

27 April 2009

The Secretary
Senate Community Affairs Committee
P O Box 6100
Parliament House
CANBERRA ACT 2600

Inquiry into the National Registration and Accreditation Scheme for Doctors and other Health Workers

Feedback on the design of the Federal Government's national registration and accreditation scheme for doctors and other health workers, including:

- a) The impact of the scheme on state and territory health services; and
- b) The impact of the scheme on patient care and safety

As the Rural Workforce Agency for New South Wales, the NSW Rural Doctors Network plays a key role in the recruitment of medical practitioners for rural NSW. We welcome this opportunity to provide feedback on the impact of the national registration scheme on the recruitment of International Medical Graduates (IMGs) for general practice in rural NSW.

Under the national registration scheme there are three potential pathways by which IMGs can obtain medical registration to work in general practice in NSW.

- The Standard Pathway,
- · The Competent Authority Pathway, and
- The Specialist (GP) Pathway.

However, only the standard pathway is fully functional in NSW. Considering the Standard Pathway is the pathway used by the least qualified IMGs to gain registration in NSW, this is doing little to improve patient care and safety in rural NSW.

Whilst IMGs can obtain conditional medical registration via the Competent Authority Pathway in NSW, there isn't an accredited workplace based assessment for IMGs in general practice. IMGs on the Competent Authority Pathway in general practice in NSW can therefore not meet the requirements for general (unconditional) medical registration. Not surprisingly, IMGs eligible for this pathway are reluctant to work in general practice in NSW.

The Specialist (GP) Pathway is even more problematic. The AMC must formally accredit the IMG assessment process for entry to the Specialist (GP) Pathway. This has not been done. The NSW Medical Board (the Board) will not register IMGs on the Specialist (GP) Pathway until such accreditation has been granted. We believe that it is the AMC's and the



RACGP's inability or unwillingness to resolve the issue of accreditation that is preventing the implementation of the Specialist (GP) Pathway.

It is also unclear which IMGs will be eligible for the Specialist (GP) Pathway. At this stage the Board will only consider registering IMGs with post graduate qualifications recognised by the RACGP. However the RACGP recognises that not all countries offer post graduate qualifications in general practice and is willing to include IMGs with at least five years general practice experience. By excluding IMGs without a recognised qualification we are forcing IMGs with extensive GP experience to pursue the Standard Pathway. Instead of sitting the RACGP's Applied Knowledge Test and completing a twelve month orientation and training program relevant to general practice, these IMGs will be assessed as prevocational doctors and placed in more difficult positions with less support than they would receive on the Specialist (GP) Pathway.

The Standard Pathway is arguably the least supported pathway yet IMGs registered via this pathway can be placed in remote, isolated and difficult locations with little professional support. The rudimentary assessment process for the Standard Pathway as well as the lack of resources for ongoing training and support mean that the least well trained of the available IMGs are being placed in some of the most demanding rural locations with inadequate orientation, training and ongoing support. The assessment process for the Specialist (GP) Pathway is the most rigorous of all pathways and offers the most support to IMGs. It should be the preferred pathway for all IMGs working in general practice.

The lack of a Specialist (GP) Pathway is severely reducing our capacity to attract or recruit suitably skilled and experienced IMGs. IMGs with significant experience in general practice are not willing to sit an undergraduate-level examination (which is arguably of little relevance in general practice) and are therefore not willing to apply for the Standard Pathway. IMGs who are eligible for registration through the Competent Authority Pathway are not willing to accept positions in general practice without a confirmed end point.

Medical workforce shortages in rural NSW are already restricting residents' access to medical care and the delays in implementing the Competent Authority and Specialist (GP) Pathways are further hampering GP recruitment. The lack of progress in the past six months, and the lack of information available to us has further impeded recruitment. These factors have discouraged a significant number of potential recruits from applying for positions in NSW.

Since the introduction of the national registration scheme on 1 July 2008, enquiries and applications from IMGs wanting to work in general practice in rural NSW have fallen by more than 50 per cent.

In comparison with other states and territories, the GP workforce in rural NSW is older, they are working longer hours and a higher proportion is in solo practice. In recent years there has also been a fall in the number of GPs in rural NSW providing hospital and after hours cover and procedural services. There is a desperate need for more doctors in rural NSW with appropriate skills and knowledge.

At a national briefing in Melbourne in November 2007, we became aware that general practice had not been adequately considered in the proposal for national registration.



Since then we have been working with the AMC, the RACGP (NSW and national faculties) and the Board to establish a national assessment process appropriate for general practice. We have made every effort to assist with the introduction of the national registration scheme and have been actively involved in the development of the Specialist (GP) Pathway. However there has been little progress since last year and we have become very frustrated with the process. We would appreciate your support in considering the following recommendations.

Recommendations:

- 1. That the AMC and the RACGP be required to finalise accreditation of the Specialist (GP) Pathway within three months of publication of the Committee's Report
- 2. That all IMGs meeting the RACGP's eligibility requirements via qualifications or experience be eligible to apply for the Specialist (GP) Pathway
- 3. That the AMC and the RACGP be required to finalise a process and achieve accreditation for a workplace-based assessment for IMGs on the Competent Authority Pathway working in general practice. This should be done within three months of publication of the Committee's Report.
- 4. That the AMC and the RACGP be required to actively and meaningfully consult with Rural Workforce Agencies in the development of any processes or practices relating to the recruitment and placement of IMGs in rural Australia.

Thank you for your support. I would be please to provide any further information as required. Please feel free to contact me in the Newcastle office, or by email to icameron@nswrdn.com.au.

Yours sincerely

Dr W Ian Cameron Chief Executive Officer

¹ Categories 1 to 4 of the National Reference Panel Categories