Submission No. 91
(Overseas Trained Doctors)
Date: 21/02/2011

RWAV
Rural Workforce Agency, Victoria

Rural Workforce Agency, Victoria (RWAV):

Submission to House of Representatives Standing Committee on Health and Ageing - Inquiry into Registration Processes and Support for Overseas Trained Doctors

RWAV works to provide 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.

As part of a collaboration with the Post-Graduate Medical Council of Victoria and the Medical Practitioners Board of Victoria, RWAV achieved Australian Medical Council accreditation in 2009 to conduct Pre-employment Structured Clinical Interviews (PESCIs) in Victoria for general practice. These are conducted independently operating under the auspice of a separate operating arm: Health Workforce Assessment, Victoria (HWAV). From January to December 2010, HWAV has conducted 179 PESCIs.

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. In addition RWAV administers Medical Specialist Outreach Services (MSOAP) to rural and Aboriginal communities and the provision of locum services.

RWAV welcomes the opportunity to comment and would be pleased to talk to this submission if required.

Inquiry Terms of Reference

Recognising the vital role of colleges in setting and maintaining high standards for the registration of overseas trained doctors (OTDs), the Committee will:

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;
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; and
3. Suggest ways to remove 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.

Executive Summary:

RWAV works to provide sustainable health workforce solutions for disadvantaged communities, particularly rural, remote and aboriginal communities. RWAV strongly supports the intent and objectives of The Health Practitioner Regulation National Law (Victoria) Act 2009 namely:

- Recognising the importance of protecting the public and ensuring that practitioners are suitably qualified
- Facilitating workforce mobility by reducing the administrative burden for health practitioners wishing to practice (Section 2b)
- Facilitating rigorous and responsive assessment of overseas-trained health practitioners (Section 2d)
- Including the enablement of a flexible, responsive and sustainable Australian health workforce.

Furthermore, RWAV strongly agrees with the Guiding Principles of the Act set out under Section 3(3) of The Act, that:

- The scheme must operate in a transparent, accountable, efficient, effective and fair way (Section 3a)
- Fees to be reasonable (Section 3b)
- Restrictions of practice to be imposed only if it is necessary to ensure health services are provided safely and of an appropriate quality.

We note that The Act therefore recognises both quality as well as sustainable workforce objectives. However, RWAV is concerned that the implementation of the legislation has led to a range of unintended outcomes and consequently misunderstandings by both OTDs and the community.

Before considering the Terms of Reference for this inquiry it is important to refer to the intent of the legislation and consider the following:

- Are agency decisions being conducted and administered within the guiding principles of the Act; transparent, accountable, efficient, fair?
- Are fees reasonable?
- What is the administrative burden upon practitioners?
- Does the process ensure the safety of the public and competence of practitioners whilst balancing the importance of workforce mobility, and a flexible, sustainable and responsive system for workforce?
- Do the Accredited Agencies have the capacity and efficiencies required in order to conduct their roles?
- Are pathway requirements for practitioners clearly communicated to practitioners?

It would be unreasonable to expect a thorough understanding of the scheme if anomalies exist in the scheme's implementation, performance and decision-making processes.

For an OTD to progress from recruitment to commencing work in rural practice, the process requires applications, costs and approvals by a variety of agencies at multiple stages. These processes often result in losing potential recruitment opportunities to rural general practice. With the intention of the Act in mind, RWAV has made several recommendations in this submission that have potential to improve processes, thus ensuring workforce mobility, flexibility, efficiency and fairness. The recommendations are:

- Extending the period of validity for a Certificate of Good Standing until the completion of the registration process to avoid unnecessary costs to OTDs.

- That any AMC accredited PESCI be nationally recognised and transferable across all States, as per the intention of the Scheme and The Act; ensuring workforce mobility.

- That all District of Workforce Shortage and Preliminary Assessments for District of Workforce Shortage areas are granted automatic area of need.

- That one standard is applied to all OTDs (both non-vocationally OTD registered doctors and Temporary Resident doctors working in general practice) and that these doctors be subject to the Rural Locum Relief Program (RLRP) to ensure all OTDs undertake the same assessment processes and receive the same support from relevant State Workforce Agencies.

The Federal government has invested significantly in workforce development and recruitment programs including support through the recruitment and registration process. The current deterrents associated with the cumbersome and confusing scheme pose a direct and serious threat to these programs and the investment in communities with some of the highest health needs. Currently the funding for College Fellowship Examination program support does not align with the number of OTDs recruited and placed, we therefore recommend that:

- Funding for fellowship examination preparation and support aligns with the numbers of doctors recruited and placed into practice.

Furthermore, GPs with specialist skills such as anaesthetics, obstetrics and surgery are critical to the infrastructure of rural and remote health services. There is a significant shortage of GP Proceduralists and many OTDs working in Australia have unrecognised skills in these areas. These OTDs represent an untapped resource that could potentially assist the serious procedural shortages currently being experienced in rural communities. There are also unreasonable demands being placed on existing supervisors and mentors.

Therefore, RWAV recommends that:

- An assessment pathway be developed to evaluate OTDs unrecognized procedural skills, and

- Funding is considered to support clinical supervisors to ensure additional demands can be met.

There appears to be significant delays in providing PESCI assessments in some jurisdictions and Health Workforce Assessment, Victoria has a rigorous, fair and transparent system that has the capacity to improve this situation if the PESCI were to become National as the legislation originally intended.

