides appropriate training for OTDs however currently there is no government funding, doctors are required to cover the cost of training and assessment. The program would be strengthening by resourced onsite supervision, in particular where doctors have been identified as requiring additional support and assistance with training and assessment. This lack of funding support for OTDs wished to choose the ACRRM IP is an impediment for OTD who often have difficulty financing their own training and assessment. They can currently apply for government funded

grants of $3,500 to assist with preparation for the RACGP examination but no such financial assistance is available to OTDs on the IP.

Of further assistance would be to develop a supported vertically integrated pathway from special purpose registration – IP – full registration. This pathway would include supervisors and or mentors able to work one to one with OTDs to develop at the commencement of employment a learning plan that moves them from special purpose registration to specialist registration through IP and the supervisor and or mentor tracks them through this.

3. Other Issues

Other issues identified by our membership that have the potential to impact on OTDs ability to achieve full Australian qualifications include IELTS, and the number and type of bridging/orientation sessions available for Australia practice. Also raised as issues that should be addressed were the 10 year moratorium and the need for places in exams to be quarantined for OTDs working in AON.

Proficiency in English language has been observed in PESCI interviews as a critical factor that impacts of the doctor's capacity to communicate with patients and to support their capacity to treat and advise patients. IELTS tests the doctor's ability to read, write and speak in English but does not test the ability to use these skills in the practice of medicine. A major area reported by the PESCI panels is the inability of a number of OTDs to interrupt medical language or communicate with a patient in an empathic way e.g. when breaking bad news the lack of contextual command of the English language can sometimes lead to poor communication and stress for the patient. Currently there is very poor availability of courses that provide OTDs with training in occupational English for medical practice.

This is an example of the need to develop specific orientation sessions for OTDs in regard to working in the Australian health care system and in particular working in rural and remote medicine. Other gaps in knowledge include; Australian law, Australian culture, ATSI health, medication including prescribing, PBS etc and multidisciplinary team approaches to patient management. Developing a systematic approach to assessment and management of the patient is also an area identified as needing attention as in some countries teaching at an undergraduate level is different from the Australian system based on problem solving teaching.

The 10 year moratorium is also an area that is confusing to OTDs. OTDs that are first registered with the MBA on or after 1 January 1997 are not able to attract Medicare benefits for a minimum of 10 years unless they hold a section 19AB exemption which requires them to work in district of workforce shortage. This raises concerns that anomalies in the 10 year moratorium have adversely affected significant numbers of OTDs. The 10 year moratorium often forces OTDs to work with little support in an environment that can be beyond the scope of their training, qualification and experience. ACRRM has focused much of the Colleges activities in the education, training and support of these doctors. The ACRRM curriculum has been specifically

designed to provide the education and training for the scope of practice required to work safely in these environments. The IP supports these doctors and provides a well supported yet rigorous training and assessment pathway and RRMEO provides the capacity to undertake learning and assessment in their own environments. Yet there has been little incentive for OTDs to undertake these education and training opportunities e.g. IP is self funding and is sometimes beyond the ability of the OTD to pay. Subsidies or cost sharing arrangement for OTDs to access ACRRM's IP would remove impediments for OTDs to achieve Fellowship particularly in rural and remote areas.

A further incentive that could remove impediments and promote pathways for OTDs to achieve full Australian qualifications is for those from an AON who are participating in a supported vertically integrated pathway from special purpose registration – IP – full registration be given priority for places in exams.

4. Conclusion

Overseas Trained Doctors (OTDs) are a critical part of the medical workforce in rural and remote communities. The College is committed to provide education and support to these doctors to ensure that they have the skills and knowledge base required to provide safe quality medical practice in the communities they serve.

The College would welcome any opportunity to elaborate upon any of the material contained within this document, or to assist in the development and implementation of any targeted initiatives that arise from the deliberations of the Committee.