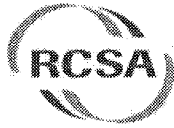

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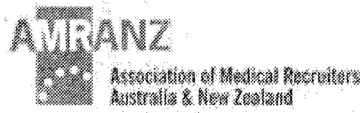
Submission to the Parliamentary Committee Inquiry into Registration Processes and Support for Overseas Trained Doctors

Submission No. 139
(Overseas Trained Doctors)
Date: 19/04/2011

Association of Medical Recruiters of Australia and New Zealand



a Special Interest Group, under the auspices of

Recruitment and Consulting Services Association

Australia & New Zealand

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

By Email: haa.reps@aph.gov.au

Dear Secretary,

Re: Inquiry into Registration Processes and Support for Overseas Trained Doctors Submission from the Australian Medical Recruiter Australia and New Zealand (AMRANZ)

Thank you for the opportunity to provide a submission to the Committee. We would be willing to attend a public hearing to discuss any of aspects of this submission in more detail with the Committee.

AMRANZ is the professional interest group under the auspices of the RCSA and represents most of the medical recruitment companies operating within Australia and New Zealand. We currently have 116 members companies.

As medical recruiters we are in a unique position to appraise the various terms of reference of this inquiry as we undertake the registration and visa processing for many International Medical Graduates (IMG) offered positions within public or private hospitals and general or private practices daily. The level of positions range from Senior House Officer, Registrar to Specialists and also includes General Practitioners. We have been undertaking recruitment and compliance with visa and credentialing standards on behalf of clients for many years and therefore have an historical perspective that may be useful to the Committee in unraveling what seems to have become a highly complex and disjointed procedure to obtain registration as an IMG in Australia in 2011.

Back in 2004 when we placed an IMG in a position as a Registrar for instance, we were fairly certain that we would be able to achieve registration for such a practitioner within a 12 week period. In fact, it was a requirement of many facilities that IMGs needed to be registered within 8 weeks as, if not, they would withdraw the offer. And, many facilities did in fact withdraw employment offers if we were unable to do so.

To demonstrate this point we have included a copy of a **2004 Application for Registration as a Medical Practitioner in Queensland (General and Special Purpose Registration) APPENDIX 1**. When one examines this document closely it is clear why we were able to achieve registration within this short timeframe The process was simpler and the number of documents and procedures were few. (Incidentally under the 2004 rules we would predict that it would take approximately 8 months for a Specialist and 3 to6 months for a General Practitioner, depending on qualifications).

Under 2011 rules and regulations, it is difficult to predict when any doctor will be registered. When asked to predict a timeframe, we generally quote a figure for a Registrar of anything up to 9 months depending on the pathway and 12 months for a Specialist. A GP (again depending on qualifications and pathway) can take anything from 8 to12 months. (It should be mentioned that these are averages and I am sure some members could quote shorter or even longer periods). It is understandable why this process is taking so long now when one examines the ***Medical Board of Australia Application for Limited Registration for an Area of Need as a Medical Practitioner***, a copy of which is attached in the APPENDIX 2 to this document

Some of the reasons for this greatly extended registration timeframe is evident when one examines the number of additional requirements as outlined in the SECTION I. CHECKLIST These include:

- IELTS or English Competency (OET)
- Supervised training
- Continuing Professional Development
- AMC MCQ exam
- PESCI
- AON

The issue that we really have to consider is what evidence exists that the Australian community is safer now than they were in 2004 when the registration process was much simpler and quicker. Furthermore, what effect the complex array of issues relating to Dr Patel in Queensland has had on the vastly more stringent registration processes now in operation in Queensland and which were subsequently adopted for the whole of Australia by AHPRA in July 2010. One has to ask the question whether in the attempt to protect the Australian community and minimise the risk associated with incompetent doctors, we have gone too far. In the process have we perhaps treated this vital resource in our health system with the respect that they

deserve? After all they are filling crucial gaps in the provision of medical services in Australia due to doctor's shortage.

It would seem that there is a case for re-examining the complexity and stringency of the registration processes so as to end up with a simplified, workable and transparent process that would provide sufficient comfort to the Australian community but at the same time ensure adequate access to medical practitioners where they are needed the most, in regional and remote areas. We therefore put forward the following recommendations:

Recommendations

1. ***Case Management*** - Integrated process between AHPRA, the AMC the Colleges, DIAC, DOHA preferably with a linear arrangement that is case-managed from the initial application. Currently each entity requires the same amount of information to be supplied often in a slightly different format (e.g. CV formats) to each other which is very cumbersome, costly and very time consuming.

2. ***PESCI*** - Streamlining the Pre Employment Scheduled Clinical Interviews (PESCI) that an IMG needs to undertake across different States and Territories. The requirements and the potential outcome is variable depending upon where and with which accredited group the PESCI is being arranged through. The Supervision levels required by the General Practices in particular are variable with Supervision Level 1 simply not being commercially viable for a GP practice to fulfill as 3 months of one-on-one supervision is simply not possible. (See APPENDIX 3 for Levels of Supervision and an email to Meredith Bickley Registration Manager with AHPRA APPENDIX 4 attached email in the Appendix to this report highlight the issue).

3. ***ELTS and OET*** – That the requirements are too stringent. It would be very revealing to determine whether, as a control group, there have been English tests done on equivalent doctors in Australia that are Australian-trained with varying years of experience. (Anecdotally, there is evidence to suggest that English skills are in decline amongst graduates). When an overall pass of 7 on the IELTS and B's on the OET was required, (and could be achieved with more than one sitting) it was much easier for IMGs to achieve these levels.
   It is recommended that we return to the 2004 levels or have a more scientific method of assessment of what is an acceptable level of English in Australia. For instance, in 2004 if a doctor obtained 6.5 as an overall score some States would register the doctor with the provision that he or she had to pass it with an overall 7 within 6 months of arriving in Australia and of taking up the position.