OTDs with current registration are also ineligible for the Specialist pathway. Given the proportion of OTDs who are already working in Australia, RWAV recommends that the Specialist pathway be available to eligible OTDs already registered in Australia. We also recommend that an additional and recognised bridging program be established to provide intensive supported general practice placements for any OTDs who may need to achieve general practice pathway entry criteria.

Finally, we believe that a centralised resource needs to be developed to assist OTDs through the processes, rather than the myriad of complex information that currently exists.

RWAV understands that it is not the Ministerial Council's role to interfere with the day to day operations of the scheme, however it does have the power to ensure that the Act is used to guarantee the National scheme is transparent, accountable, efficient, effective and fair whilst ensuring a mobile, flexible, responsive and sustainable Australian health workforce.

1. Introduction

RWAV supports the intent and objectives of The Health Practitioner Regulation National Law (Victoria) Act 2009 (The Act) namely:

- Recognising the importance of protecting the public and ensuring that practitioners are suitably qualified
- Facilitating workforce mobility by reducing the administrative burden for health practitioners wishing to practice (Section 2b),
- Facilitating rigorous and responsive assessment of overseas-trained health practitioners (Section 2d)
- Include the enablement of a flexible, responsive and sustainable Australian health workforce.

Furthermore, RWAV strongly agrees with the Guiding Principles of the Act set out under Section 3(3) of The Act, that:

- The scheme must operate in a transparent, accountable, efficient, effective and fair (Section 3a)
- Fees to be reasonable (Section 3b)
- Restrictions of practice to be imposed only if it is necessary to ensure health services are provided safely and of an appropriate quality.

We note that The Act therefore recognises both quality as well as sustainable workforce objectives.

RWAV is concerned that the implementation of the legislation has led to a range of unintended outcomes. This submission outlines the key issues and provides recommendations for solutions.

2. Terms of Reference – Part 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."

Note: The above question requires closer examination particularly in reference to the intent of the legislation, and how it provides an avenue to accredit, contract and monitor the performance of accredited agencies against legislative objectives and principles.

Before considering whether an OTD's understanding of processes, appeal mechanisms and decision making is adequate, one needs to consider:

- *Are agency decisions being conducted and administered within the guiding principles of the Act: transparent, accountable, efficient, fair?*
- *Are fees reasonable?*
- *What is the administrative burden upon practitioners?*
- *Does the process ensure the safety of the public and competence of practitioners whilst balancing the importance of workforce mobility and a flexible, sustainable and responsive system for workforce?*
- *Do the Accredited Agencies have the capacity and efficiencies required in order to conduct their roles?*
- *Are pathway requirements for practitioners clearly communicated to practitioners?*

It would be unreasonable to expect a thorough understanding and confidence in the scheme if there are anomalies or inconsistencies in its implementation or performance and decision-making processes.

The introduction of the scheme in July 2008 occurred at a rapid pace. However there appeared to be little prior planning and infrastructure to manage the transition from previous practice to deliver against new requirements and responsibilities. There are also considerable lengthy, complex and duplicated administrative processes in order to achieve registration under the Scheme.

For an OTD to progress from recruitment to commencing work in rural practice, the process requires applications and approvals by a variety of agencies at multiple stages. This often results in practices losing a potential recruitment opportunity to a rural general practice, thus undermining the intention to ensure workforce mobility and flexibility.

Some of the organisations and steps are listed below and a more detailed overview along with timelines is provided in Appendix A in order to demonstrate the complexity a practitioner and recruiting agencies must face:

- Immigration Department
- Educational Commission for Foreign Medical Graduates (ECFMG) - verification of education
- AMC for recognition of qualifications and certified paperwork
- APHRA for registration approvals
- Pre-employment Screening Clinical Interview (PESCI)
- RACGP for Recognition of overseas experience, Fitness for Intended Clinical Practice Interview (FICPI), approvals for the pathways, Fellowship exams
- Medicare Australia for provider numbers
- Department of Health and Ageing for District of Workforce Shortage for the approved vacancy
- State Government recommendations on Area of Need
- Approval for eligibility for a specific OTD program ie: Rural Locum Relief Program

RWAV strongly agrees with the need to ensure that practitioners are suitably qualified. However, within this multiplicity of agencies and requirements, there are current scheme inefficiencies and duplications that would not appear to meet the legislative test of efficiency, cost or fairness. Below are some examples and further information on costs and timelines is provided in Appendix A:

AMC

- The same certified documents (qualifications, certificates of good standing, medical registration, internship) are required to be provided for assessment to the AMC and then again to AHPRA for assessment a second time, resulting in substantial costs to practitioners.

We understand that the documents may not be forwarded to AHPRA for privacy reasons, however this could be overcome by the provision of a letter from the AMC advising of the approval of the documents.

RACGP

- The RACGP assessment of qualifications process relies upon RACGP College Censors undertaking these assessments. Currently this can take up to 3 months. It should be noted that capacity may be an issue, given that the Board of Censors comprises of working general practitioners.

- For OTDs on the RACGP Specialist Pathway, the process currently can take anything up to 9 months to enter the Specialist pathway and then up to a further 2-3 years to gain Fellowship.
- For OTDs entering the Standard or Competent pathway, the process takes 4 to 6 weeks, this in itself is a significant incentive not to choose the Specialist Pathway.

