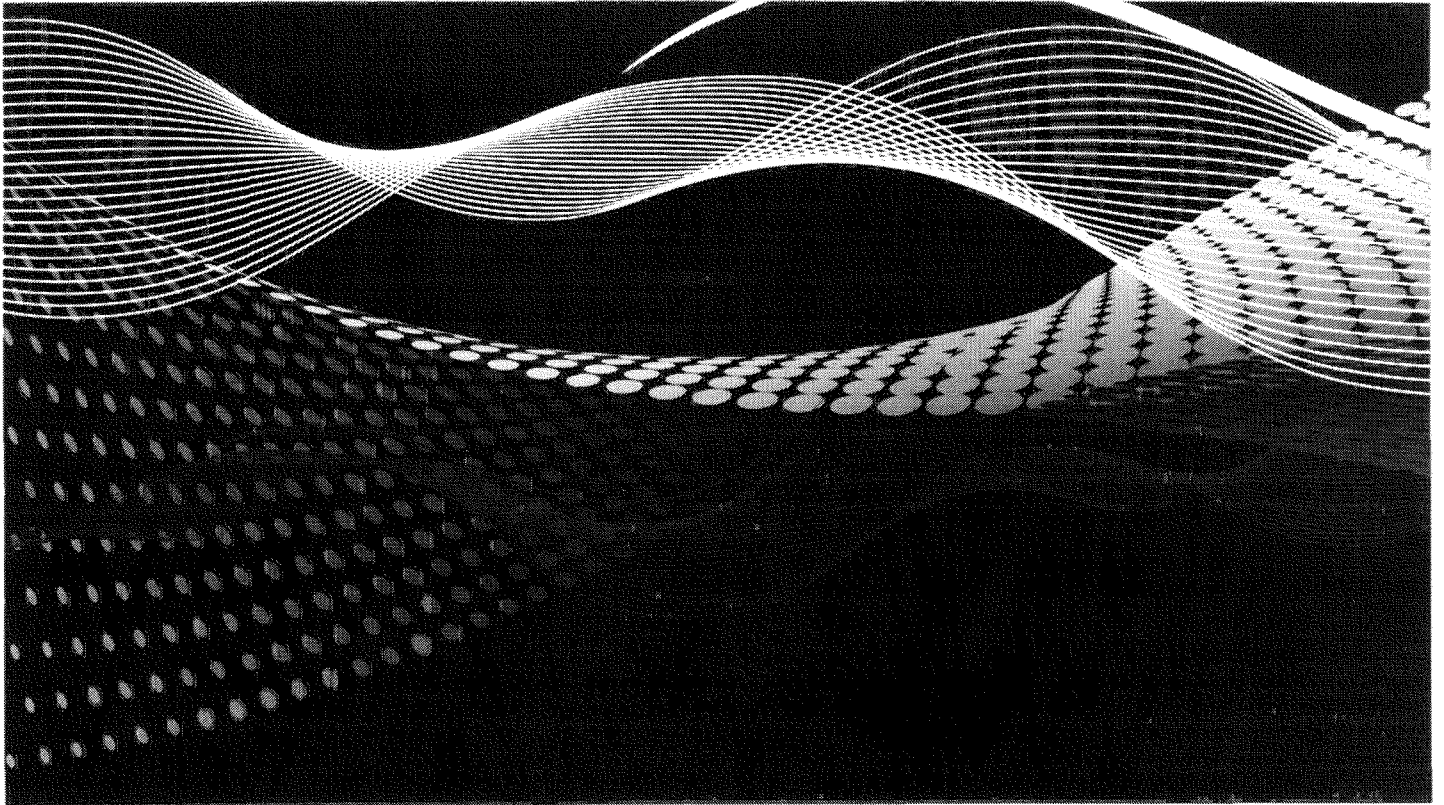


**Submission No. 119**  
(Overseas Trained Doctors)  
Date: 02/03/2011



## Submission to House of Representatives Standing Committee Inquiry into Registration Processes and Support for Overseas Trained Doctors



General Practice Education and Training Limited

February 2011



An Australian Government Initiative

Incorporating the Australian General Practice Training  
and Prevocational General Practice Placements programs

## **EXECUTIVE SUMMARY**

General Practice Education and Training Limited (GPET) is an independent company established in 2001 by the Minister for Health and Ageing to fund and oversee vocational general practice training throughout Australia. GPET manages the Australian General Practice Training (AGPT) and the Prevocational General Practice Placements (PGPP) programs. GPET contracts with 17 regional training providers to deliver general practice training to over 2,600 GP registrars and over 900 junior doctors undertaking prevocational placements.

