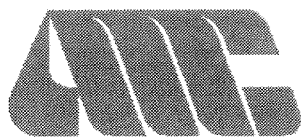


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Supplementary Submission 42.2

Overseas Trained Doctors

Date: 27/09/11



Australian
Medical Council Limited

Supplementary Submission to

House of Representatives

Standing Committee on Health and Ageing

Inquiry into Registration Processes and
Support for Overseas Trained Doctors

INTRODUCTION

The House of Representatives Standing Committee on Health and Ageing, at its public hearing on 19 August 2011, requested further information from the Australian Medical Council (AMC) in relation to the following matters:

1. Details of the Pre-employment Structured Clinical Interview process for International Medical Graduates (IMGs); and
2. A report on delays in Primary Source Verification of IMGs who had successfully completed the AMC examination process.

The following information is provided in response to this request.

PRE-EMPLOYMENT STRUCTURED CLINICAL INTERVIEW ASSESSMENT

PURPOSE

The Pre-employment Structured Clinical Interview (PESCI) is a fitness for task assessment that was developed in 2007 as part of the COAG IMG assessment initiative. The purpose of the PESCI assessment was to enable a Medical Board to establish whether an individual IMG had the required knowledge, skills and relevant experience to practise safely in a specific position. The outcome of the assessment would enable the relevant Medical Board to approve the registration of a medical practitioner who did not otherwise qualify for general registration and to set appropriate conditions on the registration to ensure public safety.

In 2007, it was recognised that there were risks associated with IMGs working in less supported hospital positions or positions in general practice, especially in rural and remote areas. The PESCI was based on an assessment process that had been developed by the then Medical Board of New South Wales and had been extensively used to assess individual IMGs for area of need positions. The COAG initiative proposed that the PESCI be adopted on a national basis as part of a general risk management strategy and would be subject to formal accreditation by the AMC.

FEATURES OF THE PESCI ASSESSMENT

The key elements of the PESCI assessment are as follows:

- Position Description: Each assessment is based on a clear description of the position that states the location scope and level of the position for which registration is sought. There should be a clear indication of the jurisdictions collective interpretation of the level of risk involved.
- Assessment Expertise: The body conducting the PESCI should be able to demonstrate its expertise and capacity to conduct the assessment, as well as its relationship to the relevant Medical Board, health authority and stakeholders
- Interview Process: The interview should be conducted by a panel of at least three members, two of whom should be familiar with the clinical and professional demands of the type of position involved. The content of the interview should be drawn from a bank of scenarios relevant to the content of

the position description. The standard required is one of safe practice within the level of clinical responsibility and supervision available.

- Interview Report and Outcome: The interview report was provided to the relevant Medical Board and will indicate the applicant’s suitability for the position, including any specific recommendations regarding conditions to be placed on the registration or additional training or orientation required.

A copy of the AMC’s accreditation standards for PESCI assessments is set out at **APPENDIX A**.

APPROVED ASSESSMENT AUTHORITIES

The following authorities are currently accredited to conduct PESCI assessments:

State	Accredited Authority
New South Wales	AHPRA – New South Wales Office
Victoria	AHPRA – Victorian Office / Postgraduate Medical Council of Victoria / Rural Workforce Agency of Victoria
Queensland	AHPRA – Queensland Office / Australian College of Rural and Remote Medicine
South Australia	Royal Australian College of General Practitioners [South Australian and Northern Territory Faculty]
	Australian College of Rural and Remote Medicine accreditation pending
Western Australia	AHPRA – West Australian Office
Northern Territory	AHPRA – Northern Territory Office
Tasmania	Royal Australian College of General Practitioners [Tasmanian Faculty]
	Australian College of Rural and Remote Medicine [Tasmanian Office] accreditation pending

A summary of the accreditation status of each of the approved PESCI providers is set out at **APPENDIX B**

LIMITATIONS OF THE PESCI PROCESS

The PESCI process was developed prior to the implementation of the national accreditation and registration scheme. Since it is designed to assess an individual IMG for fitness to work in a designated position with specific clinical responsibilities and levels of supervision, the assessment is not a “generic” assessment (as in the case of the AMC MCQ examination) and is not, therefore, readily portable to another position or state. As an example an individual IMG might be assessed through a PESCI to be suitable for registration in an area of need position in a regional hospital, but may not have the necessary skills or expertise to satisfy a PESCI assessment for an area of need position in a rural or remote location.

