Submission No. 37
(Overseas Trained Doctors)
Date: 03/02/2011

1 February 2011

[redacted]
Inquiry Secretary
Standing Committee on Health and Aging
PO Box 6021
Parliament House
Canberra ACT 2600

[redacted]

Subject: Inquiry into Registration Processes and Support for Overseas Trained Doctors.

I respond to the invitation to make a submission to the above Inquiry.

Attached please find our submission. We have attempted to specifically address the areas the Committee has been asked to explore and report on, together with providing some examples of our experiences.

Thank you for the opportunity to make a submission and we look forward to the inquiry giving rise to improvements in the systems and hence the provision of services to regional, rural and remote NSW and Australia.

Relevant staff and I would be only too happy to answer any queries as necessary. RDN would also be pleased to appear before the Inquiry or at Public Hearings of the Inquiry

Yours sincerely

Dr Ian Cameron
CEO
NSW Rural Doctors Network

[redacted]
Web: www.nswrdn.com.au

1. Introduction

The NSW Rural Doctors Network (RDN) is a non-government, not for profit organisation which receives government funding to administer a number of programs to improve the health of rural people. Established in 1988, RDN has concentrated on attracting, recruiting and retaining GPs in rural NSW. Lately RDN has also administered a number of specialist outreach programmes. Over 23 years RDN has worked extensively with OTDs and their families on all aspects of their transition into rural General Practice and rural life.

This RDN submission makes a number of recommendations, including simplifying registration processes and ongoing education for OTDs to achieve general registration and Fellowship. The end point is that an Overseas Trained Doctor becomes an Australian Trained Doctor.

Throughout this submission RDN uses the term Overseas Trained Doctor (OTD) rather than International Medical Graduate as the Inquiry Terms of Reference use OTD.

2. Executive Summary and Recommendations

Despite a long lead time, the move to national medical registration has been slow, some pathways to registration are not complete, there is lack of clarity both in the pathways and the processes, and there is a continuing lack of national consistency. All stakeholders remain confused, including OTDs and communities, in a confused system.

Registration is only one part of becoming a practising doctor in Australia. Immigration issues can remain confusing. Having access to a Medicare provider number is essential for most doctors, and the maze of regulation and legislation around provider numbers compounds the registration confusion. While immigration and provider numbers are outside this Inquiry's Terms of Reference, registration processes have to be seen in the context of immigration and provider number issues.

The RDN submission focuses on the need for clear nationally consistent processes in the pre-registration phase, including access to education and support for OTDs who may need assistance to meet the required standards. After registration there is a need for comprehensive and cohesive education and other support as the OTD moves to general registration and Fellowship. This includes support for the OTD's family.

Although many organisations may be involved in education provision, a case management approach through the Rural Workforce Agencies (RWAs), including RDN is the most efficient way of ensuring that individual OTDs are guided through the processes and are aware of and supported in education. The RWAs need to be aware of OTDs recruited through other avenues such as private recruiters because

these doctors are the ones least likely to be aware of education and support opportunities.

Recommendations:

1. That Rural Workforce Agencies be adequately resourced to act as case managers for individual OTDs and for practices and towns in need of doctors. (TOR 1)

2. That the PESCI assessment process be standardised across States. (TOR 1)

3. That the PESCI assessment process be streamlined so that the assessment is related to a type of role or position rather than a specific role in a specific location. This seems to work well in Victoria. (TOR 1)

4. That the AoN requirements be streamlined and made consistent across the States. (TOR 1)

5. That the requirements for supervision of a limited registration doctor working in an AoN location be standardised across the States. (TOR 1)

6. That accountability and appeal mechanisms be clearly defined and readily accessible. (TOR 1)

7. That the general medical registration pathways and the specialist pathways be completely finalised and implemented, including the Standard Pathway (workplace assessment). (TOR 1 and 2)

8. That coordinated and integrated flowcharts and information booklets/brochures be produced that clearly outline the steps involved for OTDs to obtain registration and Medicare provider numbers. Rural Workforce Agencies are well placed to do this once the processes themselves are clarified. (TOR 1)

9. That clear assessment results be provided promptly to the OTD, employer and Rural Workforce Agency. (TOR 1)

10. That time limits on registration and/or workplace be abolished. (TOR 1)

11. That the general medical registration pathways and the specialist pathways be completely finalised and implemented, including the Standard Pathway (workplace assessment). (TOR 1 and 2, see recc. 7 above)

12. That easy to follow and comprehensive information is provided about the pathways, including on the AMC website, and that this information provides guidance to assist OTDs in understanding the eligibility requirements for the

various pathways, together with the assessment processes throughout a particular pathway. (TOR 2)

13. That GPET and the RTPs standardise program requirements and their support for OTDs undertaking programs through the RTPs. (TOR 2)