AGPT registrars train towards a Fellowship of the Royal Australian College of General Practitioners (FRACGP) and/or a Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). These Fellowships are the prerequisite requirements for unsupervised general practice in Australia and entitle registrars to vocational recognition under the *Health Insurance Act 1973*. GPET has also managed other programs which have supported the Australian general practice workforce, including the Outer Metropolitan Registrars Program, and the recently completed Rural Outreach Vocational Education (ROVE) pilot for international medical graduates in rural and remote locations.

This submission outlines the general practice programs which have been developed to support the overseas trained doctor (OTD) workforce, with a particular emphasis on education, training and assistance arrangements that would enable the achievement of full Australian professional qualifications within a regionalised general practice training environment.

The submission makes a number of recommendations that GPET considers would enhance OTDs' capabilities and capacity to meet Australian standards, whilst also providing the Australian community with a better understanding and appreciation of the required assessment, education and training supports for OTDs.

## **RECOMMENDATIONS**

### **Recommendation 1:**

Introduce a national education, training and support program to enable OTDs with past general practice training and experience to progress to the required and recognised benchmarks for general and rural practice regarding training, qualifications and registration.

### **Recommendation 2:**

The national education and training program for OTDs is delivered by and through the GP vocational and prevocational regionalised training provider network and builds upon the Government's investment in regionalised education and training resources and infrastructure.

**Recommendation 3:**

The national education and training program for OTDs be designed to support and complement the existing OTD assessment process of previous training, knowledge and clinical skills conducted by professional colleges, AHPRA and associated state and territory authorities.

**Recommendation 4:**

The national education and training program for OTDs provides access to prevocational and vocational training including access to education, training and support for rural and remote doctors, particularly for OTDs participating in existing health workforce programs.

**Recommendation 5:**

The Australian Government remove the eligibility requirement of permanent residency for OTDs prior to entry into the AGPT program and other education and training programs.

**Recommendation 6:**

The development of a national plan for the future workforce and education requirements of OTDs which clearly documents models of assessment, education and training, and program and professional assistance.

## INTRODUCTION

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GPET welcomes the opportunity to make a submission to the House of Representatives Standing Committee on Health and Ageing as it inquires into registration processes and support for overseas trained doctors in Australia.

General practice<sup>1</sup> is the cornerstone of the Australian health care system and central to the delivery of primary health care services to Australian communities. Effective primary health care initiatives are consistently linked to the achievement of optimal population health outcomes in a cost effective manner. General practitioners are at the forefront of the Australian Government's Medicare system that aims to provide universal and equitable access to health care for the Australian community.

Shortages in the primary health care workforce have limited access to medical services and in turn Medicare for many Australians in regional, rural, remote and outer metropolitan areas and particularly for Aboriginal and Torres Strait Islander communities. A range of workforce programs has resulted in a significant number of primary health care services in these areas being provided by OTDs. With this growth in workforce programs, education, training and support for OTDs have been recognised as areas requiring further effort and investment.

This submission outlines issues relevant to the development of a sustainable general practice workforce, with a particular emphasis on education, training and support for OTDs, and makes a number of recommendations against the following elements of the Committee's Terms of Reference:

- 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
- 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.

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<sup>1</sup> The term 'general practice' in the context of AGPT, is deemed to include 'rural and remote medicine' and/or 'primary health care'. Both Colleges define the meaning of these terms as they apply to their curriculum requirements and/or any College Standards.