The Medical Board of Australia recently initiated a review of the PESCI process in conjunction with the Australian Medical Council, to evaluate the effectiveness of the assessment outcomes and to explore options to streamline the process, including the possibility of developing a more portable or “generic” assessment. The AMC is working with the MBA to conduct a workshop on the PESCI later this year as part of this review.

PRIMARY SOURCE VERIFICATION DELAYS

BACKGROUND

The Primary Source Verification (PSV) refers to the process by which the formal medical qualifications of individual IMGs are returned to the institutions that issued the qualifications to verify that documents are authentic. The process was implemented on a national basis in January 2006, following the Patel (Dr Death) case in Queensland. The AMC conducts the process on behalf of the MBA.

Primary Source Verification includes the following steps:

- Formal medical qualifications documents (degree certificates/translations of qualifications) are submitted to the AMC by an applicant for assessment/registration with a signed authority to undertake the verification.
- Following an initial review of the documents by AMC staff, they are scanned and transmitted electronically to the Educational Commission for Foreign Medical Graduates (ECFMG) in the United States.
- The International Credentials Service of the ECFMG conducts a further review of the qualifications against a library of medical qualifications that has been assembled since 1948. If the documentation is consistent with the samples held by the ECFMG it is sent directly to the issuing University or Institution concerned for verification that the qualification in question was issued to the applicant.
- The ECFMG maintains a register of designated officers of the Universities and qualifications issuing bodies, that is updated annually. The verifications are matched against the register to ensure that the verification is authentic.
- The ECFMG transmits the verification back to the AMC, which informs the applicant and the relevant AHPRA office of the outcome.

VERIFICATION PROCESSING

The AMC processes approximately 6,000 applications for Primary Source Verification each year for IMGs seeking both non-specialist registration (through the AMC examination or Competent Authority pathway) and specialist assessment (through the relevant Specialist Medical College). The completion rate for verifications is approximately 70% for non-specialists and 60% for specialist applications.

The most common cause of delays in processing verification is the failure of the issuing University or institution to respond to the request for verification. In some instances it appears that additional payments or inducements are sought by officers of the institutions involved to complete the verification process.

IMGs AFFECTED BY DELAYS IN VERIFICATION

Since the primary source verification process was implemented in 2006, there have been a number of IMGs who have successfully completed all stages of the AMC examination leading to the award of the AMC Certificate and general registration, but have not been able to apply for general registration in the absence of a completed verification of their medical qualifications. As part of a review of assessment processes being undertaken with the MBA, the AMC identified a group of candidates who have met all the requirements for the award of the AMC Certificate but are still

waiting for Primary Source Verification. At the beginning of this year some 70 individuals were in this position, but this number has been reduced to a current figure of 47 individuals from 15 countries of training following additional efforts by the ECFMG to expedite the verification the outstanding qualifications. The AMC is in discussions with the MBA to progress the registration of these individuals and to develop protocols to assist similar cases in the future.

Canberra
23 September 2011

APPENDIX A

ISSUE	COAG Nationally Consistent Assessment of International Medical Graduates
SUBJECT	Australian Medical Council Accreditation Guidelines: Pre-employment Structured Clinical Interviews
DATE	Updated 10 September 2008.

1. Initial Assessment

- 1.1 **All IMGs applying for registration on the Standard Pathway must have passed the AMC MCQ examination (either on-shore or off-shore) as a prerequisite for further assessment.**
- 1.2 **All IMGs applying for registration on the Competent Authority Pathway must have been awarded Advanced Standing as a prerequisite for further assessment.**

Documentation to show that this requirement is in place.