14. That a bridging program be established to support OTDs who undertake the AMC MCQ and then have to undertake the AMC Clinical Examination. Such a program would help prepare and orientate the OTD to the Australian health and medical systems. (TOR 2)

15. That OTDs who undertake the AMC MCQ and then the Clinical examination then be required to undertake a years general practice in a regional, rural or remote location instead of a year of supervised practice in a hospital. If the OTD completes the second part of the AMC exam while working in an AoN location they be allowed to do their year of supervised practice in their current location with their current supervisor. (TOR 2)

16. That enhanced funding be provided to support OTDs to undertake clinical observerships, including VMO work at the local hospital, as a means of awareness raising and introduction to work in Australia and also a means of introduction of the Practice to the OTD. (TOR 2)

17. That funding and program development be made available for a comprehensive professional and clinical orientation for OTDs, both permanent and temporary residents. That such a program include topics such as the Australian health and medical systems, Medicare access, workplace relations/employment standards (including employment contracts), educational opportunities, and Aboriginal health. (TOR 2)

18. That funding is provided to support the orientation and transition of the OTD and their immediate family into the local community and the avenues for networking with other doctors living in regional, rural and remote Australia. (TOR 2)

19. That financial recognition be provided to General Practitioners, who as a requirement of the registration process supervise OTDs. (TOR 2)

20. That a comprehensive and nationally consistent training and education pathway be developed for those doctors not eligible to enrol on GP Training. These doctors are those without permanent residence or citizenship, and those without general registration. This could be modelled on the successful Remote Outreach Vocational Education (ROVE) model that provided funding to RTPs to provide the same education resources to ineligible doctors in rural practice as they provided to enrolled GP Registrars. (TOR 3)

21. That the Additional Assistance Scheme which provides funds through Rural Health Workforce Australia to the Rural Workforce Agencies to assist OTDs and some Australian graduates to achieve Fellowship be continued unless replaced by a more comprehensive program such as ROVE. (TOR 3)

22. That a clear pathway that outlines which organisation has responsibility and funding for which component of the OTD's assessment and training be developed. (TOR 3)

3. Context

a. The NSW Rural Doctors Network

Since 1988 RDN has administered an array of programs aimed at attracting, recruiting and retaining rural GPs. These range from high school projects aimed at encouraging rural youth into health careers, undergraduate support programs, adopting a case management approach to helping individual OTDs through the tortuous path to becoming an Australian doctor, family support, continuing education, locum support, through to succession planning at individual and town level. RDN has extensive, accurate and up to date information on NSW rural doctors and their attributes.

Many of these programs have involved RDN working closely with OTDs. RDN has a detailed knowledge both of past and present processes around medical registration, provider number legislation, immigration and education that affect OTDs. One RDN staff member even did her PhD on "The political and structural barriers preventing permanent resident overseas trained doctors from working as general practitioners in rural New South Wales".

RDN has adopted a case management approach to working with individual OTDs. They contact RDN, are selected (or not) for support through the processes, receive support not only in the registration and provider number processes, but are matched with rural positions that are likely to meet their professional, family and cultural circumstances. After placement the OTDs receive from RDN continuing support to meet their education and professional progression needs. Ultimately it becomes circular, and after some years in practice they will often return to RDN for advice on where to go when they wish to change jobs as their professional and family needs change.

During the 2009-2010 financial year, RDN received 404 online applications and engaged in email correspondence with over 1,700 applicant doctors. The vast majority of these were OTDs. RDN was involved in substantial liaison with some 250 of these applicant doctors. RDN assisted either directly or

indirectly, in the placement of 86 doctors in rural NSW. RDN is, on a day-to-day basis, involved in the recruitment and retention of OTDs and assisting them to registration and ultimately achieving general registration and FRACGP or FACRRM.

b. The NSW Rural GP workforce and OTD statistics

At 30th November 2009 there were 1,303 rural GPs in RRMA 4 – 7 in NSW. Of these, 39.8% had their primary medical qualification from outside Australia or New Zealand. While this figure seems high it is important to remember that many of these GPs have been practising in Australia for many years and their current activity is not really relevant to this Inquiry. RDN presents service awards to longstanding rural GPs. At the last presentation ceremony in 2010 six of the eleven recipients had their primary qualification from overseas, each had between 35 and 46 years experience as a rural GP in NSW and were currently still in practice.

It is perhaps more useful in looking at newer OTDs to look at citizenship and registration status. Of the NSW RRMA 4-7 rural GPs in November 2009, 3.8% were Temporary Residents and 9.4% were Permanent Residents. 86% were Australian or New Zealand citizens. 10.3% of the rural GPs had some form of conditional registration. This gives a more realistic figure of somewhere around 10% of NSW rural GPs being OTDs currently or recently involved in registration and support to Fellowship processes.

