



Rural Workforce Agency Victoria (RWAV)
Submission to the Senate Community Affairs Committee
Inquiry into the National Registration and Accreditation Scheme
for Doctors and Other Health Workers

The Senate referred the above matter to the Community Affairs Committee for inquiry and report by 18 June 2009. This submission concentrates primarily on sections (a) and (f) of the Terms of Reference, namely:

- The impact of the Scheme on state and territory health services
- Alternative models for implementation of the scheme.

RWAV welcomes the opportunity to comment on the impact of the National Registration and Accreditation Scheme for the Health Professions.

Our submission focuses on the impact of the Scheme on the recruitment of International Medical Graduates (IMGs) in rural general practice.

We would be pleased to talk to this submission if required.

About RWAV

RWAV is established to find sustainable health workforce solutions for disadvantaged communities, particularly rural, remote and aboriginal communities.

RWAV recruits general practitioners and health professionals from around Australia and internationally. RWAV's programs and services also include re-location and placement support services, facilitating access to professional development, marketing of general practice, research and policy advice.

Rural Workforce Agencies have the delegated authority under Section 3GA of the Health Insurance Act to administer the Rural Locum Relief Program, which allows permanent resident IMGs, who have not yet attained Fellowship from the RACGP to provide general practitioner services in rural and remote areas for which Medicare rebates are payable. RWAV also administers the Five Year Scheme in Victoria to recruit IMGs from overseas for rural general practice.

Recommendations:

- 1. That an adequate transition plan for a considered implementation of the Scheme be developed.**
- 2. That assessment, training, supervision, mentoring, support and orientation systems of the Scheme be reviewed, properly planned and resourced.**
- 3. RWAV recommends that Standard Assessment processes and tools for the assessment of doctors for general practice be adopted nationally across all States. We see Victoria's collaboration in the conduct of PESCI as a potential model to be adopted more broadly.**
- 4. That the RACGP be supported to improve capacity and efficiencies in managing their responsibilities within the Scheme.**
- 5. RWAV is concerned to ensure that any process doesn't compound existing challenges to recruiting health practitioners into communities already faced with significant health challenges and workforce shortages. With this in mind, we recommend that any changes to the current Scheme be carefully considered for their impact on communities, the IMGs and agencies charged with implementing elements of the Scheme.**
- 6. That the Government consider subsidizing Assessment costs to IMGs especially those moving to work in rural and remote areas and areas of workforce shortage.**
- 7. That the impact on the attractiveness of Australia as destination for IMGs be considered.**
- 8. That a full impact assessment of the Scheme's introduction and its affect upon broader workforce and recruitment programs be conducted.**

9. Overview

The current changes in National Registration and Accreditation introduced 1 July 2008, had a significant impact upon the timeframes and RWAV's ability to recruit doctors to rural Victoria.

Implementation of the scheme occurred at a rapid pace, hampered by inadequate planning and infrastructure to manage a transition from the previous scheme, with limited consideration of the capacity of key agencies to deliver upon new requirements. Furthermore, the impact of the new roles and requirements upon existing Government recruitment and workforce programs did not appear to have been taken into account. A brief overview of these issues is outlined later in this submission.

Despite these challenges, it should be said that in Victoria, key agencies namely RWAV, Royal Australian College of General Practitioners (RACGP), the Medical Practitioners Board of Victoria (MPB-V) and the Postgraduate Medical Council of Victoria (PMCV) worked together and has developed a collaborative framework for the assessment of International Medical Graduates, which we believe will meet the key requirements of the new scheme. The question of resourcing of the new approach also needs addressing.

This submission also highlights some of the trends in applications and recruitment of International Medical Graduates since the introduction of the scheme. These may or may not have a direct causal relationship, however warrant closer scrutiny.

The shortage in medical practitioners is well-documented, particularly in rural general practice. Rural general practice is especially reliant on IMGs to continue to meet the communities health service needs.

RWAV is strongly committed to ensuring that doctors placed in general practice should be competent and suitably qualified. RWAV agrees that the new Scheme should

- Provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered
- To facilitate workforce mobility
- To facilitate the provision of high quality education and training and rigorous and responsive assessment of overseas-trained practitioners

However, it is critical that any process doesn't compound existing challenges to recruiting health practitioners into communities already faced with significant health challenges and workforce shortages.

10. New Pathways into General Practice

The new Scheme provides for three pathways into general practice registration for overseas trained practitioners. Despite the introduction of the new system, arrangements are still being implemented for the assessment process for General Practice across the pathways.

Appendix One details the most recent overview of the pathways into general practice as outlined by the RACGP.