2. Position description

- 2.1 **A clear position description in a prescribed format is required. The pre-employment clinical assessment must refer to the position description when assessing an IMG's suitability for employment and registration.**

- 2.1.1 The position description:

- states the location, scope and level of the position in sufficient detail to enable a common understanding of the responsibilities of the position by the IMG, employer, assessors, supervisor(s) and medical board
- enables the position to be located on the risk matrix
- meets the requirements of the relevant medical board
- states the orientation arrangements
- states the supervision arrangements in sufficient detail to enable understanding by the IMG, employer, assessors, supervisor(s) and medical board
- states the names of the principal supervisor and co-supervisor(s)
- states the mandatory and highly desirable selection criteria.

3. Location on the risk matrix

The risk matrix on both the Standard and Competent Authority Pathway is a general guide intended to illustrate a range of positions according to their inherent risk. It is not intended to provide an exact definition of the positions that will and will not require a pre-employment clinical assessment. However, it **is** expected that a pre-employment clinical assessment will be required for IMGs applying for registration on the Standard Pathway to work in less supported hospital positions and in General Practice and on the Competent Authority Pathway for General Practice positions.

It is expected that stakeholders such as the medical board and health department in each jurisdiction agree on relevant local circumstances in relation to the risk matrix.

- 3.1 **A clear indication of the jurisdiction's collective interpretation of the risk matrix is required.**

- 3.1.1**
- Positions are categorized according to risk.
 - The types of position that will require a pre-employment structured clinical interview are clearly defined.
 - The types of positions that will not require a pre-employment structured clinical interview, are clearly defined with justification.
 - The process (if any) by which case by case decisions are made or exemptions given, including the parties to this decision are clearly defined.
 - Relevant stakeholder involvement in the local interpretation of the risk matrix is clear.

4. Pre-employment clinical assessment

The purpose of the pre-employment clinical assessment is to establish whether an IMG has the knowledge, skills and experience to practise safely and effectively in the position for which registration is being sought. The interview should be constructed to demonstrate that an IMG 'knows how' rather than simply 'knows'.

It is recognised that no pre-employment assessment can provide a guarantee of satisfactory professional performance in the workplace and that supervision, especially in the initial stages of employment, is essential. As IMGs undergoing a pre-employment clinical assessment will not yet be working in the position for which they are applying, workplace-based assessment methods such as the Mini-CEX are not possible. These guidelines anticipate the use of a pre-employment structured clinical interview (the interview).

The interview will result in the production of an interview report which documents the details of the interview for the accredited provider and the relevant medical board and an outcome report which documents the assessment decision for other stakeholders.

4.1 The applicant body must demonstrate its credentials and capacity to conduct the interview as well as its relationship with the relevant medical board, health department and stakeholders.

4.1.1 Details required of the authority seeking accreditation are:

- organisational title
- the professional profile of personnel with oversight of the pre-employment clinical interview process
- relationships with the relevant medical board, health department and other stakeholders, including employers, recruiters, as relevant to the application
- potential conflicts of interest and how these will be addressed
- capacity for conducting the pre-employment assessment and sustainability of that capacity over time
- intended scope of service provision (eg hospital and/or GP positions).

4.2 The authority seeking accreditation must provide details of the pre-employment structured clinical interview process.

4.2.1 Required documentation

- A position description is required in a prescribed format that:
 - states the location, scope and level of the position in sufficient detail to enable a common understanding of the responsibilities of the position by the IMG, employer, assessors, supervisor(s) and medical board
 - enables the position to be located on the risk matrix
 - meets the requirements of the relevant medical board
 - states the orientation arrangements
 - states the supervision arrangements in sufficient detail to enable understanding by the IMG, employer, assessors, supervisor(s) and medical board.
 - states the names of the principal supervisor and co-supervisor(s)
 - states the mandatory and highly desirable selection criteria
- A curriculum vitae (CV) is required in a prescribed format containing details of all the IMGs qualifications and full work experience, with no gaps in the chronology of the CV, that accounts for both working and non-working periods.
- A copy of the information that is made available to the applicant about the interview format and process is required.