This is not to downplay the importance of OTDs in sustaining a rural medical workforce. NSW currently has 186 rural GP vacancies out of a total rural GP workforce of 1595. The increasing importance of OTDs in meeting this need can be seen in the origin of doctors receiving RDN relocation grants. In 1993 ten out of eleven relocation grant recipients were Australian graduates. In 2007, only 6 out of 21 recipients were Australian graduates.

There is a tendency in Government to believe that the well publicised workforce shortages in rural areas will be solved with the large increase in Australian medical graduates – the so called tsunami of new doctors. (Remember that a tsunami penetrates about 2km inland, causes destruction over a few days and takes ten years for reconstruction to clean up the mess). It is RDN's experience that without fundamental changes to support for rural health, the vast majority of these new graduates will not practice in rural areas. Rural NSW will still be reliant on OTDs. The recommendations of this Inquiry will not be temporary but will have influence for many years to come

c. Medical registration of OTDs in NSW

Legislation and Medical Board Policy – a history summary from 1987 to 2007

The legislation and policies that have governed the registration of GPs in NSW in past years are as follows:

General Registration

1987 General registration limited to Australian and New Zealand medical graduates and Australian Medical Council (AMC) graduates.

1993 Mutual Recognition Act. Doctors with full registration in any Australian state or territory eligible for general registration in NSW.

Area of Need (AoN) registration

1990 Five Nations Policy introduced. Area of Need (AoN) registration limited to temporary residents with medical degrees obtained in the United Kingdom, New Zealand, South Africa, Hong Kong and Singapore. Maximum of two years AoN registration permitted. Medical Board included periods of registration in other Australian states and territories in calculations.

1996 Permanent resident OTDs permitted to apply for AoN registration provided they had passed the AMC Multi Choice Questionnaire (MCQ). They were required to sit first available AMC clinical exam. Registration was cancelled if they failed the exam or failed to sit.

1999 Five nations policy abolished by Craig Knowles, newly appointed NSW Minister for Health. All OTDs eligible to apply for AoN registration. All residency and time limits removed.

Specialist Registration

1992 Conditional registration as an overseas-trained specialist introduced for Fellows of Australian specialist colleges. General practice not included.

1999 Fellows of the RACGP eligible for registration as an overseas trained GP.

2007 FACRRM accredited by AMC but only recognised by Medical Board if obtained by completing accredited training program. Status of Independent Pathway not clear. Enrolments in Independent Pathway suspended in 2007 and recommenced in 2009.

Probably the most important of these changes was the 1999 replacement of the "Five Nations Policy" with a process that included:

- Recognition of GPs as specialists if they held FRACGP.
- Removal of time limits to attain general registration. This had caused community and OTD anger when after two years a doctor who had for whatever reason failed to gain general registration was no longer registered. Community response tended to be "(s)he was good enough for two years why aren't they good enough now." The new registration was specific to a rural position and supervisor so the only way out was to gain general registration and / or Fellowship.

- Removal of what was seen as a racist Five Nations Policy with the introduction of a Pre Employment Structured Clinical Interview (PESCI) for applicants for AoN registration. No GPs in NSW have been registered into AoN since then without a PESCI.

While no system is perfect, the NSW registration processes since 1999 have worked with appropriate rigour and without the outrage from OTDs and communities that preceded the changes, and led to hunger strikes and picket lines in Macquarie Street.

