

Submission No. 124
(Overseas Trained Doctors)
Date: 02/03/2011



P10/939

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

Dear Sir/Madam

Inquiry into registration processes and support for Overseas Trained Doctors

I refer to your letter of 15 December 2010 to the Director-General of the NSW Department of Health seeking a submission to the House of Representatives Standing Committee on Health and Ageing Inquiry into the registration processes and support for Overseas Trained Doctors.

NSW Health has considered the terms of reference of the Inquiry and provides the attached submission for the Committee's consideration.

Should you require further information in relation to this matter, please contact Ms Robyn Burley, Director Workforce Development & Innovation, on 9391 9678.

Yours sincerely

Karen Crawshaw
Deputy Director-General
Health System Support

NSW Health's comments in relation to the Terms of Reference of the Inquiry:

1. *Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand colleges' assessment processes, appeal mechanisms could be clarified, and the community better understand and accept registration decisions.*

1.1 Transparency regarding information about qualifications accepted by Medical Colleges

It is recognised that the assessment of overseas trained doctors (OTDs) is a complex undertaking. However, it is submitted that significant improvements could be made to improve Colleges' assessment processes for specialists. Over the last ten years jurisdictions, as employers, have consistently raised concerns about Colleges' assessment processes based on existing qualifications of OTDs. These concerns have been raised by States and Territories in the process coordinated by the Commonwealth through the Technical Committee on a nationally consistent approach to the employment of overseas practitioners.

Specialist Medical Colleges assess international medical graduate (IMG) specialists to determine whether their training and clinical experience is comparable to that of specialists who have trained in Australia.

The majority of specialist Colleges do not provide a list of qualifications, or guidance on evidence of experience, that they consider to be substantially comparable to Australian qualifications for the benefit of applicants and their potential employers.

This lack of clear information on the criteria to be met makes it difficult for an employer or applicant to easily determine if they will be assessed as partially or substantially comparable at the early stage in an assessment process.

In seeking to arrange employment of an OTD who awaits assessment, employers and applicants require in depth knowledge of the curriculum, training program and assessment processes of Australian Colleges, and of the training programs undertaken by the OTD, to be able to make an informed decision about whether the applicant is considered substantially comparable. Currently employers may recruit an IMG believing that they are comparable and then find that the College assessing the IMG has not given a favourable assessment.

Given the time it takes to recruit to a position and then have the assessment and registration process completed, it can often be that employers have invested 6-12 months in trying to fill a position only to discover that the doctor they have selected is deemed not suitable by a College.

A list of qualifications should not be considered exhaustive. It is recognised that because of the complex assessment process there may be specialists who, while not having the qualifications listed, may still be assessed as substantially or partially comparable. This is based on an assessment of all their training, including qualifications gained after the initial

specialist qualifications and work history. To assist with assessment, information on the evidence of experience that would support applications for speciality registration would be beneficial.

1.2 Criteria used to Assess Comparability

In addition to the issue about whether individual OTDs are comparable, is the ability to assess the training programs they have undertaken.

There needs to be continuing work by Colleges to have clearer, evidence based criteria by which comparability of training programs is established. It is acknowledged that establishing comparability is a complex and difficult issue. Currently Colleges use criteria such as length of training program and training program assessment tools, to establish comparability. However, the evidentiary basis for the particular length of Australian College training programs or for the use of particular assessment tools is not clear. Further, it appears that some Colleges require that overseas training programs be at least as long as a similar Australian program to be considered comparable, even in the absence of evidence that a longer training program is a better training program. To facilitate greater understanding of the assessment process, there should be a clear, evidence based explanation behind the assessment of training programs.

1.3 Specialist Registration Pathway

In the previous *Medical Practice Act 1992* there were two forms of conditional registration that were applied to specialists who were overseas trained: s7(1)E and s7(1)F.

- Section 7(1)E allowed the IMG to practise at the level of a Specialist, limited to their field of speciality (conditional specialist), without the need for any further peer review.
- Section 7(1)F allowed the IMG to practise at the level of a Specialist, limited to their field of speciality, but were still required to undergo further specialist training or examination before being assessed at the level of s7(1)E.