Appendix Two summarises the assessment requirements for the different pathways.

Navigating IMGs through these pathways can be a challenging process for both IMGs and recruitment providers.

2.1 Specialist Pathway

The RACGP Specialist Pathway, has two paths: the qualification path or the experience path and each path within the Specialist Pathway has differing assessment requirements.

In order to be eligible for specialist registration as a general practitioner, general practitioners must either hold:

- Prior recognized general practice qualification (qualification pathway).

Fully Comparable Doctors have recognized qualifications from specific institutions from Canada, Ireland, New Zealand and UK (see Appendix one for list of institutions). These doctors are granted Fellowship of RACGP (FRACGP). There is no need for further examinations, assessments or training.

Partially Comparable Doctors have recognized qualifications from specific institutions from Belgium, Canada, Denmark, Netherlands, Norway, Singapore, South Africa, Sweden, UK and USA(see Appendix one for list of institutions). These doctors require a period of training and supervised practice and assessment and are required to sit the FRACGP.

OR

- Be assessed by RACGP to ensure that they have at least 5 years prior general practice experience (Experience path). If this is the case, they must then sit the RACGP Applied Knowledge Test (AKT). These doctors must pass the AKT and then require a period of training and supervised practice and assessment.

All Specialist pathway doctors are also required to have their qualifications and prior medical registration verified and to have English Language proficiency. Currently there appears to be a range of requirements of doctors that are somewhat puzzling and unwieldy, for example:

- The RACGP requires doctors who are *already registered and working* in Australian general practice to provide evidence that they meet English language requirements in order to have their general practice experience assessed.
- The RACGP requires that a Certificate of Good Standing for assessment of overseas experience despite this being a requirement of registration and the domain of the respective Medical Boards.
- A Certificate of Good Standing is only good for three months; unfortunately RACGP Assessment of Prior General Practice Experience currently takes three to six months to process. Therefore, a second Certificate of Good Standing must be procured for registration purposes.

All Rural Workforce Agencies (RWAs) have experienced considerable delays in the process of assessment under the Specialist Pathways, with assessment of prior general practice and the conduct of the AKTs now taking a minimum of six months. Whilst the introduction of the AKT is appropriate, it is important to ensure that this process is adequately resourced to ensure it is conducted in a timely manner. Issues such as broader and affordable access also require closer attention.

10.2 General Pathway

Through the General Pathway, doctors may undertake either the Standard Pathway or the Competent Authority Pathway.

- The **Standard Pathway** doctors are required to successfully complete the AMC Multiple Choice Questionnaire (MCQ) or a Workplace based assessment (this has yet to be developed).

Standard Pathway doctors undertake a Pre Employment Structured Clinical Interview (PESCI). The interview is undertaken against a matrix of position descriptions for intended placements.

- The **Competent Authority Pathway** applies to IMGs who have completed study and assessment through AMC approved Competent Authorities are also eligible for registration. Competent Authorities approved so far are the United Kingdom, Ireland, USA, Canada and New Zealand. The AMC has accredited courses of study and assessment as being substantially equivalent to Australian awards of MBBS (or equivalent).

In Victoria, the MPB-V is the only accredited provider under the Competent Authority pathway. We are aware that the RACGP has also applied for accreditation from the AMC.

The MPB-V advises that IMGs are able to apply directly to AMC for advanced standing and obtain a suitable job offer, before applying to the MPB-V for registration through this pathway. Transition arrangements are in place by the MPB-V for IMGs who were working in Victoria before 1 January 2008. This pathway is however undeveloped in its processes in Victoria. RWAV has had no applications pending under the Competent Authority model.

10.3 Victorian Collaborative Approach – PESCI – Fitness for Practice interview

The Victorian agencies are currently applying as a consortia to the Australian Medical Council to become an accredited Pre-employment Structured Clinical Interview (PESCI) provider. The proposed framework has been developed in accordance with the AMC Accreditation Guidelines and procedures for the PESCI (dated September 2008). The process provides for:

- Initial Assessment
- Application of the AMC Model Position Description as part of the assessment framework
- Assessment of the practitioner's location on the AMC Risk Matrix
- Pre-employment Clinical Assessment Process, including standardised interview processes, interview content, structural behavioural interviews seeking to assess for safe practice, orientation needs, and level of supervision required; interview reports and outcome reports documenting suitability for the position and specific recommendations for registration.

Through this collaboration, RWAV has been able to continue to conduct PESCI examinations for both the Specialist and Standard pathways for fitness to practice in rural general practice under the auspices of the RACGP and MPB-V

Along with Tasmania, we understand that we are the only States to have been able to continue to conduct PESCI under the General Pathway. This has been the result of cooperation and collaboration between the key agencies including the MPB-V, RACGP, RWAV and PMCV.