4. Addressing the Inquiry Terms of Reference (TOR)

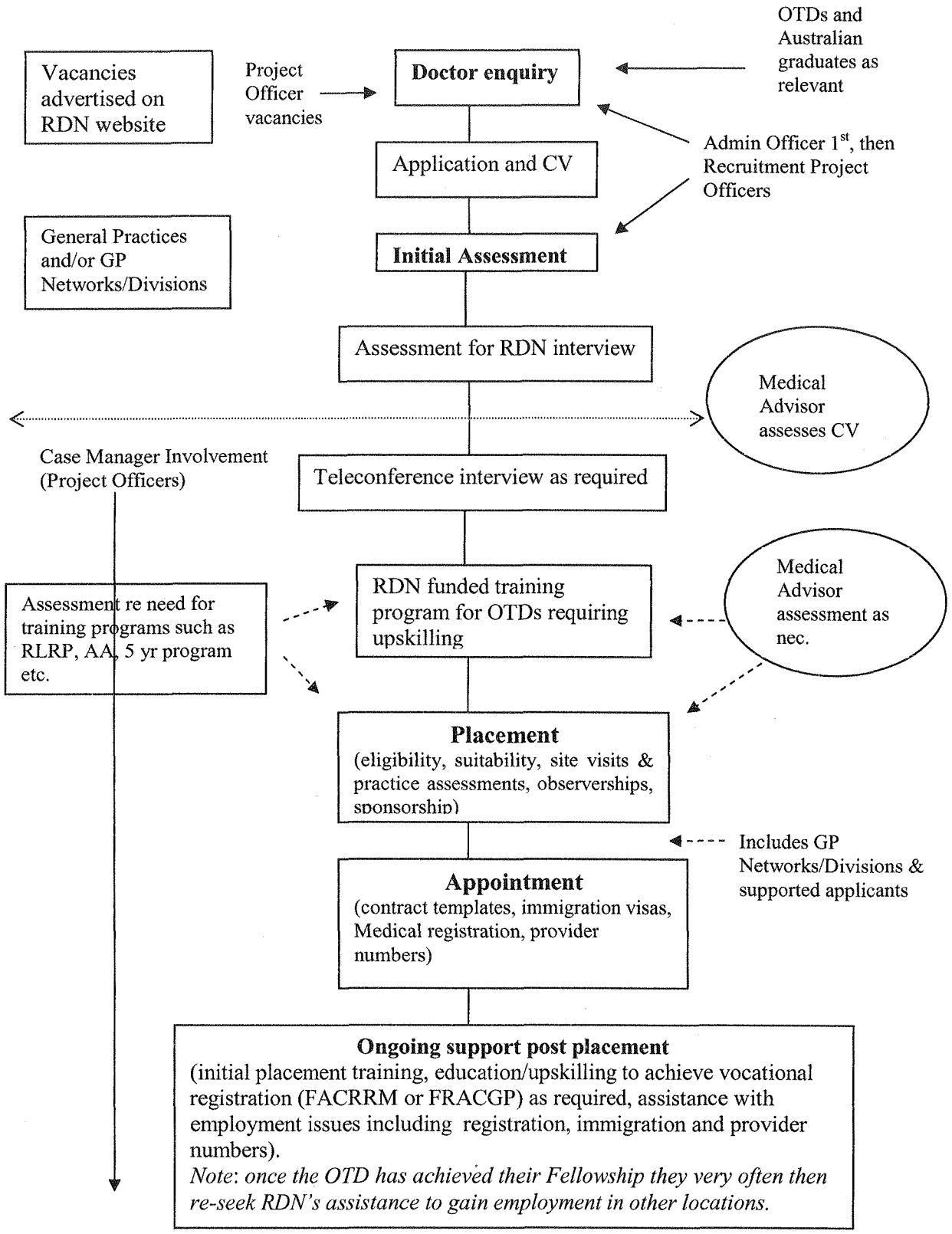
TOR (1) Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand colleges' assessment processes, appeal mechanisms could be clarified, and the community better understand and accept registration decisions

RDN has taken this to mean to explore current registration processes with a view to making them more able to be understood and useful to all stakeholders. This means going beyond Colleges to understand the involvement of the AMC, the Australian Health Practitioners Regulatory Agency (AHPRA), Health Departments, Colleges and other organisations with a direct role in registration processes.

Current registration processes are not well understood by OTDs and communities because they are almost impossible for anyone to understand. There is a lack of clarity which causes confusion to all involved. There is a lack of consistency between jurisdictions which adds to the confusion and causes some jurisdictions to be relatively disadvantaged. The lack of consistency threatens the maintenance of appropriate clinical standards.

As mentioned in the "Context" section above RDN provides a comprehensive service to OTDs. Below is a flowchart that provides an overview of the key steps in the recruitment process.

NSWRDN RECRUITMENT PROCESS OVERVIEW



There remains a lack of consistency and clarity across a number of areas. The general medical registration and specialist pathways in some areas have not been finalised nor fully implemented. There are different approaches across the States to assessment processes such as the PESCI and also for supervision requirements of limited registration and AoN doctors. There is no clearly defined explanation or detailed flowcharts of the key steps in the registration process and no indication of expected timelines. Determining the correct forms to complete and send to AHPRA is often a real challenge.

It is not uncommon for it to take 18 months to 2 years to recruit an OTD. Even then they will likely have limited registration and be required to work in an AoN, and will most definitely require District of Workforce Shortage (DoWS) practice location and will require further education and/or undergo a period of supervised practice. This is an extensive time period and often gives rise to no medical services being provided to communities or interruption to services for periods of time. While RDN does not want to lower the current standards as set by professional and regulatory bodies, it is keen to look at ways to improve the efficiency and effectiveness of the processes in an endeavour to improve access to medical services in regional, rural and remote communities.

OTDs have found the processes to be overly bureaucratic, extremely lengthy and very expensive. The key impact of this is that OTDs are either choosing not to bother to come to Australia because of the lengthy process or end up choosing to go to another State, other than NSW, because of the extensive delays in the process within NSW relative to other States. Thus, NSW and in some cases Australia is missing out on being able to recruit OTDs to provide community based services in regional, rural and remote areas.