APHRA

- Doctors require a Certificate of Good Standing from the Medical Board of the country in which they were previously registered. This Certificate remains valid for a period of 3 months. Applications to APHRA are currently taking up to 3 months to process and some are going over the 3 month period. This has resulted in doctors being required to gain a new Certificate, resubmit their certificates with additional costs and delays.

Recommendation:
That the period of validity for a Certificate of Good Standing be extended to completion of registration processing.

- At its meeting of 14 July 2006, the Council of Australian Governments (COAG) agreed to establish a *"single, national registration scheme for health professionals"*[1]. The March 2008 Agreement noted: *"The legislation will provide that all bodies within the scheme will have regard to the objectives of the national scheme."*

It is therefore concerning that the PESCI being conducted by a PESCI provider (accredited by the AMC at a National level) in one State, is not being accepted by others. This has resulted in some doctors having to undergo additional PESCIs if they wish to move inter-state at significant additional cost and time delays.

Recommendation:
That any AMC accredited PESCI be nationally recognised and transferable across all States, as per the intention of the Scheme and The Act.

- The processing time for general registration is extremely variable, occurring anywhere between 6 weeks to 6 months.

Cost and Timelines

There is also little formal co-ordination between the respective agencies. In addition internal policies and mandatory program participation requirements to remain in a pathway can incur significant further cost to the practitioner and extreme delays.

RWAV has costed the respective registration pathways into general practice. This includes mandatory additional fees and requirements set by agencies through stages of the process and charged to OTDs. For the first stages, the approximate costs of the respective pathways are as follows:

- **AMC Competent Authority Pathway : $9,770**
- **Standard Pathway: $11,355**
- **RACGP Specialist Pathway: $14,119 to $15,784 (depending on qualifications)**
- **ACRRM Specialist Pathway: $16,563 (may vary depending on qualifications)**

[1] Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions (2008:3)

Whilst some of these costs are one-off, others extend into future years as demonstrated in Appendix A. OTDs are therefore caught up in a very costly process, which can act as a further deterrent to recruiting in Australia.

Where there is only one agency accredited for a pathway, it will be important to ensure that it can demonstrate procedural fairness and transparency, as well as meet the requirements of the *Trade Practices Act 1974* and the *Prices Surveillance Act 1983.*

In the absence of performance objectives for accredited agencies, a major risk to the success of the scheme is that it is highly reliant upon the capacity of each agency to deliver upon objectives within a timely manner. For example, in order for a Category 3 (partially comparable OTD) general practitioner to enter the Specialist Pathway he/she must sit the RACGP Applied Knowledge Test (AKT). However, the AKT is only offered a few times annually. In September 2010, the next available AKT sitting was not until March 2011. Doctors wishing to take this route therefore would have had to wait at least six months before completing one small step of the pathway. It therefore deters doctors from opting into the Specialist Pathway and contributes to serious delays.

Recommended Solutions:

There are mechanisms within The Act that can require agencies to report and perform within the parameters of the Act's objectives and intent. This would provide a mechanism for Ministerial Council to ensure improved alignment, greater transparency and consistency, as well as reduction of duplication, inefficiencies and cost. Performance objectives and timelines can be set and performance monitored and managed. Reporting of fees should also be transparent. Addressing these matters would improve efficiency and promote much greater confidence in and support for the Scheme.

- Section 3(3) of the Act identifies an "external accreditation entity" as *an entity, other than a committee established by a National Board that exercises an accreditation function.* Therefore accredited colleges and agencies both in their educational and registration pathways would be captured by the requirements of The Act.
- Section 4 of the Act states "that an entity that has functions under the Act, must exercise its functions having regard to the objectives and guiding principles of the national registration and accreditation scheme set out in Section 3".
- Section 11 (1) empowers the Ministerial Council to give directions to the National Agency about the policies to be applied by the Agency in exercising its functions under the Act.
- Section 44 permits the National Agency to enter into contracts with external accreditation agencies and Section 253 outlines the performance standards required of an external agency and requires it to function within the bounds of the legislation.

OTDs applying for area of need limited registration are required to provide evidence that their position is located in an area of need. This needs to be approved prior to an application being sent to the Medical Board. If the doctor is granted registration, his/her position is then required to be located in a District of Workforce Shortage (DWS). Effectively this is an unnecessary, timely and costly duplication.

Gaining State approval for Area of Need (AON) for areas with a Commonwealth DWS is an additional unwarranted step in the process.

Recommendation:

That all Districts of Workforce Shortage and Preliminary Assessment of District of Workforce shortage areas are granted automatic Area of Need status.

Temporary Resident Doctors (TRDs) without vocational recognition (VR) are currently eligible to work in metropolitan DWS areas however doctors who have permanent residency and Australian citizenship counterparts are ineligible. This creates a two-tier system and significant anomalies when trying to apply standards and administer programs.

Recommendation:

That one standard is applied to all OTDs (both non-vocationally OTD registered doctors and Temporary Resident Doctors working in general practice) and that these doctors be subject to the Rural Locum Relief Program (RLRP) to ensure all OTDs undertake the same assessment processes and receive the same support from relevant State Workforce Agencies.