Recommendation

We would strongly support closer examination of the Victorian model as a model for other States. We are also keen to maintain the processes we have now put in place through this transition period.

11. Impact of the New Assessment Processes

RWAV is strongly committed to ensuring that doctors placed in general practice should be competent and suitably qualified and agrees with the principles behind the establishment of the National Assessment and Accreditation Scheme, especially to provide for the protection of the public, to facilitate workforce mobility across borders and to facilitate high quality education and training and assessment processes.

There are however some significant issues that have emerged from the implementation of the new Scheme.

Inadequate planning and infrastructure- not yet a national process

Implementation of the scheme however has occurred at a rapid pace, in advance of clarity of roles of different organizations in the assessment pathways and agreed systems and processes. In relation to general practice, it appeared that planning was significantly less advanced by 1 July than in relation to planning in the hospital sector.

The Scheme was hampered by inadequate planning and infrastructure to manage a transition from the previous scheme, with limited consideration of the capacity of key agencies to deliver upon new requirements.

In our view, the Scheme has somewhat unraveled with the development of different processes and requirements at the State level by different medical boards for the different pathways. As a result, the Scheme is not yet a nationally consistent process.

Recommendations:

We would recommend that Standard Assessment processes and tools for the assessment of doctors for general practice be adopted nationally across all States. We see Victoria's collaboration in the conduct of PESCI as a potential model to be adopted more broadly

Insufficient resourcing

New assessment requirements have been introduced by key agencies without adequate consideration of the resourcing implications. The ultimate outcomes of improvement in quality need to be supported by planned funded systems of assessment, IMG training, supervision, mentoring and support. There has been limited evaluations undertaken in regard to the costs and funding arrangements of the implementation of the new Scheme. Whilst we note the proposed COAG investments, the current assessment systems are underresourced.

Recommendations

That funding for the assessment, training, supervision, mentoring, support and orientation systems of the Scheme be reviewed and properly resourced.

Impact on rural recruitment

The impact of the new roles and requirements upon existing Government recruitment and workforce programs did not also appear to have been taken into account in the planning for the implementation of the Scheme.

All Rural Workforce Agencies are reporting a reduction in the numbers of applications received and the numbers of IMGs we have been able to recruit since the introduction of the scheme. These may or may not have a direct causal relationship with the Scheme, but do warrant closer scrutiny.

In Victoria our RWAV staff report that candidates are expressing frustration at the uncertainty in the current system. After a long period of consistent enquiry rates, RWAV enquiries have declined. Enquiries received have drastically reduced from 1,493 in the six months prior to the introduction of the Scheme to 689 since 1 July 2008. Despite this, our staff have worked hard to convert the enquiries we have into recruitments.

Declining enquiries combined with system delays are impacting the number of doctors we have recruited since the Schemes introduction.

The process of recruiting a doctor from overseas can be long and complex. Each stage in the assessment process is a prerequisite for the next stage. The longer the delays at various stages, the more discouraged IMGs can become, and this can directly impact on the numbers of doctors we can attract and recruit.

For example, currently, assessment of prior general practice experience is taking a minimum of three months to process. Furthermore, there continues to be significant delays in receiving AKT results. For instance results from the AKT conducted in September 2008 were received in December.

Recommendations:

That the RACGP be supported to improve capacity and efficiencies in managing their responsibilities within the Scheme.

Greater choice but Greater Complexity

Appendix two summarises the Assessment processes now required to enter general practice in Victoria.

Along with the development of different pathways has come significantly greater complexity and workload for agencies such as RWAV in trying to assist IMGs navigate through the new system. Each doctor requires individual case-management and advice on most suitable pathway for the doctor.

We have moved away from explaining the whole process which is extremely off-putting, to working with each IMG by taking them through the processes they need, step by step. This navigation process is critical. However, the new system is far more complex and demands on our staff have increased substantially because of the complexity of the Scheme.

Recommendations

That the impact on the attractiveness of Australia as destination for IMGs be considered and the support services in place to recruit and navigate IMGs through this system.

Costs for IMGs have significantly increased

The multiple stages of the assessment process has also added significant costs to the recruitment of an IMG. Appendix three summarises the costs for the different general practice pathways. This indicates that for the assessment process alone, without training, supervision, orientation, travel and accommodation costs, that the assessment costs are onerous. These costs have significantly increased and present a further barrier to recruitment.