4. ***Registration time frames should be set*** – A reasonable time frame for the registration should be agreed upon and the various authorities should aim at achieving this target. It can take any length of time to obtain registration at the moment and thus IMGs have difficulty in determining how long the actual process will take. This also leads to delays so that the hospitals and practices waiting for the IMG cannot plan their health service deliveries.

5. ***Appeals Process/Independent Ombudsman*** - Many doctors feel very helpless within the system and feel that they have no independent body that will look into their situation. It would be therefore productive if there was an appointed independent body to act as an Ombudsman to address the many daily complaints that arise. This will go a long way to ensuring the whole registration process with all its procedural nuances is more transparent. However, for this recommendation to work, all authorities involved in the registration process will need to endorse an independent body and give it the power to investigate appeals that prevent IMGs from starting employment due to EICS, PESCI, AON, DWS, IELTS, OET, etc.

6. ***The Medicare Provider*** number is currently *location-specific* which means that in some cases we need to obtain multiple provider numbers if the IMG is going to be working in different locations. We would recommend that the provider number is doctor specific rather than location specific.

7. ***AMC MCQ*** – This exam was introduced in July 2008 and has the singular effect of principally attracting UK and subcontinent IMGs. This has been as a result of the Competent Authority pathway which allows UK-trained doctors to gain access to Australia. The Standard pathway which requires the AMC MCQ is mostly attempted by Subcontinent IMG and they have a high success rate in passing it. European and South African doctors no longer attempt the AMC MCQ as it is designed for new graduate levels and it is a well published fact that the length of time after graduation is highly correlated with failure rate. For example, doctors that have been practicing for about 10 years has less that a 50% chance of passing the AMC MCQ! It is clear that we are limiting ourselves to certain doctors who are able to pass exams without taking any consideration of their expertise. Thus, perhaps there should be an alternative to the AMC MCQ as the only criteria for Standard pathway doctors to be registered in Australia. Another major issue that affects the time frame is that the waiting list for the AMC Clinical exam is approximately 18 -24 months and the IMG fails it then they go right back to the queue. Further it is a well known fact that Work Based Assessment is an excellent alternative to the AMC Clinical and this should be made available to all IMG's.

8. ***The Registration time frame to obtain either Specialist Qualification or General Registration (GR)*** or lose registration is critically dependant on ongoing CPD that a doctor can undertake. Thus the current four years to obtain GR or Specialist qualification is difficult to achieve unless employers sign up to allowing a certain amount of CPD either as online or face to face sessions together with allocated study leave throughout the 4 year period. Working hours should also be reasonable to allow for CPD to occur and, importantly, this should be monitored in the same way as other supervision. Just as supervisor reports are needed for ongoing registration requirements, so employer/supervisor reports of the progress with CPD are required. If CPD isnot sufficiently supplied by the employer then the 4 years' timeframe needs tobe extended and additional conditions placed on employers to ensure GR or specialist qualifications can be achieved. If the IMG has significant experience perhaps they should have a detailed clinical interview or PESCI instead of the AMC MCQ. This is allow us to attract more experienced doctors from other parts of the world including countries like South Africa, West/Eastern Europe,Singapore,Malaysia,Asia,etc.

9. ***Area of Need*** should be revised For example, AON in Victoria up until July 2009 was across the whole State including Melbourne. No applications for AON were necessary as it was assumed that the whole State was in need of doctors. Other states had variations on how AON applied. There were significant variations in obtaining an AON within NSW, probably the most arduous and time consuming of all States and Territories as NSW did not recognise a DWS as a basis for allocating an AON until July 2010. Most States now insist on the DWS being part of the AON application process. Oddly enough we have gone for a standard nationwide registration process but still have the situation where every State/Territory determines its specific AON allocations and requirements. The system needs to be changed to improve transparency and to allow for a site with DWS to automatically be allocated AON status. It also appears that there are too many stakeholders with vested interest in allocating AON, namely, State Health Departments, Colleges, GP Divisions, Practices to name the main ones. What this means is that if one of the stakeholders does not provide supporting documentation for an AON application it is rejected and there is no readily available appeals process to address this issue.

10. ***DWS DOHA*** - there are a range of difficulties with the classification of an area as DWS:

    a. DWS DOHA only publishes the DWS locations on the DoctorConnect site. They will not provide other interested parties such as GP Practices, RHWA, Recruitment Agents, Private and Public Hospitals with lists of current DWS areas.

    b. Compounding this difficulty is the fact that changes to the DWS list can occur every three months. It is clear that a more acceptable planning practice needs to be introduced where the calculations and policy

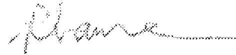
directives concerning DWS are transparent and easily accessible to the public.

c. To specifically aid the filling of GP and Specialist positions in DWS areas, the locations should be published without having to search for every individual area on the DoctorConnect website.

d. DWS is also problematic as there often seems to be a disparity between the need for an IMG in certain regions on a local level and yet the DOHA indicate that there are too many doctors in that location already.

The problem we now have in South Australia for AON, IMGs needs to be resolved as a matter of urgency. Current experience is that AHPRA will not write "Specialist" on the online registration and so Medicare as a result will not grant Specialist Recognition. We understand that the IMG is not a full Specialist or on full Specialist registration until they have Fellowship, but they are "working in a Specialist position". Other States will write this, SA will not. Medicare is refusing to grant Specialist Recognition if it just says "Consultant". The end result is hospitals lose money and the Australian community remains poorly served.

SUBMITTED BY:

Signature: 

Date 11 April 2011

Ron Crause

President AMRANZ

and

Managing Director

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