In NSW communication, especially to those unsuccessful in PESCI and to RDN of reasons for results and appeal mechanisms, has been slow and with little detail. This has made it difficult to use the PESCI results to help the OTD formulate a learning plan so they will have more likelihood of success in the future.

From 1 July 2010 to 19 December 2010 RDN had received 144 enquiries from doctors. The majority of these have been online applications. Extrapolating this figure for the 2010-2011 financial year means the number of enquiries will be substantially less than the previous financial year. This drop in numbers of enquiries RDN has received for the current financial year, demonstrates the reduced numbers of OTDs looking at working within NSW. Much of this decrease can be attributed to the complexity of and confusion around new registration processes.

Some examples are provided below to expand on our comments.

PESCI process

The length of time taken to go through the PESCI process is particularly long in NSW. It can be months before the doctor is informed of the outcomes. In NSW doctors are often given around 2 weeks notice of a date for the PESCI. This timeframe does not allow much time for them to organise leave and travel (often international), nor to undertake an observership within medical practice in Australia prior to doing the PESCI. This can mean they have to postpone the PESCI so they can make the necessary arrangements, thus delaying the overall process further. After the PESCI it is not uncommon to take up to 8 weeks or longer for the doctor to be advised of the outcomes of the PESCI assessment and this means that often the Practice that is willing to take an OTD looks elsewhere for a doctor and the OTD looks at other States that work more quickly/efficiently.

In NSW the PESCI process is also inflexible because it looks at a specific job description for a specific practice, rather than types of roles for which the doctor could or could not be eligible. One way of streamlining the process would be for the PESCI panel to assess each doctor against a role classification rather than an individual locality position description. These roles could include:

- Solo or two practitioner town with Visiting Medical Officer/s (VMO)
- Solo or two practitioner town without VMO
- 3 - 6 practitioner practice with VMO
- 3 - 6 practitioner practice without VMO
- More than 6 practitioner practice
- Obstetrics and anaesthetic capability assessed at same time.

This would allow, for example, the panel to decline an applicant who applied to work in a remote small town, but recommend registration in a larger more supported environment. At present the applicant has to resubmit and do another PESCI for each place. If this change was to occur, RDN could then look at suitable towns after in principle registration and work with Local Health Networks knowing whether the applicant was likely to be able to be a VMO.

There also remain different processes across the States for who does the General Practice PESCI assessment. For example, in Queensland ACRRM has been accredited to do the PESCI. In Victoria the Rural Workforce Agency (RWAV) has established a separate entity that does the PESCI. In 2010 ACRRM conducted 221 PESCIs in Queensland. In the period from July to December 2010 the RWAV entity conducted 97 PESCIs. RDN is not aware of the exact figure but would be surprised if as many as 20 were conducted in NSW.

Supervision requirements

There are different standards applied across the States for doctors with limited registration working in AoN practice locations and who require a period of supervision. In NSW it is a one to one ratio for supervision (i.e. one appropriately qualified doctor can only supervise one doctor requiring supervision) whereas in Victoria RDN has been advised that one doctor can supervise up to 16 such doctors. While it is AHPRA's intent to standardize this, there is no set timeframe by when this would be done, as far as we know. Within NSW this creates problems in being able to have enough doctors able to supervise.

Area of Need Approval Requirements

During 2010, NSW Health increased the requirements to meet AoN status. Practices now have to advertise in certain media for specific periods of time and also undertake broader consultation (eg with Specialty Colleges) prior to applying for AoN approval. Previously rural practices were only required to advertise on the RDN website, a free service. These requirements have increased the cost and the timeline for obtaining such approval. There are different requirements across the States.

VMO Credentialing

There are also different approaches across the Area Health Services (now known as LHNs) for undertaking VMO credentialing. Some Area Health Services go through the credentialing process before the doctor knows whether they can get any type of medical registration. This can slow the process and add to the general confusion.

Recommendations

1. That Rural Workforce Agencies be adequately resourced to act as case managers for individual OTDs and for practices and towns in need of doctors.

The attraction and recruitment process will always be lengthy and difficult. The individual case management approach, while consuming resources, works well. The Rural Workforce Agencies, including RDN, are best placed to do this, to facilitate links with standards assessment organisations and to link applicant doctors with practices and towns in need.

National Consistency

2. That the PESCI assessment process be standardised across States.

3. That the PESCI assessment process be streamlined so that the assessment is related to a type of role or position rather than a specific role in a specific location. This seems to work well in Victoria.

4. That the AoN requirements be streamlined and made consistent across the States.

5. That the requirements for supervision of a limited registration doctor working in an AoN location be standardised across the States.

6. That accountability and appeal mechanisms be clearly defined and readily accessible.

Clarity in Processes

7. That the general medical registration pathways and the specialist pathways be completely finalised and implemented, including the Standard Pathway (workplace assessment).