## BACKGROUND

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### Prevocational and Vocational Education and Training

GPET<sup>2</sup> manages both the Australian General Practice Training (AGPT) program<sup>3</sup> and the Prevocational General Practice Placements program<sup>4</sup> (PGPPP) on behalf of the Commonwealth.

Under the AGPT program, registrars (which include both OTDs and AMGs<sup>5</sup>)<sup>6</sup> undertake their vocational training in accordance with the curriculum and standards relevant to their chosen College<sup>7</sup> vocational training pathway. Junior doctors (also comprising OTDs/AMGs) undertaking a PGPPP placement do so in the context of prevocational training<sup>8</sup>.

Both the AGPT program and the PGPPP are nationally funded programs. Each program is designed to be delivered in a regionalised training environment at various locations around Australia. Program providers are regionally-based organisations which engage highly skilled and experienced general practitioners and medical educators in a diverse range of primary health care settings to provide training and promote learning.

### OTD Education Training and Support

GPET has identified a need for a national policy and approach; consistent in its purpose, to deliver a sustainable, reliable and effective education, training and support program for all OTDs wishing to work as GPs in private practice as well as supporting those OTDs occupying GP-type positions in rural and remote hospital/medicine settings.

Education, training and support for doctors outside the AGPT program in rural and remote Australia is inconsistent and at times, inadequate. Temporary resident doctors are working in rural and remote centres with limited or no access to high quality education, training, and support under the existing workforce program structures. This represents a significant risk to workforce retention and to the quality and effectiveness of the health services delivered.

GPET would encourage the Australian Government to consider removing the requirement for permanent residency for entry into the AGPT program and support prevocational and vocational training program developments that provide access to education, training and support for rural and remote doctors, particularly OTDs.

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<sup>2</sup> GPET is a company limited by guarantee, which is wholly owned by the Commonwealth. The Commonwealth is the sole member of the company and the Minister for Health and Ageing represents the member.

<sup>3</sup> Since 2003

<sup>4</sup> Since 2010

<sup>5</sup> AMGs (Australian Medical Graduates)

<sup>6</sup> In 2011, a total of 918 registrars were selected into the AGPT program. The percentage split between OTDs and AMGs was 36/64 respectively.

<sup>7</sup> Registrars are able to pursue one or both College vocational training programs (namely FRACGP and FACRRM) within the scope of the AGPT program.

<sup>8</sup> The various state-based Post Graduate Medical Education Councils prescribe prevocational training for junior doctors

In 2005, GPET designed, developed, and implemented a pilot to provide a regionally-based education; training and support program for OTDs working in general practice in rural and remote areas of Australia.

The *Rural Outreach Vocational Education (ROVE) for OTDs Pilot Program* operated from September 2005 to late 2007 and trialled a variety of training and support models for OTDs in 10 regional training provider locations across rural Australia.

### **Stakeholder Engagement**

As part of the pilot, GPET established a consultative framework to encourage the exchange of information with the various stakeholder groups with an interest or experience in OTD education. A National Advisory Group was established and stakeholder meetings held in each of the five participating states (Victoria, Queensland, Tasmania, South Australia and New South Wales) during 2006-07. A list of the major organisations involved in the then ongoing process of consultation and reform were included in the evaluation report and this has been reproduced in Appendix One of this paper.

This process of 'active engagement' provided a catalyst for direct and strengthened dialogue, better understanding and increased levels of collaboration all for the benefit of OTD education. It brought together (many for the first time), state and national interests, public and private sector organisations and regulatory and community-based interest groups.

### **Pilot Program Evaluation**

The independent evaluation report of the ROVE program noted that OTDs in existing workforce programs would profit considerably from improved access to education, training and professional support, which would ensure they were appropriately skilled to provide GP services to rural and remote communities.

The pilot also identified what processes need to be in place to ensure that all OTDs (irrespective of their location) are given realistic opportunities to actively participate in general practice education and training in a way that is informed (through a learning needs assessment), supportive (through tailored programs of support) and beneficial.

The information gathered during the pilot period and the outcomes of the program evaluation process were brought together by independent consultants to the program, and the findings consolidated and incorporated into the program evaluation report.

