Submission No. 114
(Overseas Trained Doctors)
Date: 24/02/2011

TMT submission to House of Representatives Standing Committee on Health and Ageing Inquiry into registration processes and support for Overseas Trained Doctors

February 2011

(Time extension granted due to impact of Cyclone Yasi on Townsville.)

Introduction

Tropical Medical Training is well qualified to assist the Standing Committee on Health and Ageing: Inquiry into Registration & Support for Overseas Trained Doctors (OTDs) and provides the following comments for consideration.

In commencing our discussion it is pertinent to review the provisions that are in place governing the entry to Australian practice for OTDs. In brief, an OTD needs to attain the following:-

1. **Medical Board Registration**
   a. English language test: IELTS level 7
   b. General Registration: Aust. or NZ, (UK, Canada) graduate or AMC Exam pass
   c. Conditional Registration:
      - Area of need
      - Job specific
      - 12 months, renew 3 times, then require General Registration. or Fellowship

2. **Medicare provider number access**
   a. Section 19AB of the Health Insurance Act 1973
      - Applies to OTDs and foreign graduates of Australian medical schools
      - Medicare access restricted to district of workforce shortage for 10 years
      - Section 19AA of the Health Insurance Act 1973
      - Applies to citizens & permanent residents or with no college fellowship
      - Temporary residents are exempt
      - Must participate in an approved training or workforce program
        - Rural Locum Relief Program
        - Queensland Country Relieving Program
        - Approved Medical Deputising Service Program
        - Prevocational General Practice Placements Program
        - Australian General Practice Training Program
        - Approved Private Emergency Department Program
        - Temporary Resident Other Medical Practitioners Program
        - Specialist Medical Colleges in Australia

3. **Immigration**
   a. Temporary resident visa
      - Sponsored by employer
      - 3 months to 4 years
      - Can obtain Provisional Registration within 4 years or leave Australia and then return to reapply

Current situation

- Rural and remote Australian communities will continue to rely unduly on OTDs for some years to provide medical services, despite a gradual increase in numbers of local graduates entering the medical profession.
- OTDs are required to work in a district of workforce shortage ("areas of need"). These areas comprise some of the most remote parts of the country and also those areas where the Indigenous population is highest. The call by the AMA to dispense with this requirement, without proposing an appropriate solution, is poorly considered and of concern to regional communities.
- OTDs make up almost 43 per cent of the GP workforce in rural and remote Australia.
- Medicare, Australia's unique healthcare system has become increasingly complex over time. OTDs require considerable assistance with coming to terms with this system.
- OTDs also have to adjust to different names for medications – even OTDs from English speaking countries take time to adjust to these clinical differences.
- Greater assistance in education and training can be provided through the federally funded GPET regional training providers, who currently service the Registrar training requirements for general practice in regional territories.

Systemic Flaws

The current provisions that govern the entry to Australian practice for OTDs, as listed in the above table, are burdensome; lacking transparency; difficult to navigate; require constant attention to imposed time restrictions and deadlines; incur additional costs at many points in the process without clarity; require frequent duplication and entrenched obfuscation; inconsistent timelines and are incongruous when reviewed against performance; cumbersome and uncertain requirements led by distantly differing bodies (Medical Board of Australia; the Colleges who grant Fellowship and the Australian Medical Council.)

Applicants feel powerless to make adverse comments as they are fearful that they may be treated vindictively, which is often the practice in their country of origin.

There is a distinct lack of customer-service focus when corresponding by the authorities with OTD candidates, who are frequently left feeling confused, out-of-pocket and frustrated by the process.

Interview options for candidates are inconsistent and results are not communicated well to OTDs in a timely manner. Frequently, applicants find that the job offer has lapsed while awaiting results of their registration application.

RECOMMENDATION ONE

The current provisions governing the entry to practice for OTDs require immediate review with an effort to make them streamlined and easier to navigate; reduce costs and duplication; and, provide training for personnel to address customer-service shortcomings and improve communications.

Basic Medical Education and Training

The Australian medical system has had a long reliance on OTDs to provide care in regional, rural and remote communities where local graduates are unwilling to work. The OTDs have formed a relatively invisible, professionally isolated workforce[1].

OTDs come from many nations with different health systems and languages to Australia and with unknown and unassessed standards of basic medical education. This lack of knowledge by Australians of international medical training systems and processes has led to a questioning of the competency of individuals educated in overseas universities.