At the moment the *Limited Registration for postgraduate training or supervised practise registration standard*, provided for under the *Health Practitioner Regulation National Law (2009)*, lists substantially comparable registration under the Specialist pathway section. NSW believes this is inappropriate for IMGs who would have previously been registered under s7(1)E because such an IMG has been considered to be substantially comparable and therefore the College has determined they no longer need to undergo further specialist training or examination. Given this, registering such IMGs in a limited registration category means they are restricted under the *Health Practitioner Regulation National Law (2009)* only be able to practise up to 3 years (as they should be working toward Specialist registration). Therefore they need to be registered in a category that is restricted to their field of speciality but not "Limited" so they are caught by the Act.

In respect to the previous s7(1)F, there is currently no equivalent registration category to replace it. This means IMGs are being registered under the *Limited Registration for postgraduate training or supervised practise registration standard* who are practising in a Specialist position but are not registered on the Specialist Register. This is causing significant confusion for both practitioners and employers.

1.4 Requirement to Work under Supervision or Peer Review

Even where an applicant is assessed as substantially comparable they are still required to work under peer review/supervision for a period of time. It is unclear why this is required and the stated purpose does appear to vary between Colleges.

It is also unclear what implications this requirement has in terms of registration. Currently there is confusion for both employers and registrants on whether an overseas trained specialist, who is assessed as being substantially comparable but requiring 12 months peer review/ supervision, is eligible for specialist registration or only limited registration. A contributing factor to this lack of understanding has been the experience that in some cases, where identical assessments have been given, one applicant has been granted specialist registration and another limited registration. A more standardised approach to registering overseas trained specialists assessed as substantially comparable is needed.

It is recognised that specialists who have not worked in the Australian health care system are required to become familiar with the Australian health care system. However, peer review/supervision may not be the most efficient and effective way of providing overseas trained specialists with the information that they require to become familiar with the health system, or of assessing their knowledge in this area.

It also appears that in many cases, rather than assessing a specialist's familiarity with the Australian health care system, Colleges use the period of peer review/supervision as a further assessment of the specialist's claims to substantial comparability even though they have already been recognised as substantially comparable.

For example, the Australian and New Zealand College of Anaesthetists (ANZCA) grants overseas trained specialists Advanced Standing towards substantial comparability and then requires the specialist to undertake a period of Clinical Practice Assessment (CPA) and to then have a workplace-based assessment (WBA) performed in the last three months of their CPA period. ANZCA WBA involves assessing medical and general communication skills, physical examination skills and clinical judgement. This would appear to be assessing more than just their familiarity with the Australian health care system.

The Royal College of Pathologists of Australasia (RCPA) has a peer review process that allows those specialists whose training and experience is deemed to be substantially comparable to a Fellow of the RCPA to undertake a period of peer review as a pathway to Fellowship. However, the RCPA policy states further that the purpose of the peer review is twofold: it allows orientation of the applicant to the Australian health care system; and it allows practising specialists to interact with the overseas trained doctor in a clinical context to determine if they are performing at an appropriate level, and to identify areas that may need improvement prior to awarding a Fellowship of the RCPA.

NSW Health understands that the purpose of peer review is to only assist with familiarity of the Australian health care environment and it should not have any bearing on the assessment already made that the specialist is substantially comparable. If this is the case, orientation of the Australian health care system needs to be more robust with a clearer understanding and definition of orientation. Further, it should not stop an applicant getting immediate specialist registration.

Development of a curriculum for this aspect and a program of delivery and assessment that does not involve direct peer review is also supported. Many issues that doctors need to understand, such as legislative obligations and Medicare, may be better covered in a non-clinical environment such as online learning and simulation. Development of a curriculum and learning tools may also be of assistance to locally trained specialists, to improve understanding on non-clinical aspects of the Australian health care environment.

It should also be noted that it may be difficult to identify a suitable supervisor/peer reviewer, as the overseas trained specialist has often been recruited to work in an area of workforce shortage because of a lack of locally trained specialist working in that area. There also may be situations where the only suitable peer reviewer may have a conflict of interest, e.g. where the peer reviewer is in private practice in the town/district and supporting another specialist to become a Fellow in that town may potentially decrease their income and increase competition.

2. Report on the support programs available through the Commonwealth and State and Territory governments, professional organisations and colleges to assist OTDs to meet registration requirements, and provide suggestions for the enhancement and integration of these programs.