8. That coordinated and integrated flowcharts and information booklets/brochures be produced that clearly outline the steps involved for OTDs to obtain registration and Medicare provider numbers. Rural Workforce Agencies are well placed to do this once the processes themselves are clarified.

9. That clear assessment results be provided promptly to the OTD, employer and Rural Workforce Agency.

Abolition of Time Limits

10. That time limits on registration and/or workplace be abolished. A doctor new to Australian practice is busy establishing clinical and professional practice, helping their family adjust to life in (rural) Australia and beginning the next stage of education. Having time limits runs the risk of good doctors having to cease practice, and consequential community disquiet. For example, time limits that accompany programs like Rural Locum Relief Program (RLRP) for doctors to obtain full registration and/or Fellowship should not be enforced providing the doctor is performing satisfactorily.

TOR (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

Brief overview of what RDN provides & funding sources.

RDN provides the following by way of support programs:

- Case management of OTDs to assist and support them through the various processes towards medical registration and obtaining employment,

- Provision of some funding for OTDs to undertake site visits and observerships to Practices looking to recruit an OTD. These also assist OTDs understanding of the Australian health system,
- Assistance and some case management for doctors undertaking programs such as the Additional Assistance/Fellowship scheme, the Five Year Program, and the RLRP. RDN works with and funds Regional Training Providers (RTPs) to develop individual learning plans for OTDs undertaking the Additional Assistance/Fellowship training program,
- Continuing Professional Development (CPD) vouchers to assist with professional development,
- Conducting clinical refresher conferences for regional, rural and remote general practitioners,
- Collaboratively running an Emergency Life Support course and assisting doctors to partake in the course to better enable them to manage the diversity of clinical issues they have to deal with in general practice and as VMOs in rural and remote hospitals. RDN is also currently looking at establishing a more formal orientation program for OTDs to further assist them in their transition to the Australian health system and the General Practice environment,
- Incentive grants, such as relocation and transition grants, to OTDs to assist their move and transition to regional, rural and remote areas,
- Advice and assistance to General Practice Networks/Divisions and individual practices about the registration requirements, submitting applications for Area of Need status, enabling them to post vacancies on the RDN website and facilitating a range of collaborative forums and opportunities; and
- Family support through the Rural Medical Family Network.

The significant majority of funding for RDN's OTD recruitment related activities is provided from the Commonwealth via the Department of Health and Ageing. Some is provided by NSW Health.

Other support is provided to OTDs through the educational Colleges such as the RACGP and ACRRM and also through General Practice Education and Training (GPET) and its networks (eg; RTPs).

The General Practice Networks/Divisions and general practitioners also provide a range of support and advice concerning local employment, orientation of OTDs and also arrange supervision as necessary. General practitioners who are willing to supervise an OTD get very little recognition or recompense for undertaking such an important role.

The various registration pathways and their respective processes to general registration have not been finalised. ACRRM has more recently had theirs

finalised and accredited. However the standard pathway via workplace assessment has not been finalised.

The specialist pathways remain unclear across RACGP and ACRRM. There remain aspects that are not clear for doctors trying to navigate their way through the processes. For example, it remains difficult, at times, to determine which is the more effective pathway for a doctor to follow (given a set of qualifications and experience etc.), such as whether to advise an OTD to go through a specialist pathway or the standard pathway.

This uncertainty plays a role in some OTDs deciding not to take up General Practice in Australia.

Those doctors gaining general registration by completing both parts of the AMC exams are required to undertake a year of supervised practice. This is the equivalent of the intern year that an Australian graduate does. In the past in NSW those OTDs who were working as doctors in a rural town, when they passed their exams, were either granted an exemption from the year of supervised practice or were able to do it in the General Practice they were working in. It appears that this will no longer be allowed and they will have to spend the year in a hospital accredited for interns. This will remove them from the town they have been working in, and is likely to provoke disquiet both from the doctors and their community.

OTDs are fundamentally different from new Australian graduates in that they have experience in medicine, but not in the Australian context. It would be sensible if all AMC graduates were required to do their year of supervised practice in rural primary care. This would also have the secondary effect of freeing up more hospital based intern positions. The number of in hospital intern positions will be insufficient with the increasing number of Australian graduates.

The Additional Assistance Scheme has been important in helping OTDs to access education in preparation for Fellowship. This is funded by the Commonwealth Department of Health and Ageing through Rural Health Workforce Australia to the RWAs. RDN currently has over 300 doctors receiving financial assistance and plans for 80 more per year. RDN administers this program with the RTPs. Across the RTPs there does at times appear to be differences in the monitoring and involvement they have with doctors undertaking the programs. This has given rise to some criticism being passed onto RDN from some doctors.

Recommendations

11. That the general medical registration pathways and the specialist pathways be completely finalised and implemented, including the

Standard Pathway (workplace assessment). (Recommended under TOR (1) and (2)).