3. Terms of Reference: Part 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;"

Achieving Workforce Mobility and System Flexibility: RWAV OTD Support through the Accreditation and Registration Process

As noted above, recruiting an OTD is a time-consuming, complex, challenging and costly process. RWAV has established a case-management system to assist an OTD navigate the maze of assessment, registration, immigration, provider number and placement processes involved in securing work in Victoria. The case-management system also assists practices seeking to navigate through the complex requirements set by Commonwealth and State governments such as Area of Need and District of Workforce Shortage approvals needed to be able to employ an OTD. Determining an appropriate pathway for each OTD depends on medical qualifications, hospital and general practice experience in Australia and overseas and relies upon expert advice and support.

RWAV actively recruits GPs and health professionals domestically and internationally. **In 2009-10, RWAV recruited 97 GPs who commenced work in rural and remote Victoria.** However, protracted GP workforce shortages continue to exist in rural, remote and aboriginal communities and at any one time RWAV will have more than 100 GP vacancies listed.

Federal investment in workforce development and recruitment programs including support through the recruitment and registration process.

Some programs include:

- Health Workforce Australia - $1.6 billion
- Rural and Remote General Practice Program (Workforce Agencies and Rural Health Workforce Australia) $20 million
- Additional support, international recruitment scheme $4 million
- This *doesn't* include investment in relocation, rural and remote incentives through Medicare.

The current deterrents associated with a cumbersome and confusing National Registration and Accreditation scheme pose a direct and serious threat to these programs and this investment in communities with some of the highest health needs.

The Federal Government also provides subsidies through the Additional Assistance Program to assist an OTD working in General Practice to prepare for exams. The funds for these programs are held by Workforce Agencies and delivered locally through education providers including the Regional Training Providers and Divisions of General Practice.

Furthermore, the National Guidelines for Placement on some rural workforce programs requires doctors to achieve Fellowship within 4 years. However the coverage and provision of support is

variable, as is the resourcing. Currently the funding for examination program support does not align with the numbers of general practitioners recruited and placed requiring this assistance.

Recommendation
Funding for Fellowship examination preparation and support aligns with the numbers of doctors recruited and placed into practice requiring this support to achieve Fellowship.

Opportunities to support pathways for OTDs with procedural skills

OTDs are essential to the continued delivery of general practice services in rural, remote and Aboriginal communities. 40% of Victoria's rural and remote GP workforce achieved their first medical degree overseas. Many of these doctors have arrived and settled in Victorian rural and remote communities and now have established practices that support and train our future Australian graduates. Rural communities also rely heavily on OTDs to provide Visiting Medical Officer services for local hospitals. They are also future teachers and mentors of new graduates of medicine.

RWAV also offers on-going monitoring and support of any general practitioner recruited and placed through its programs. This includes follow-up Medical Liaison Officer visits and assessment in practice, ongoing case-management support including migration assistance, family support, locum support, access to medical education programs, orientation and liaison with stakeholders. All case-workers have a case-load of doctors for whom they have an ongoing responsibility. General practitioners are also monitored to ensure that they are meeting their placement and ongoing training requirements, and offered remedial support if required. Doctors not meeting placement requirements risk removal from the approved programs and consequently loss of Medicare provider number. This ensures both support, retention and quality placements. Practices are also supported to ensure that they meet RWAV placement quality guidelines.

GPs with specialist skills such as anaesthetics, obstetrics and surgery are critical to the infrastructure of rural and remote health services. There is a significant shortage of GP Proceduralists, and this has led the Department of Health and Ageing to consider support for a GP Procedural Generalist Pathway for training GP proceduralists.

There are many OTDs working in Australia with unrecognised procedural training skills and experience who currently have no clear pathway for their experience to be assessed and validated. These OTDs represent an untapped resource that could potentially assist the serious procedural shortages in rural communities.

Recommendation
A formal assessment process for OTD GPs with procedural skills and experience, particularly in obstetrics, anaesthetics and surgery be developed and implemented.

Anomalies with Temporary Resident Doctors (TRDs)

As outlined above a number of TRD's without vocational registration in general practice would benefit from placement on the Rural Locum Relief Program. This would ensure all non-VR'd doctors are monitored and supported through the Workforce Agencies rather than being left on their own.

Supervision

Victorian research suggests that there are currently insufficient supervisors and mentors in General Practice to meet future demands. In addition many of the current supervisors and mentors are nearing retirement age. This will place further pressure on the recruitment of OTDs if suitable

supervisors cannot be found. The funding and support for clinical supervisors in this context needs to be considered.

Recommendation
Consider funding and support for clinical supervisors to ensure additional demands can be met.

General Practitioner – PESCIs – Victoria

In 2009 the Medical Practitioners Board of Victoria, the Postgraduate Medical Council of Victoria and RWAV formed a consortium which was accredited by the AMC to provide PESCI assessments for Victorian general practitioners.

All OTDs applying for registration in Victoria are now able to participate in a Pre-Employment Structured Clinical Interview (PESCI) through the independent assessment centre of Health Workforce Assessment Victoria. The cost of assessment is set by the Australian Medical Council.

Trained and suitably qualified medical assessors are subcontracted by the Centre and the assessment process is reviewed by a committee that makes direct recommendations to the Australian Health Practitioner Regulation Agency (AHPRA). The committee overseeing the assessment process is made up of University Academics and Medical Educators, General Practitioners from both the RACGP and ACRRM and experienced examiners. Doctors are assessed through clinical scenarios based upon the domains of general practice. Scores and performance reported are provided to APHRA as well as references and recommendations for supervision, mentoring and support against a placement matching skills and support needs.