The executive summary to the ROVE evaluation report notes:

*The [national policy] framework, as outlined, will require discussion and refinement by the necessary stakeholder organisations. GPET, the AMC and the professional colleges will need*

*to collaborate in drawing up a coalesced process to deliver education, training and support for all OTDs. The framework, as a minimum, must incorporate processes that meet the requirements of all three groups, remove areas of duplication and allow for amendment of existing requirements where warranted. On the basis of the information and data gathered during the ROVE pilots, there is good reason to believe the policy underpinning the framework would be well-supported by the body of national and state stakeholder organisations.*

The evaluation report on the ROVE pilot and the associated recommendations were sent to the Department of Health and Ageing for its consideration in March 2008.

### **ROVE Program Outcomes**

The primary goal<sup>9</sup> of ROVE was to improve the quality of general practice services available to people living in rural and remote Australia, and to support the OTDs providing these services. This was to be achieved by improving the skills and knowledge of those doctors (particularly the OTDs) delivering primary health care services to these people.

During the ROVE pilots it was evident that GPET (as a result of its AGPT program activities) had an existing well-established infrastructure that clearly had the capacity and resources (particularly in terms of medical educator workforce) to deliver a regionally-responsive national program that was able to offer a flexible and tailored program of OTD training, education and support.

While there were a number of findings and recommendations in the report, a key recommendation was for GPET to develop and implement a national policy framework to guide the ongoing development and delivery of an OTD education, training and support program.

The report recommended that the national policy framework should provide for:

- the alignment of OTD training (for general practice and/or rural and remote medicine) with the AGPT program and that it be managed and supported by GPET
- the incorporation of the still evolving Australian Medical Council (AMC) - Council of Australian Governments (COAG) provisions for national OTD assessment (Standard Pathway)
- the considerable interest OTDs have for courses to prepare for RACGP/ACRRM Fellowship assessments.

The ROVE program recommended the retention of the three key educational components which were used by RTPs to identify and address the needs of OTDs participating in the program.

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<sup>9</sup> There were a number of other goals for the program and these are included at Appendix two of this paper.

These were:

1. The assessment of the candidate's competencies in order to identify training needs
2. The development of a tailored, flexible learning plan for each participant based on assessment of experience and identified needs
3. Linkages to AGPT, where appropriate, or articulation into established pathways (AGPT, practice eligible route/ACRRM OTD program) to facilitate supervision, exam readiness and timely progression to Fellowship.

The evaluation process also identified a range of outcomes that conveyed a series of benefits to the OTDs who had participated in the program. Benefits such as increased clinical skills and knowledge, improvement in communication and language skills, program flexibility options to meet individual training needs, increased OTD confidence and dramatic stakeholder buy-in have been brought to the surface through the evaluation.

Further benefits for OTDs included:

- Increased one-on-one medical educator support
- Measures put in place to assist with attendance at group educational activities
- Bolstered educational resource collection (including on-line)
- Better clarity of key stakeholder roles in OTD support and communication between stakeholders has meant a more efficient and collaborative training environment for OTDs
- Opportunity to engage in more research and evaluation to refine the support program and better meet OTDs' needs
- More confidence in consulting skills and exam preparation
- Knowledge of Australian systems in relation to general practice
- Knowledge of what is required in relation to the Fellowship exam
- Feedback in relation to gaps in learning;
- Feedback in relation to patient perception of their practice
- Support in achieving learning objectives and networking with other OTDs.

The report also highlighted a number of benefits flowing to rural and remote communities.

- Improved quality of care resultant from better OTD communication and consultation skills
- Improved understanding by OTDs of local resources
- Quality control from medical educator visits



- Improved medico-legal skills
- Improved workforce (including recruitment and retention)
- Improved emergency, surgical and musculoskeletal procedural skills.

### **OTD Education, Training and Support into Regionalised General Practice Training**

Support for integrating the education, training, and support needs of OTDs with those of Australian medical graduates was provided by detailed research undertaken in 2007 in the North West region of New South Wales.