But the individual may have spent many years in highly specialised and populous clinics; allowing the individual to develop expertise in a range of primary care conditions relevant to Australia. In a study carried out in 2005 by Richard Hays MD, PhD, FRACGP, FACRRM, it found that most of the candidates interviewed "claimed broad experience and strengths in a range of medical discipline areas, particularly in emergency, obstetric and anaesthetic procedural skills."[2] And, despite the diverse range of backgrounds and language skills, the experiences of the OTDs interviewed were often highly appropriate to rural practice.

[1] *Hays RB. "An Invisible Workforce?" Medical Journal of Australia 2004;181:385*

[2] *Hays RB.*

The study concluded "it was surprising that many participants were employed with so little prior assessment of their knowledge and clinical, or language skills and without any formal preparation for professionally isolated rural and remote practice."[3]

Few dispute that with encouragement and support OTDs can adapt and provide valuable services, filling the needs of medical workforce in regional and remote areas. But the study highlighted the need for formal programs of training to be available to prepare OTDs for professionally and culturally isolated practices in rural and remote areas.

RECOMMENDATION TWO

The regional training provider scheme funded by the federal government and managed by GPET is aptly placed to extend its operations to meet the needs of OTDs for education and training in a local and/or regional context.

Workforce Planning

The importance of medical workforce planning requires an immediate investigation to determine accurately the number of prevocational and vocational training places required across Australia and, in particular, the rural and remote regions that are currently served by OTDs.

In recent years medical school applications have reversed the trend of the past 15 years and the foreshadowed increase of graduate numbers should ensure Australia achieves a level of self-sufficiency in medical workforce supply.

Until we reach that point where supply and demand are in equilibrium with local graduates (whether these be local Australians or overseas students who have graduated from an Australian university), there will be a need to fill vacancies. And it is most likely that the significant vacancies will continue to exist in rural and remote areas.

Medical workforce planning could be improved by a better understanding of the training and educational requirements of the workforce.

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[3] *Hays RB.*

A point of interest is the fact that currently overseas students who graduate from an Australian university have no guaranteed position as an intern, which means the cost-benefit of this training is not achieved and the rural and remote areas continue to rely on imported OTDs with associated difficulties.

Mechanisms are well in place to aid in the determination of health workforce needs – the recently established Health Workforce Australia; and, the well-recognised *National Health Workforce Strategic Framework* (NHWSF)[4] - to guide national health workforce policy and planning over a ten year time frame.

As the NHWSF was a ten year strategic development introduced in 2004, it is fast approaching its completion date, yet many of the key principles remain unaddressed. Therefore the key to delivery of the vision for the Australian health workforce is for all stakeholders to develop health workforce policy based on the seven principles.

2004 National Health Workforce Strategic Framework (NHWSF)

The principles interlink and have been developed to focus on the key action areas that will be essential to the delivery of the vision. These can be summarised as:

- ensuring and sustaining supply (see Principle 1);
- workforce distribution that optimises access to health care and meets the health needs of all Australians (see Principle 2);
- health environments being places in which people want to work (see Principle 3);
- ensuring the health workforce is always skilled and competent (see Principle 4);
- optimal use of skills and workforce adaptability (see Principle 5);
- recognising that health workforce policy and planning must be informed by the best available evidence and linked to the broader health system (see Principle 6); and,
- recognising that health workforce policy involves all stakeholders working collaboratively with a commitment to the vision, principles and strategies outlined in this framework (see Principle 7).

RECOMMENDATION THREE

The seven principles, as listed, of the *2004 National Health Workforce Strategic Framework* should be immediately acted on and implemented to overcome short-comings of the current situation.

[4] National Health Workforce Strategic Framework © Australian Health Ministers' Conference 2004

10 year Moratorium

OTDs including overseas medical students, first registered with an Australian medical registration board on or after 1 January 1997 are not able to attract Medicare benefits for their services for a minimum period of ten years, unless they hold a section 19AB exemption.

A section 19AB exemption requires OTDs to work in a district of workforce shortage (DWS) in order to access the Medicare benefits arrangements. The determination of DWS is made by the Department of Health & Ageing (DoHA) and relates to whether a particular community has less access to general practitioners than the national average. This regulatory arrangement is known as the "10 Year Moratorium".