12. That easy to follow and comprehensive information is provided about the pathways, including on the AMC website, and that this information provides guidance to assist OTDs in understanding the eligibility requirements for the various pathways, together with the assessment processes throughout a particular pathway.

13. That GPET and the RTPs standardise program requirements and their support for OTDs undertaking programs through the RTPs.

14. That a bridging program be established to support OTDs who undertake the AMC MCQ and then have to undertake the AMC Clinical Examination. Such a program would help prepare and orientate the OTD to the Australian health and medical systems.

15. That OTDs who undertake the AMC MCQ and then the Clinical examination then be required to undertake a years general practice in a regional, rural or remote location instead of a year of supervised practice in a hospital. If the OTD completes the second part of the AMC exam while working in an AoN location they be allowed to do their year of supervised practice in their current location with their current supervisor.

16. That enhanced funding be provided to support OTDs to undertake clinical observerships, including VMO work at the local rural hospital, as a means of awareness raising and introduction to work in Australia and also a means of introduction of the Practice to the OTD.

17. That funding and program development be made available for a comprehensive professional and clinical orientation for OTDs, both permanent and temporary residents. That such a program include topics such as the Australian health and medical systems, Medicare access, workplace relations/employment standards (including employment contracts), educational opportunities, and Aboriginal health.

18. That funding is provided to support the orientation and transition of the OTD and their immediate family into the local community and the avenues for networking with other doctors living in regional, rural and remote Australia.

19. That financial recognition be provided to General Practitioners who as a requirement of the registration process supervise OTDs.

TOR (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.

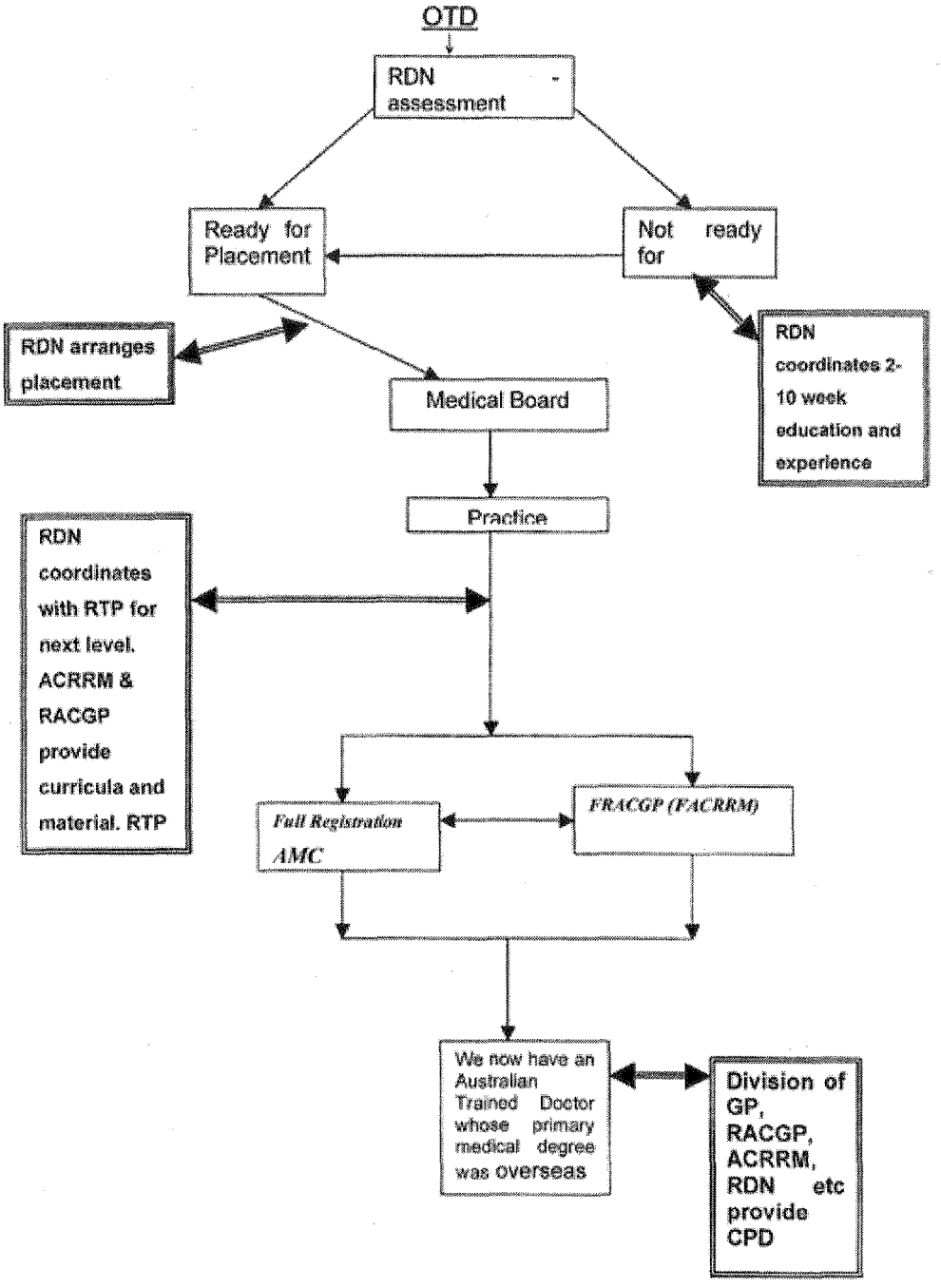
Discussion under TOR 1 & 2 have set the background to and explained the issues. Under this point we mainly focus on improvement/removing impediments via recommendations. RDN has taken this TOR to refer to pathways that lead to Fellowship of RACGP or ACRRM after limited or general registration.