4.2.2 Interview arrangements

- Documentation is provided to the interviewers prior to the interview to enable them to conduct a preliminary assessment of the applicant's suitability and plan appropriate interview content.
- There is a process to confirm the identity of the applicant on presentation for the interview.
- Face-to-face interview is preferred and encouraged.
- Video-conferencing is acceptable if the identity of the applicant can be confirmed and the rigor of the interview is not compromised.
- Teleconferencing is only acceptable if:
 - the identity of the IMG can be confirmed
 - there is reliable invigilation to ensure that the IMG is not assisted during the interview
 - the rigor of the interview is not compromised.

4.2.3 Interview Panel

- Panel members have no conflict of interest
- Interview Panel composition:
 - minimum of three interviewers including,
 - two medical practitioners who are completely familiar with the clinical and professional demands of the type of position for which the IMG is being interviewed. The third interviewer may be a medical practitioner, a health professional or a lay person.
- Any involvement of employers/sponsors/recruiters does not compromise the integrity of the interview or the interview content.
- Interviewer training and support is provided.

4.2.4 Interview Content

The content of the interview:

- is drawn, at least in part, from a bank of relevant scenarios for which the expected responses and essential, critical factors have been pre-determined.
- is directly related to the content of the position description
- assesses the IMGs familiarity with relevant social and cultural issues and Australian language idioms.
- may include clinical simulation, hypothetical scenarios and/or clinical scenarios from the applicant's experience.
- includes at least 3 detailed scenarios or 5 more simple scenarios (either posed or experiential).
- as far as possible, simulates a patient consultation with investigation results, imaging, ECGs etc incorporated as appropriate,
- assesses the applicant in each of the following areas, as appropriate:
 - Medical Interviewing skills,
 - Physical Examination skills,
 - Clinical Judgment,
 - Treatment / Advice,
 - Communication skills,
 - Professionalism
 - Procedural skills.

4.2.5 **The standard expected of the IMG is one of safe practice with reference to the orientation and level of supervision that will be available in the position for which the applicant is being assessed.**

4.2.6 Decision Making & Feedback

The IMG is rated by each interviewer but the final decision is not based on averaged ratings or a compensatory scoring process.

The interview identifies the IMG's strengths, weaknesses, critical failures, omissions and any general concerns.

Feedback is given to the IMG, although it is not essential to communicate the assessment decision at the time of the interview.

4.2.7 Interview Report

- The report documents:
 - the interview content,
 - the strengths and weaknesses of the IMG's responses,
 - any general concerns that arose during the interview,
 - the IMG's suitability for the position, giving reasons,
 - any specific recommendations, for example, pre-commencement courses, clinical placements in relation to successful applicants.
- The report can be finalised in a timely manner.
- The report is provided to the relevant medical board.
- The integrity of the interview content is never compromised by providing written material that documents the interview content to the IMG, sponsor or employer.

4.2.8 Outcome report

- The report documents:
 - the IMG's suitability for the position, giving reasons
 - any specific recommendations, for example, pre-commencement courses, cultural training, clinical placements in relation to successful applicants.
- The report can be finalised in a timely manner.
- The report is provided to the sponsor /employer, IMG and the relevant medical board.

4.2.9 Review / Appeal

- Requests for review of the assessment outcome are entertained.
- The process for managing such requests adheres to the principles of procedural fairness.