TMT is aware that a number of Australian medical bodies – including the Royal College of General Practice and the Australian Medical Association – have stated objections to the implementation of the "10 year Moratorium". However the objections do not obviate the need that a shortage of medical graduates is still apparent and it will be some years before the number of local graduates will meet the needs of the Australian community.

Given the nature of rural practice with its emphasis on resourceful individualism, generalist medical skills, isolation, lack of supervision and small communities, it is a tribute to OTDs that they accept the requirements of the 10 year moratorium with all the combined hardships and have continued to support local communities when Australian graduates did not.

Although Australian medical schools are now producing reasonable numbers of local graduates, there is still limited evidence that they are willing to hang their shingles in far north and western Queensland or equally remote areas. Despite the mining boom, there has been little local investment by mining conglomerates in community services that allow doctors to enjoy desirable accommodation, schooling and family services as experienced in more urban areas.

The recent introduction of the Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA) system has meant that TMT's vast zone includes scaling from RA 2 in Mackay; to the majority of the area being RA 3 and RA 4; and more remote areas classified as RA 5 including Mt Isa.

This change of classification has led to a significant impact on the *Rural Health Workforce Strategy* that aims to better target workforce incentives to communities in greatest need and the numbers of OTDs applying for training.

Complementary to these changes is the immediate need to improve services for OTDs by training organisations in the region.

Currently GPET funding does not permit regional training providers to offer educational and training services to independent OTDs. Only if the candidates have been accepted onto the GPET funding program is the regional training provider able to assist them. However, a vast majority of OTDs practice across the communities in far north and western Queensland with limited access to support of any kind other than what is generously provided by local practitioners.

It is with concern that TMT acknowledges the call by the AMA and RACGP to dispense with the 10 year Moratorium without advocating any method of ensuring regional communities in outback regions gain the medical services they require.

Dispensing with the 10 year moratorium would be especially difficult for rural and remote areas of Australia who rely on OTDs to fill over 40 per cent of their workforce. This reliance will remain for many years due to the hardships and deprivations faced by the remote areas of Australia.

RECOMMENDATION FOUR

Continue the advantages of the 10 year moratorium to provide medical practitioners and services in rural and remote areas of Australia until it can be proven that local graduates have met the needs of these communities. Further, provide additional incentives or prescribed obligations to the candidates on the GPET program to meet the needs of regional and rural communities post-training.

Rural Generalist Training Pathway

Many of the medical professional organisations have supported the concept of a generalist medical training for the first two years post attainment of a medical degree. This is a popular choice in Queensland and has led to an increasing number of practitioners seeking to specialise after the completion of internship and leave the role of general practice or remain in the hospital system.

A key requirement of the Rural Generalist Training Pathway is to ensure there are adequate dedicated Advanced Skills Training posts in rural hospitals to train rural generalists.

In recent years the changing demographics of the workforce: older graduates, graduates with previous work experience (inside and outside the health system) have placed pressure on this model with increasing numbers of graduates.

This issue needs to be addressed. The value of generalist skills cannot be underestimated; however it should be possible to move towards some form of specialisation while still achieving another generalist year to hone skills.

TMT would support a program where the first year of speciality training could straddle the second year of general training. The year could be hospital/community based and would have an emphasis on the broad generic skills that transcend speciality specifics, but are important to the development of an ideal doctor whether they be an OTD or not. The special clinical skills would be obtained later through terms and could be provided to fit with the OTD's area of interest.

RECOMMENDATION FIVE

Ensure that the Rural Generalist program includes compulsory community practice in a primary health care setting for all registrars, including OTDs.

Accessing Quality & Appropriate Education & Training

The majority of OTDs enter the Australian medical system seeking an immediate access to vocational registration, which is only available on successful completion of Fellowship with the Royal Australian College of General Practitioners or Australian College of Rural and Remote Medicine.

A number of services provide ad hoc support for these doctors if they are unsuccessful in entering a training program. But coordination, promotion and clarity around the end result of what is offered is lacking. OTDs are left to their own ability to access appropriate education that not only provides guidance on their clinical knowledge, but importantly provides good communication training for the Australian culture.

Cultural understanding and language present some of the biggest barriers to the successful employment of OTDs.

A consultation with a medical practitioner relies on nuances of verbal expression, body language and visual cues. In addition to IELTS level 7, what is also required is speech pathology on the syntax, structure and command of Australian english.