The Assessment Centre is continually refining the assessment process, ensuring it is rigorous, fair and transparent.

Doctors are offered an interview within one week of application and an option for interview within 8 weeks. Between January and December 2010, HWAV conducted 179 Pre-employment Screening Clinical Interviews (PESCIs), in stark contrast to other states.

If PESCI assessments were recognised across all States, (as intended by the legislation) the centre has the capacity to provide assessments for doctors from all States. It could ameliorate the significant delays currently faced in other jurisdictions.

4. Terms of Reference, Part 3:

"Suggest ways to remove 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."

Pathway Options for OTD GPs

The new Scheme provides three pathways into general practice registration for OTDs: Specialist, Standard and Competent pathways. A brief description of these pathways is provided in Appendix B along with costs in Appendix A. Navigating OTDs through these pathways is extremely complex and challenging process for both OTDs and recruitment providers.

RWAV has introduced a case management process to minimise the complexity as far as possible for OTDs. As a result, GP commencements in practice have increased from 36 doctors in 2007 to 141 in 2009-2010. GP commencements from July 2010 to January 2011 are currently 77.

Specialist pathway

The Specialist pathway is a pathway through a Specialist College to Fellowship. Both ACRRM and the RACGP are accredited for the Specialist Pathway. There are significant differences to regulations for entry, costs, management of the pathway and assessment. ACRRM offers greater flexibility to doctors and will allow transfer from the standard pathway to their specialist pathway, whereas the RACGP does not.

In addition, in rural and remote Australia, there is an existing OTD workforce without Fellowship working in Australia and who are registered and, under a range of Schemes including Rural Locum Relief Program. These doctors do not have access to the RACGP Specialist pathway.

Pathway Issues

RACGP limited access to Specialist Pathway

The end goal for all OTDs seeking to work in General Practice is to achieve Fellowship as a general practitioner.

For OTDs, who are not registered to work in Australia, the pathways available depend upon overseas qualifications and experience. For these doctors, the options are:

- Enter the Specialist Pathway if eligible (see Appendix B). It is a long process to enter the Specialist Pathway, but once the doctor is accepted, he/she can gain Fellowship within 1-2 years, with considerable cost reductions, support which includes seminars, education and mentoring support by the College.

- Standard and Competent Authority Pathway, if eligible (see Appendix B). It is a relatively fast and easy process to enter the Standard and Competent Pathway and particularly suitable for experienced GPs. This is because the GP experience has to be assessed by the RACGP. To be eligible to sit for the Fellowship, the GP must have 4 years recognised GP experience, one year of which needs to be in Australia. For an experienced GP, the result may be that his/her experience is assessed as 4 years equivalence and then for this GP, the GP may only be required to work for one year in Australia as a GP, before being eligible to sit the Fellowship. An experienced GP will need some mentorship and exam preparation support.

However, a GP with limited equivalent experience, will need to work for 4 years before being eligible to sit the Fellowship. The GP will not have access to the level of support available from the College.

Recommendation
Given the proportion of OTDs who are already working in Australia, RWAV recommends that the Specialist Pathway be available to eligible OTDs already registered in Australia

Pathways available to OTDs are Specialist, Standard and Competent, all require some form of assessment (FICPI or PESCI). The following table outlines the pathways taken by Victorian OTDs during 2010. It highlights that HWAV has been able to successfully conduct 107 PESCI assessments during 2010.

Accredited Assessment Provider	Pathway			
	Specialist	Standard	Competent	Total
RACGP	1	0	0	1
ACRRM*	0	0	0	0
HWAV	Not accredited	102	5	107
Total	1	102	5	108

*ACRRM has only recently become accredited by AMC to provide assessments for pathways

Lack of any Clear Pathways for the Assessment of OTD GPs with Procedural Skills

There is a serious and growing shortage of rural GP Proceduralists. As noted earlier in this submission, there are currently no clear pathways for OTDs who have procedural skills. This is a missed opportunity to provide a scarce resource particularly for rural and remote communities.

Growing Concern: OTD Hospital Doctors

There is an emerging trend of metropolitan and rural hospitals ceasing employment of OTD HMOs as increased numbers of Australian Medical Graduates emerge from tertiary institutions. These doctors are not always sufficiently experienced to enter the general pathways and there is a risk that there is a growing number of doctors who will be unable to practice. Many of these doctors intend to work in general practice but need a supportive environment and bridging support to meet the entry criteria for the new Scheme pathways.

Recommendation

An additional and recognised bridging program is established to provide intensive supported general practice placements for doctors needing to achieve general practice pathway entry criteria.

Lack of Clear concise Information on Pathway options

Each agency has information that relates to their particular administration requirements. There is however, no centralised information source for OTDs that can guide them through the processes. Existing websites are also complex and difficult to navigate.

Recommendation:

Develop a centralised resource for OTDs to access information on the overall process. AHPRA's website has a number of standards available along with frequently asked questions however they are spread across the website which may make it difficult for doctors to find and no timeframes are provided with the documentation.

Conclusion

The original intention of a National Scheme was to provide a "single accreditation board to deal with workforce shortages/pressures faced by the Australian health workforce and to increase flexibility, responsiveness, sustainability, mobility and reduce red tape"[2]. This submission has highlighted that Ministerial powers are responsible for providing policy direction to ensure the scheme achieves its original intent.