NSW hospitals provide direct support to their doctors to improve their skills and knowledge and assist them obtain specialist or general registration. The support provided varies and will often be determined by the individual needs of the doctor. For example, many hospitals provide assistance in refining communication skills for IMGs, with a particular focus on developing an understanding of colloquial language used in a hospital environment.

NSW Health has an IMG orientation program and the Australian Medical Council (AMC) Pre-employment program to enable a smooth transition for OTDs into the NSW Health system.

The IMG orientation program arose as a key action from the *Caring Together Action Plan* which reviewed the induction process for international medical and nursing graduates. A sum of \$488,064 in additional funding was allocated in the 2009/10 financial year to support a rural local health services induction program, for both international medical graduates and nurses recruited to NSW.

Further one-off funding totalling \$640,000 was allocated in 2010/11 to rural and metropolitan health services to support international graduates to integrate more easily into the NSW health care system.

In addition, the Department of Health funds the NSW Clinical Education and Training Institute to conduct a Pre-Employment Program to support Australian Medical Council (AMC) graduates in their transition into the NSW public hospital system. The program is offered to AMC graduates free of charge, but participants are not paid to attend the course.

These programs are in the early stages of development and appear to be functioning well as an orientation approach. Evaluation against ongoing registration has not yet occurred.

3. Suggest ways to improve impediments and promote pathways for OTDs to achieve full Australian qualification, particularly in regional areas, without lowering the necessary standards required by colleges and regulatory bodies.

Supervision requirements, as outlined under the response to Term of Reference 1, pose significant barriers for all OTDs in achieving full Australian qualifications.

The requirements for supervision of IMGs are often difficult to meet in rural and regional areas because of workforce shortages in these areas. However, it is usually to these locations that overseas trained specialists and overseas hospital non-specialists are recruited.

As already outlined, further discussion and clarification is required as to why applicants assessed as substantially comparable are required to have further peer review or supervision to obtain Fellowship of Colleges and specialist registration, or general registration for those assessed under the Competent Authority pathway.

3.1 Competent Authority Pathway

NSW has consistently supported the national approach to the Competent Authority pathway. Under the Competent Authority pathway, applicants from countries considered to have substantially comparable training gain advanced standing towards the AMC Certificate. They must, however, then complete a period of 12 months of supervised practice and also have satisfactory workplace based assessments.

As for specialist assessment, it is unclear why doctors under the Competent Authority pathway, who are substantially comparable, need such a lengthy period of supervised practice, and why 12 months has been determined as the appropriate period of supervision. It is understood that the period of supervised practice is to ensure that the applicant is familiar with the Australian health care environment, not to assess their clinical skills. It is unclear why 12 months is the prescribed timeframe for achieving familiarity with the health system. There appears to be no evidence to support this timeframe. Instead, NSW considers that individual applicants will require different periods of times to become familiar with the Australian health care system (some may require 2 weeks, others 10 weeks etc).

Unless it can be substantiated that 12 months supervision is required, then consideration should be given to making 3-6 months the standard for supervision of applicants under the Competent Authority Pathway.

3.2 Standard Pathway

Those hospital non-specialists not eligible for the Competent Authority pathway must apply for the Standard pathway. This requires the doctor to undertake the AMC Multiple Choice Examination and then either the AMC Clinical Examination or the Workplace Based Assessment. After obtaining the AMC Certificate they must complete 52 weeks of supervised practice including 10 weeks of surgery, 10 weeks medicine, and 8 weeks Emergency Medicine. This is consistent with the requirements for local graduates completing internships and applying for general registration.

While domestic graduates of Australian universities are guaranteed an intern position, AMC graduates are not guaranteed a position in any state or territory. It is expected that as local graduate numbers increase, AMC graduates will find it increasingly difficult to find positions that allow them to complete the 52 weeks of supervised practice required in order to meet general registration requirements.

The Medical Board of Australia has asked the AMC to provide advice on the intern year requirements. It is important to consider what the purpose of an intern year is and, in the same context, the purpose of a period of supervised practice for AMC graduates. The main purpose should be to ensure they are able to demonstrate independent practice in the Australian health care system. There is clearly no expectation that after a 10 week term in surgery, for example, the doctor will be an expert in surgical practice.