The need for OTDs to have successfully passed IELTS level 7 does not necessarily equate to a grand expressive command of the use of english by Australians. Australians are renowned for their use of colloquial expressions and this is no different in a medical consultation; and, the issue is amplified in rural and remote regions of the Australian landscape.

The current policy, where OTDs fulfil the requirements of the 10 year moratorium means those who are already struggling with the idiomatic expressions of the Australian language and our health system, are even further isolated from training providers and access to communication understanding and support.

There exists a range of ad hoc services to support the development and settlement of OTDs. From the useful DoctorConnect website to more questionable organisations, limited educational, training and skill development can be utilised by the OTD at their own cost. The RACGP for example, conducts a two day forum "Diversity in our Discipline" that provides introduction to many of the barriers to a successful pathway through the requirements to achieve Fellowship. However, the course costs $550 and there is no guarantee that the candidate will find the information useful or applicable to his/her won situation, given the vast differences that exist among candidates.

TMT proposes that a clear, concise register of what organisation provides what level of support for OTDs and in what location and with guidance on the cost, be established. This could simply be an online register built around the Doctor Connect site that would detail how each service supports the OTD to achieve their Fellowship training program.

The OTD would then be able to appropriately access his/her own needs; what services are available to support him/her in his/her region; and at what cost. Individuals, Councils, medical associations and medical services could access the services and could identify for themselves the omissions and duplications of services; the costs and advantages of each.

RECOMMENDATION SIX

Enhance the Doctor Connect website – or alternative - to provide clear and concise guidelines for OTDs seeking additional support for their application and migration to Australia and detail how each listed service supports the OTD, and at what out-of-pocket cost, to achieve their Fellowship training program.

Family, Accommodation & Gender Needs

Australia is increasingly sourcing candidates from Asian, Middle East and North African countries where the roles of women in the household are not as liberated as Australia accepts. The current policies relating to OTDs are not sympathetic to the female OTD. She is traditionally the primary care giver for her family, providing homemaking stability and rearing children in the immigrant household.

The different cultural backgrounds of OTDs can acerbate this gender difference. This means an onerous burden to complete the Fellowship requirements is carried by women OTDs from these countries; including the time allowed to practice and requirements to sit the exam as currently set by the RACGP.

Because OTDs lack permanent residence, they may not have access to Medicare entitlements or equal access to education entitlements for their children and they cannot access social welfare support. They are asked to perform in the most difficult medical environment with little medical and peer support, but also no support for their own or their family's medical and educational requirements.

As the average age of a medical graduate is older, there is pressure to finish specialist training earlier. Consideration should therefore be given to switching to competence based rather than time based training. This would permit recognition of ongoing training and course successfully completed by the OTD.

There is also a maze of bureaucratic complexities relating to migration, insurances, taxation, Medicare number, which cause frustration and concern for OTDs. This stress is avoidable if an appropriate review of government services could be implemented leading to a more consistent process that eliminated unnecessary duplication.

RECOMMENDATION SEVEN

Ensure that changes to the current system of the provisions governing the entry to practice for OTDs do not adversely, inappropriately or unjustly disadvantage the OTD applicants. Consideration should therefore be given to switching to competence based rather than time based training. This would permit recognition of ongoing training and course successfully completed by the OTD.

Impact on Global Training of Medical Practitioners

OTDs are increasingly drawn from countries where English is not the first language; these OTDs therefore face both language and cultural differences. OTDs who stay in Australia long term are also more likely to come from countries where English is not their first language. OTDs from the UK, Ireland or the USA are likely to work in Australia for only short periods of time.

However, by immigrating to Australia the cost of the individual's medical education is not returned to his/her own country, but instead benefits Australian communities. This issue is of global concern and equally affects Australia when local graduates choose to work overseas.

At this point in time the numbers and reliance of Australia on OTDs to fill the rural and remote workforce outweighs the migration of Australian graduates to overseas postings. So through this reliance on OTDs, Australia adds to the short fall of medical services across the world in countries of greater need and with challenging health services.

RECOMMENDATION EIGHT

A requirement on OTDs to serve in their country of origin for a certain period of time, would have the benefit of ensuring the cost of medical education is repaid and that any uncertainty with the individual's clinical knowledge is improved.

Access to General Practice Education & Training (GPET) program

The Government fully funds up to 1200 GP training places through GPET for doctors wishing to be specialist GPs and who have general registration and permanent residency. These doctors undergo well supported and

resourced training programs through regionally based training providers (such as TMT) leading to Fellowship of RACGP or ACRRM and unrestricted practice.