RWAV is concerned 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, RWAV supports the intent and objectives of The Health Practitioner Regulation National Law (Victoria) to protect the public, facilitate workforce mobility, reduce administrative burden, facilitate rigorous and responsive assessment and enable a flexible and sustainable Australian health workforce. In addition we support the Guiding Principles of The Act to operate in a transparent, accountable, efficient and fair way with reasonable fees whilst ensuring health services provide safe and appropriate quality of care.

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

For further information contact:

Claire Austin, Chief Executive, RWAV

Ph: 03 9349 7800

clairea@rwav.com.au

[2] Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions (2008:1)

Appendix A:

PROCESS	COST ITEM	STANDARD	COMPETENT	Specialist RACGP Cat 1	SPECIALIST RACGP Cat 2 & 3 only	SPECIALIST ACRRM	Timeframes
AMC							
	IELTs or OET	310	310	310	310	310	up to 4 weeks
	AMC pathway fee	230	230	230	230	230	
	EICS certificate (AMC Reference number is enough to get registered)	55	55	55	55	55	1 - 3 months
	AMC Primary Source Verification (as above)	230	230	230	230	230	
	Certificate of Advanced Standing	600	600	N/A	600	600	6 weeks
	Incomplete Documentation Fee	110	110	N/A	110	110	
	Assessment of Workplace performance	275	275	N/A			
	MCQ	2100	2100	N/A		2100	held every 2 - 3 months
	MCQ results	60	60	N/A		60	usually given within 2 weeks
	AMC Clinical per attempt	2850	2850	N/A		2850	12 - 24 months
	Clinical Retest (if needed)	1585		N/A			within 3 months and can be taken only 3 times max
RACGP ELIGIBILITY							
	Categorization fee			195	195	N/A	1 - 4 weeks
	Applied Knowledge Test (AKT)			N/A	1570	N/A	held every 6 months
	IMG Liaison Support			N/A	1740	N/A	
	Prior Assessment of GP Experience			N/A	500		3 months +
ACRRM							
	Paper based assessment					550	
	PESCI					1650	
	Spec Path IMG Fee					253	
	Review Plan					1100	
	ACRRM IMG Annual support fee					2200	
	Fellowship exams ACRRM (MSF, Min CEX, Stamps)					2965	
ACCREDITED ASSESSOR							
	PESCI HWAV	1650	1650	N/A			4 - 8 weeks
	FIPCI - RACGP			N/A	1500		2 - 3 months
AHPRA							
	Registration application	650	650	650	650	650	4 - 6 weeks +
	Registation annual fee	650	650	650	650	650	4 - 6 weeks +
PATHWAY COSTS							
	Pathway Fee				184		
	College membership fee			995	995		
	An Eundum Gradum application fee Cat 1			350			4 - 6 weeks
	Fellowship exam (RACGP)			N/A	4600 - 6265		up to 2 years
Provider Number							4 weeks +
TOTAL UP TO*		11355	9770	3665	14119 - 15784	16563	
* Not all OTDS will require all processes							
** IMMIGRATION costs can include Migration agent fees and Departmental charges and will vary depending on the VISA categories ($3,000-$6,000)							4 weeks to 6 months +

Appendix B:

OTD Competent Authority Pathway to General Practice

Eligibility:

Basic Med Degree or assessment of equivalence

Category A: UK General Medical Council, PLAB since 1975, and Foundation Year 1 and 12 months supervised training in UK or other Competent Authority country

Category B: UK General Medical Council and Foundation Year 1 and 12 months supervised training in UK or other Competent Authority country

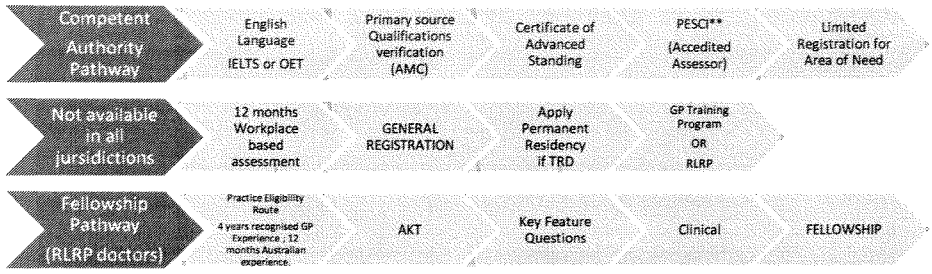
Category C: Canada Medical Council (LMCC)

Category D: United States Education Commission for Foreign Medical Graduates. Successfullycompleted US medical licensing Examination Steps 1, 2 and 3 since 1992 and completed a minimum of 2 years graduate medical education within a residency program

Category E: Medical Council of New Zealand. New Zealand Registration Examination and required rotating internship

Category F: Medical Council of Ireland. Medical Council of Ireland and successful internship in Ireland or other Competent Authority country approved by Medical Council of Ireland

Applies to Rural Locum Relief Program (RLRP) doctors and Temporary Resident Doctors (TRDs)