Recommendations

20. That a comprehensive and nationally consistent training and education pathway be developed for those doctors not eligible to enrol on GP Training. These doctors are those without permanent residence or citizenship, and those without general registration. This could be modelled on the successful Remote Outreach Vocational Education (ROVE) model that provided funding to RTPs to provide the same education resources to ineligible doctors in rural practice as they provided to enrolled GP Registrars.

21. That the Additional Assistance Scheme which provides funds through Rural Health Workforce Australia to the Rural Workforce Agencies to assist OTDs and some Australian graduates to achieve Fellowship be continued unless replaced by a more comprehensive program such as ROVE.

22. That a clear pathway that outlines which organisation has responsibility and funding for which component of the OTD's assessment and training be developed (see below for a simplified and partially outdated example)


OTD
RDN assessment
Ready for Placement
Not ready for
RDN arranges placement
RDN coordinates 2-10 week education and experience
Medical Board
Practice
RDN coordinates with RTP for next level. ACRRM & RACGP provide curricula and material. RTP
Full Registration AMC
FRACGP (FACRRM)
We now have an Australian Trained Doctor whose primary medical degree was overseas
Division of GP, RACGP, ACRRM, RDN etc provide CPD

5. Issues not directly addressed by Terms of Reference that impact on OTDs and community understanding in attracting, recruiting and retaining a doctor.

a. Provider number issues

Registration is only one part of being able to work as a GP. The other components are being legally in Australia (Immigration issues) and having access to Medicare by having a provider number.

Obtaining a provider number can be as complicated a maze as registration pathways. It is influenced by the doctor's level of qualification, their time since initial medical registration, the geographical place the doctor can work and various exemptions or variations to the legislation.

Since 1998 Australian and overseas medical graduates have been required to have Fellowship to access a provider number. A number of exemptions apply, including for those doctors on a college training scheme, those willing to work in some rural areas and after hours deputising services.

The so called ten year moratorium prevents OTDs accessing a provider number for ten years unless they are working in a DoWS, even after they gain Fellowship. This ten years may be shortened either by the length of time they have spent in a rural area, scaled by rurality, or reduced 3.5 to 5 years by working in the most difficult to recruit to places – the so called Five Year Program. The Five Year Program is currently being reviewed.

An important role of RDN and the Rural Workforce Agencies is in administering the RLRP which allows access to a provider number for permanent resident or citizen doctors (including Australian graduates) to work in rural areas, and the Five Year Program.

RDN is in favour of the retention of the Ten Year Moratorium.

- Without it there would be an even more desperate shortage of doctors in rural areas. RDN does not see the Moratorium as an alternative to massive extra support for rural health needed to attract Australian graduate health professionals to rural and remote areas, but acknowledges that without the Moratorium the existing shortages would be much worse
- By way of comparison, many Australian graduates who have been supported as undergraduates either into medicine through Rural Bonded Places or financially through Rural Bonded Scholarships are required to spend 4 – 6 years in a rural area or DoWS **after** they achieve Fellowship. They will finish their return of service a minimum of 12 years, and up to 19 years, after they began to study medicine.

b. Immigration issues

Immigration issues can be complicated. Temporary resident doctors may not be able to sign contracts, take out loans or have access to Medicare for their own health needs. In NSW they have to pay for their children's education even at public schools. Given that they pay equal tax and make an immense contribution to society by working in rural areas this seems rather inequitable.

6. Attachments

1. McFayden, L. (2006) The History and Politics of GP Registration in NSW to 2006 (extract from chapters 4 & 5 of PhD thesis entitled "The political and structural barriers preventing permanent resident overseas-trained doctors from working as general practitioners in rural New South Wales", Newcastle, 2006 .

2. PATHWAYS to Recognition as a GP in Australia, May 2008, Flowchart of what used to be and how easily it was represented.

3. NSW Rural Doctors Network: Minimum Data Set Report, 30 November 2009.