There are three categories of OTDs wishing to achieve GP Fellowship and unrestricted practice who could be better supported with good effect.

1. OTDs who have not been able to pass the AMC clinical examinations and therefore have not been able to secure permanent residency and so are not eligible for entry to GPET programs.
2. OTDs who have passed AMC clinical examinations and have permanent residency, but have not been able to achieve selection into the GPET stream of GP training.
3. OTDs undertaking the standard pathway independently towards Fellowship of RACGP or ACRRM again not via the GPET path.

Support is needed to help the doctors in these three streams to achieve Fellowship and specialist registration with unlimited practice rights.

Given the different circumstances of the doctors in the three streams, the first step would be a needs assessment and the access to a GPET funded regional training provider, resources and training programs.

It is unlikely that the needs of the doctors in the three streams mentioned are very different to those of the GP Registrars selected into the GPET program so that their needs could be met from existing resources.

Access to the regional training providers would assist with clinical training, preparation for exams, language training support, which are likely to be issues high on the list of needs.

RECOMMENDATION NINE

Provide OTDs access to the resources of the GPET training providers to create networks in addition to the education and support directly provided in these three streams, to overcome the lack of educational networks and peer support groups required to share knowledge and experience. A limit may be required to ensure the GP Registrars on the GPET program are not negatively affected.

CONCLUSION

TMT is pleased that the House of Representatives Standing Committee on Health and Ageing Inquiry into registration processes and support for Overseas Trained Doctors is being conducted. As a regional training provider in an area that includes over 40 per cent OTDs, TMT has a recognition and understanding of the hardships and frustrations imposed by the current system on people who are willing to serve in significantly disadvantaged regions of Australia. These are regions that local graduates have demonstrated little interest in fulfilling the medical needs of communities.

There is little doubt that OTDs to date have achieved positive recognition across many of their working environments and TMT is keen to support and encourage the continued education of overseas graduates to serve in communities that need them.

The current regional training provider's network, funded through GPET by the Department of Health and Ageing, is well placed to be the delivery agent and support organisations for OTDs in a qualified and competent manner.

TMT is keen to present further evidence to the Committee if required and would welcome attending the Cairns briefing session.

Tropical Medical Training
Townsville
February 2011

18 February, 2011

The Secretary
Standing Committee on Health and Ageing
Attn: Inquiry into Registration & Support for Overseas Trained Doctors
House of Representatives, Parliament House,
Canberra ACT 2600

Dear Secretary

RE: Inquiry into Registration Processes and Support for Overseas Trained Doctors

Tropical Medical Training (TMT) provides education and placement support in general practice for Registrars approved by the Australian General Practice Training Program, across northern and western Queensland. Training success with TMT leads to either Fellowship in the Royal Australian College of General Practice (FRACGP) and/or Fellowship in the Australian College of Rural and Remote Medicine (FACRRM). Covering all of northern and western Queensland, TMT's region serves tremendously diverse rural, tropical and Indigenous communities, as well as high quality hospitals and private general practices in urban cities.

Based in Townsville and operating since 2001, TMT conducts training using a regional structure, supported by local Medical Educators, Supervisors and support staff in rural and remote areas. TMT's geographical zone covers two-thirds of Queensland and serves the region through significant urban centers, each with a greater population than Darwin. From Mackay, Townsville, Cairns, and Mt Isa and the Greater West, to the Atherton Tablelands, Cape York, and Torres Strait Islands, the training opportunities at TMT are very diverse. With distances of 400 kilometers separating the major city centers and very different cultural and geographical features, the delivery of general practice offers many opportunities for unique experiences. The TMT region is equal to the combined size of NSW and Victoria, and is home to 27 percent of Australia's Indigenous population. Additionally, TMT's region includes more Indigenous training posts (both federally funded Aboriginal Medical Services and Queensland state-funded Primary Health Care Centres) than any other regional training provider in Australia.

Given this background and familiarity with medical structures and systems; isolation; and, communities' development and needs, TMT is well qualified to assist the Standing Committee on Health and Ageing: Inquiry into Registration & Support for Overseas Trained Doctors (OTD) and provides the attached comments for consideration. As a regional training provider, TMT is aptly placed to deliver educational support and training advice for OTDs.

We welcome the opportunity to present our experience and would be keen to attend the Cairns submission hearing in two weeks.

Yours sincerely

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