Recommendations

That the Government consider subsidizing Assessment costs to IMGs especially those moving to work in rural and remote areas and areas of workforce shortage.

Future Capacity Needs

The assessment, placement, support and supervision of IMGs is occurring within the context of a rapid increase in demand upon general practice supervisors and mentors. Supervision requirements and Individual Learning Plans are a requirement of the respective pathways. These will place additional demands for supervision and mentoring within a context of already growing numbers of medical graduates also requiring similar support. Victorian research suggests that there are currently insufficient supervisors and mentors in General Practice in Victoria to meet future demands. This will place further pressure on the recruitment of IMGs if suitable supervisors cannot be found. The funding and support for clinical supervisors in this context needs to be considered.

Recommendations

RWAV is concerned to ensure that any process doesn't compound existing challenges to recruiting health practitioners into communities already faced with significant health challenges and workforce shortages. With this in mind, we recommend that any changes to the current Scheme be carefully considered for their impact on communities, the IMGs and agencies charged with implementing elements of the Scheme.

12. Conclusion

RWAV welcomes the opportunity to provide comment and would be pleased to speak to our submission.

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ASSESSMENT REQUIREMENTS FOR IMGs INTERESTED IN GENERAL PRACTICE IN VICTORIA

As of 22 April 2009

Assessment requirements	Specialist pathway		Standard Pathway	Competent Authority Pathway	
	Qualification path	Experience Path		MPB-V	Proposed by RACGP*
AMC Verification of primary and specialist qualifications	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY
English Language Proficiency ¹	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY
RACGP assessment of qualifications and experience	MANDATORY	MANDATORY	NO	NO	MANDATORY
RACGP Applied Knowledge Test	NO	MANDATORY	NO	NO	RECOMMENDED
Sit FRACGP	NO	YES?	NO	NO	NO
Pre Employment Structured Clinical Interview (PESCI) ²	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY
AMC MCQ Exam	NO	NO	MANDATORY	NO	NO
AMC Clinical Exam or Workplace Based Assessment	NO	NO	AMC YES WBA- NOT KNOWN	WBA NOT KNOWN	WBA NOT KNOWN
AMC Advanced standing	NA	NA	NA	MANDATORY	MANDATORY
Supervised practice	NO	YES	YES	YES	YES
Individual Learning Plan	NO	YES	NOT UNTIL EXAM READY	NO	YES
Orientation	YES	YES	YES	YES	YES

1. English Language Proficiency defined as IELTS, OET, PLAB or Secondary schooling in English speaking country (not Canada)
2. MPB-V authorized RWAV to conduct PESCI. All Victorian PESCI's proposed to be conducted by consortia of MPB-V, RACGP, RWAV and PMCV

COSTS TO IMGs INTERESTED IN GENERAL PRACTICE IN VICTORIA

As of 22 April 2009

Assessment requirements	Specialist pathway		Standard Pathway	Competent Authority Pathway	
	Qualification path	Experience Path		MPB-V	Proposed by RACGP*
AMC Verification of primary and specialist qualifications					
Specialist Assessment Fee	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00
Combined Assessment Fee	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00
English Language Proficiency ¹ IELTS or OET or PLAB	Can vary	Can vary	Can vary	Can vary	Not known
RACGP assessment of qualifications and experience	\$225	\$500	NO	NO	YES
RACGP Applied Knowledge Test	NO	\$1,480	NO	NO	LIKELY
FRACGP	NO	\$5,910	NO	NO	NO
Pre Employment Structured Clinical Interview (PESCI) ²	\$ 1500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
AMC MCQ Exam	NO	NO		NO	NO
Preliminary Application Fee			\$45.00		
Application fee			\$225.00		
Exam costs per exam			\$1,850.00		

AMC Clinical Exam or Workplace Based Assessment	NO	NO	\$2,510.00 WBA- NOT KNOWN	WBA NOT KNOWN	WBA NOT KNOWN
AMC Advanced standing	NA	NA	NA	\$600	NOT KNOWN
Medical Registration	\$415	\$415	\$415	\$415	\$415
Visa Costs	\$2,500-5,000	\$2,500-5,000	\$2,500-5,000	\$2,500-5,000	\$2,500-5,000
Individual Learning Plan	NO	YES	NO	NO	\$?
Orientation	Variable	Variable	Variable	Variable	Variable

Note: This schedule does not take into account any RACGP membership fees. Members of the RACGP do receive discounts on certain services. Membership fees range from \$299 per annum for registrars to \$995 full membership. Once a doctor passes the AKT and enters the RACGP Specialist Pathway, they will be required to become a member so this is an additional cost to the above.