Date: 10 September 2008

APPENDIX B

PRE-EMPLOYMENT STRUCTURED CLINICAL INTERVIEW (PESCI) PROVIDERS

S/T	AUTHORITY AND DATE OF ACCREDITATION FOR PESCI
WA	<p>AHPRA – West Australian office</p> <p>April 2009 - AMC Directors granted INITIAL ACCREDITATION to the former Medical Board of Western Australia to conduct pre-employment structured clinical interviews (PESCI) in Western Australia. In August 2010 accreditation was transferred to the Western Australian office of the Australian Health Practitioner Regulation Agency (AHPRA WA). The intended scope includes metropolitan, rural, remote, hospital and GP positions.</p>
NSW	<p>AHPRA – New South Wales office</p> <p>April 2009 - AMC Directors granted INITIAL ACCREDITATION to the former Medical Board of New South Wales to conduct pre-employment structured clinical interviews (PESCI). In July 2010 accreditation was transferred to the New South Wales office of the Australian Health Practitioner Regulation Agency in (AHPRA NSW).</p>
NT	<p>AHPRA – Northern Territory office</p> <p>June 2009 - AMC Directors granted INITIAL ACCREDITATION to the former Northern Territory Medical Board to conduct Pre-Employment Structured Interviews (PESCI) in the Northern Territory. In July 2010 accreditation was transferred to Northern Territory office of the Australian Health Practitioner Regulation Agency (AHPRA NT).</p>
QLD	<p>AHPRA Queensland office in conjunction with the Australian College of Rural and Remote Medicine</p> <p>June 2010 – AMC Directors granted INITIAL ACCREDITATION to the former Medical Board of Queensland to conduct Pre-Employment Structured Clinical Interviews (PESCI) in Queensland for special purpose registration. In July 2010 accreditation was transferred to the Queensland office of the Australian Health Practitioner Regulation Agency (AHPRA QLD). These interviews are conducted by the Australian College of Rural and Remote Medicine. The scope of service provision will service metropolitan, rural, remote, hospital and general practice positions.</p>
ACT	<p>AHPRA ACT Office: Memorandum of Understanding with AHPRA NSW.</p>
VIC	<p>AHPRA Victorian office and Postgraduate Medical Council of Victoria (PMCV)</p> <p>April 2011 - AMC Directors granted a further period of accreditation to the Postgraduate Medical Council of Victoria (PMCV), in conjunction with the AHPRA Victorian Office and Rural Workforce Agency of Victoria (RWAV), to conduct pre-employment structured clinical interviews (PESCI) for hospital-based positions. NB: AHPRA (Vic) and RWAV conduct PESCI for GP positions.</p> <p>In September 2009 - AMC Directors granted the Postgraduate Medical Council of Victoria (PMCV), the former Medical Practitioners Board of Victoria (MPBV) and the Rural Workforce Agency of Victoria (RWAV) initial accreditation to become an accredited pre-employment structured clinical interview (PESCI) provider.</p>
SA	<p>RACGP – South Australian/Northern Territory Faculty</p> <p>December 2009 – AMC Directors granted INITIAL ACCREDITATION to the SA Faculty of the RACGP to become an accredited provider of pre-employment structured clinical interviews in South Australia for general practitioner positions only, subject to the provision of further information.</p> <p>September 2010 - Further information received to be reviewed by the AMC Interim Accreditation Committee in October 2010. In Nov 2010 AMC confirmed satisfactory.</p>
TAS	<p>RACGP – Tasmanian Faculty</p> <p>May 2010 - AMC Directors granted INITIAL ACCREDITATION to the Tasmanian Faculty of the Royal Australian College of General Practitioners, to conduct pre-employment structured clinical interviews in Tasmania for general practitioner positions only.</p>
TAS TBC	<p>AHPRA – Tasmanian office – pending</p> <p>December 2010 - Application in to AMC requesting that ACRRM conduct PESCI on behalf of the Tasmanian Board of the Medical Board of Australia. AMC decision and 20 Dec 2010 advice to the Tasmanian Office of the Australian Health Practitioner Regulation Agency (AHPRA TAS) is that a full submission is still required from AHPRA TAS in conjunction with ACRRM, based on the Queensland model.</p>
TAS & SA TBC	<p>ACRRM – Submissions for Tasmania and South Australia - pending</p> <p>June 2011 - the IAC considered the submissions received from the Australian College of Rural and Remote Medicine, regarding accreditation to conduct pre-employment structured clinical interviews (PESCI) in Tasmania and South Australia. Further info required regarding the interview panel criterion 4.2.3.</p>