The authors of that research concluded as follows:

*“While there is merit in delivering specially designed initiatives to target groups, such as male or female GPs, (or) registrars..., our results support the notion that OTDs should not so much be considered to have special needs, but rather (should be seen as) an integral part of the region’s medical workforce.... Wherever possible, a fully integrated strategic approach, focusing on meeting doctors’ professional needs should guide the development and implementation of relevant, comprehensive strategies for the regions’ rural doctors (as a whole)...” (Alexander and Fraser, 2007)<sup>10</sup>*

The evaluation of the ROVE program confirmed the effectiveness of this and identified six key principles to guide the integration of a national education, training and support program for OTDs.

The principles are:

- Australian governments need to move from a focus on ‘workforce’ strategies for OTDs to strategies that reduce the complexity of OTD assessment, medical education and training systems
- Multiple agencies are involved in the recruitment and monitoring of OTDs in ‘area of need’ posts each year. There is a need for policy consistency and clarity to assist these agencies in maintaining the quality of their processes
- A national, standardised, consistent, accredited and transparent approach is required for all elements of the pathway integrating OTDs into the Australian health care system
- There needs to be sufficient flexibility within the pathways to registration in order to take account of OTDs’ previous training and assessment, knowledge base, clinical skills and the

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<sup>10</sup> Alexander, C. and J. D. Fraser, *Education, training and support needs of Australian trained doctors and international medical graduates in rural Australia: a case of special needs?* Hunter New England Area Rural Training Unit, Hunter New England Health, Tamworth 2007

suitability of their skills and experience for the position for which they are applying and their personal career preferences and aspirations

- The registration pathways need to be readily understood by and accessible to OTDs - equitable, transparent, efficient, without the imposition of excessive burdens and offering appropriate support to facilitate success
- The registration pathways must be designed to deliver portability of an OTD's education and training across jurisdictions in order to reduce the current problem of wastage of time and resources when an OTD moves to a new location and is faced (along with their employer) with a new set of training/registration requirements.

In the interests of having a shared and common approach to OTD training and support, GPET supports the development of a suitable OTD education, training and support plan and framework. This framework will ensure that there is an agreed overarching national plan and strategy in place that is clearly documented and will support a shared model of program delivery in a way that remains consistent with the various responsibilities and obligations that rest with the key organisations involved in OTD training.

GPET would also suggest that the framework contain specific provisions that would:

- Support initiatives that integrate the education, training, and support needs of OTDs with those of Australian medical graduates
- Link the assessment of an OTD's competencies to the provision of a tailored, flexible learning plan for each participant based on assessment of experience and identified needs
- Remove any unwanted barriers to training currently experienced by OTDs
- Provide clear and consistent information on the objectives of the program
- Ensure all OTDs have clear, fair and reasonable access to programs that provide education training and support.

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## **APPENDIX ONE**

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The major organisations involved in the ongoing process of consultation included:

- Australian Medical Association
- Australian College of Rural and Remote Medicine
- Australian General Practice Network
- Australian Local Government Association
- Australian Medical Council
- Department of Health and Ageing
- Regional Training Providers (delivering AGPT)
- Royal Australian College of General Practitioners
- Rural Doctors Association
- Rural Workforce Agencies
- State Departments of Health
- State Medical Boards
- State Postgraduate Medical Councils

A full list of the organisations who participated in the ROVE consultation process was provided in the final evaluation report of the program.

## **APPENDIX TWO**

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### **ROVE Pilot Goals and Objectives**

The primary goal of ROVE was to improve the quality of general practice services available to people living in rural and remote Australia, and to support the OTDs providing these services.

ROVE had the following additional goals in relation to temporary resident OTDs (as well as for permanent resident OTDs) that were providing services to rural and remote Australians:

- To assist OTDs meet recognised benchmarks for general practice and rural medicine regarding training, qualifications and registration
- To provide localised support to meet the quality of care expectations of Australian communities in rural and remote areas
- To provide access to education programs
- To monitor standards of care, enabling formative educational interventions and better supervision within the work setting.