While it is positive that doctors have a broad range of experiences before specialising, the requirements for both interns and AMC graduates to gain experience in surgery, medicine and emergency departments may be overly prescriptive and not necessary. Given that so many doctors will be required to seek these terms, this may result in delays in registration if terms are unavailable. Clearly, if there is a strong evidence base as to why these terms must be completed, as a requirement for general registration, then they should be retained as core terms. However, this evidence and the rationale for the length of training in each core term has not been clearly articulated to-date.

The requirements for AMC graduates to complete these specific rotations does mean that they will seek out positions that can provide these even if the location of the position or type of position may not be their first preference. Generally, rural and regional hospitals may not be able to provide all of these term requirements and so, while a workforce requirement may remain for IMGs in rural and regional areas, they may not take up positions if they can't obtain general registration while working at these hospitals.

It will be important for clear information to be provided to future IMGs undertaking the AMC assessment process as to what opportunities there will be for them to complete the clinical requirements for general registration. If not, there will be an increasingly large cohort of doctors who have completed the AMC examination process but are not able to obtain general registration. Further, there may be doctors who have extensive experience in the Australian health care system, but who have not completed the mandatory terms and therefore are not able to apply for general registration.

3.3 Workplace Based Assessment for the Standard Pathway

As an alternative to completing the AMC clinical examination, applicants may apply instead to be assessed through Workplace Based Assessment (WBA). It is understood that while successfully completing the WBA they need to complete core term rotations. If a doctor has demonstrated competency in emergency, surgery and medicine through WBA, it is unclear why they must then undertake a further 10 week term in this discipline. If doctors must complete these core terms, even if they have had successful WBA in these areas, it will take them away from the areas that they are working in (if they can obtain a suitable rotation). WBA will only add to the number of AMC graduates who have met the examination requirements but require a period of supervised practice to be eligible for general registration.

If a doctor has completed a period of supervised practice that is equal to the amount of supervised practice time required for general registration, and been assessed through WBA in the different clinical areas, they should be eligible for general registration, even if they have not completed specific rotations in these areas.

3.4 Information on the MBA website

It may not be appropriate that Specialist and General Practitioner positions are being listed on the MBA website as typical registration types for an IMG under the Competent Authority pathway or the Standard pathway. These pathways only lead to general registration. IMGs employed in GP or specialist positions should only do so under the Specialist pathway. Only IMGs who are not able to meet the requirements for the Specialist pathway would be going down the Standard or Competent Authority pathways, as presumably they would need to gain general registration and complete vocational training as do the Australian trained doctors. They would, therefore, only be employed as trainees and never as specialists/GPs until they obtained fellowship.

It may also not be appropriate for Area of Need (AON) to be referred to under the Standard and Competent Authority pathways when this option, as specified in the Final Report of the IMG Technical Committee, is a subset of the Specialist pathway only. IMGs seeking general registration do not need an AON pathway as they have the Competent Authority pathway and Standard pathway, which allow them to gain limited registration and work in a position that does not need AON status.

SUGGESTED IMPROVEMENTS

- That the Specialist Medical Colleges provide a list of qualifications or guidance on evidence of experience that they consider to be substantially comparable to Australian qualifications for the benefit of applicants and their potential employers.
- That Specialist Medical Colleges develop clearer, evidence based criteria by which comparability of training programs is established.
- Clarification is required regarding how partially comparable specialists are registered under the *Health Practitioner Regulation National Law (NSW)*.
- Development of a more standardised approach to registering overseas trained specialists assessed as substantially comparable.
- Clarification and consistency in the purpose of peer review or supervision including a clear definition of 'orientation of the Australian health care system'. Development of a curriculum and learning tools for orientation and peer review may be of assistance to locally trained specialists, to improve understanding on non-clinical aspects of the Australian health care environment.
- Unless it can be substantiated that 12 months supervision is required, consideration should be given to making 3-6 months the standard for supervision of applicants under the Competent Authority pathway.
- That clear information be provided to future IMGs undertaking the AMC assessment process as to what opportunities there will be for them to complete the clinical requirements for general registration.
- Doctors being assessed through the Standard Pathway should be eligible for general registration, even if they have not completed specific rotations.
- It may not be appropriate that Specialist and General Practitioner positions are being listed on the MBA website as typical registration types for an IMG under the Competent Authority pathway or the Standard pathway.
- It may not be appropriate for Area of Need (AON) to be referred to under the Standard and Competent Authority pathways when this option, as specified in the Final Report of the IMG Technical Committee, is a subset of the Specialist pathway only.