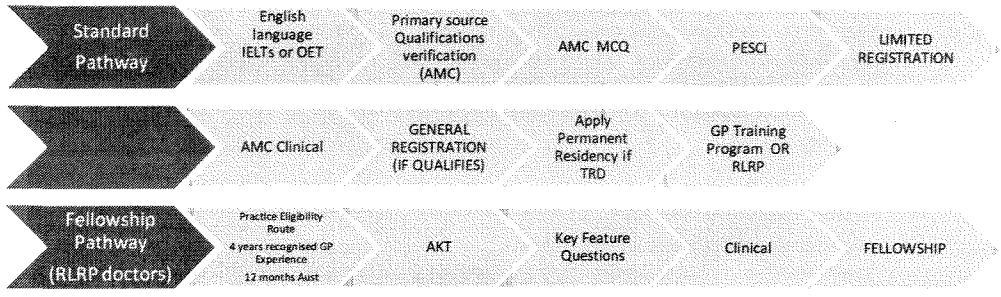


**** please note that the current AHPRA Registration form (Q41) contradicts the pathway by asking:**
Have you satisfactorily completed a PESCI?
No - I am not required to undertake a PESCI (Competent Authority Pathway applicants only)

Standard Pathway to General Practice

Eligibility:

Intended for OTDs not eligible for the Competent Authority or Specialist Pathways.
For OTDs who have qualifications not designated as a Competent Authority.



RACGP OTD Specialist Pathway to General Practice

Eligibility:

Category 1 doctors:

Canada	Certificate in Family Medicine from College of Family Physicians of Canada (CFPC) + Evidence of Canadian Qualifying Examinations Part 1 + 2 post 1992
Ireland	Graduate of ICGP holding MICGP membership
New Zealand	Fellow of The Royal New Zealand College of General Practitioners (FRNZCGP)
UK	Membership of the Royal College of General Practitioners holding the JCPTGP certificate
UK	Membership of the Royal College of General Practitioners holding the post graduate Medical Education and Training (PMETB) qualification, (CCT or CCST which is a component of PMETB)

Category 2 doctors:

Belgium	Specialist Certificate in General Practice / Family Medicine
Canada	Certificate in Family Practice from the College of Family Physicians of Canada
Denmark	Specialist Certificate in Family Medicine
Netherlands	Certificate of Specific Training for General Practice
Norway	Certificate of Specific Training for General Medical Practice
Singapore	Master of Medicine in Family Medicine
South Africa	Member of The College of Family Practitioners of the South African College of General Practice
South Africa	Registration as a Family Physician with the Health Professions Council of South Africa
South Africa	Master of Family Medicine
South Africa	Master of Prax Medicine
Sweden	Certificate of Specific Training for General Practice
UK	Membership of the Royal College of General Practitioners
UK	Certificate of the Joint Committee in Postgraduate Training for General Practice
UK	Certificate from the Post Medical Education Training Board
USA	Certificate of the American Board of Family Practice

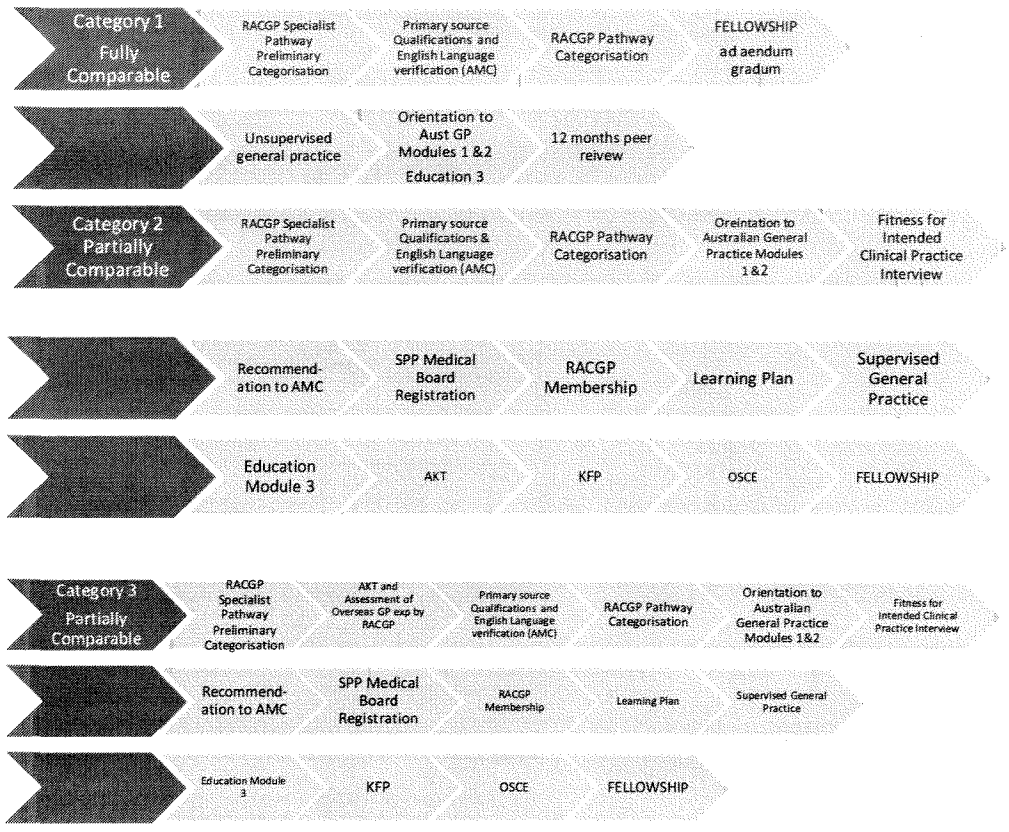
Category 3 doctors:

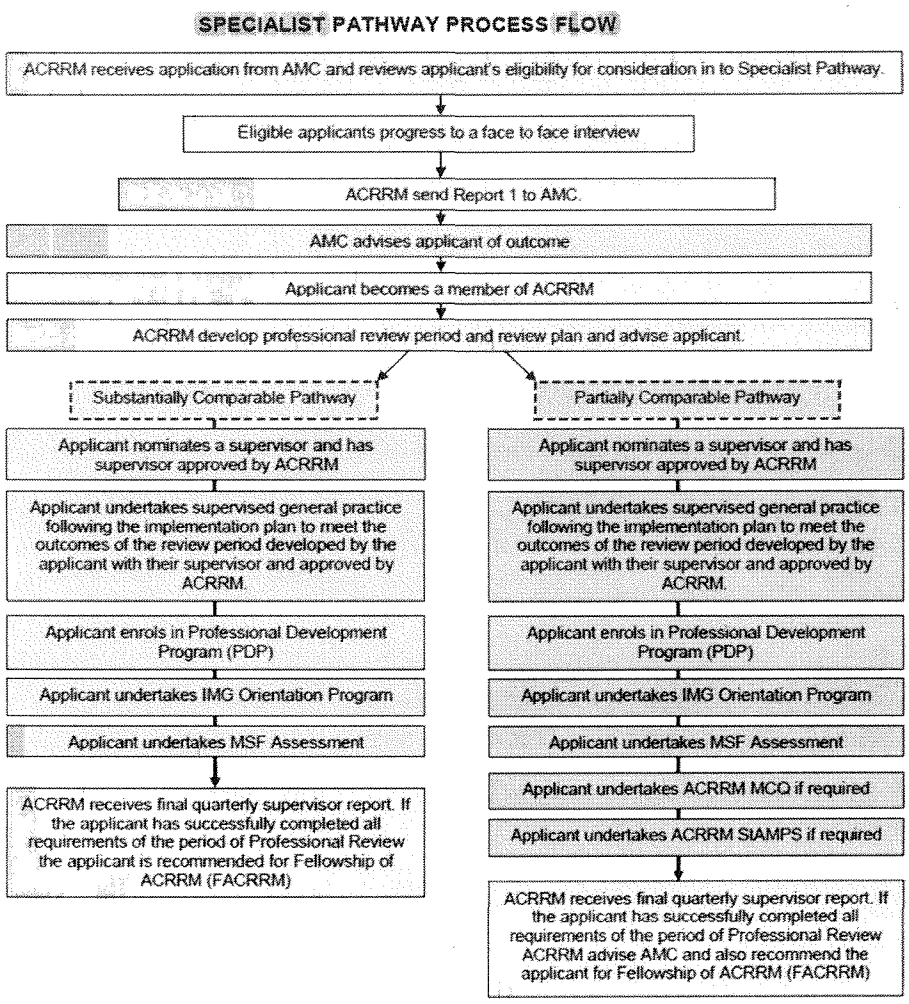
Medical registration requirements for this group are under negotiation with various medical boards Doctor is at the level of an Australian trained advanced trainee in general practice and requires further training / supervised practice and assessment to be regarded as fully comparable

Approved countries: Austria, Croatia, Estonia, Finland, France (post 2007 VT), Germany Latvia, Malta (post 2007 VT), Portugal, Spain and Turkey and candidates holding the MRCGP INT.

Under review: Brazil, Cuba, Czech Republic, Georgia, Hungary, Iraq, Israel, Italy, Kuwait Lebanon, Lithuania, Malaysia(MFM), Russia (Family Practitioner), Saudi Arabia, Slovenia, Switzerland and UAE (Dubai)

RACGP OTD Specialist Pathway to General Practice




SPECIALIST PATHWAY PROCESS FLOW
ACRRM receives application from AMC and reviews applicant's eligibility for consideration in to Specialist Pathway.
Eligible applicants progress to a face to face interview
ACRRM send Report 1 to AMC.
AMC advises applicant of outcome
Applicant becomes a member of ACRRM
ACRRM develop professional review period and review plan and advise applicant.
Substantially Comparable Pathway
Applicant nominates a supervisor and has supervisor approved by ACRRM
Applicant undertakes supervised general practice following the implementation plan to meet the outcomes of the review period developed by the applicant with their supervisor and approved by ACRRM.
Applicant enrols in Professional Development Program (PDP)
Applicant undertakes IMG Orientation Program
Applicant undertakes MSF Assessment
ACRRM receives final quarterly supervisor report. If the applicant has successfully completed all requirements of the period of Professional Review the applicant is recommended for Fellowship of ACRRM (FACRRM)
Partially Comparable Pathway
Applicant nominates a supervisor and has supervisor approved by ACRRM
Applicant undertakes supervised general practice following the implementation plan to meet the outcomes of the review period developed by the applicant with their supervisor and approved by ACRRM.
Applicant enrols in Professional Development Program (PDP)
Applicant undertakes IMG Orientation Program
Applicant undertakes MSF Assessment
Applicant undertakes ACRRM MCQ if required
Applicant undertakes ACRRM StAMPS if required
ACRRM receives final quarterly supervisor report. If the applicant has successfully completed all requirements of the period of Professional Review ACRRM advise AMC and also recommend the applicant for Fellowship of ACRRM (FACRRM)