

Level 8, Aikenhead Building
27 Victoria Parade, Fitzroy VIC 3065
Telephone +61 3 9415 1177

[REDACTED]
Website www.vmpf.org.au

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[REDACTED]
Inquiries Secretary
House of Representatives,
PO Box 6021, Parliament House,
Canberra ACT 2600.

STANDING COMMITTEE
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ON HEALTH AND AGEING

Inquiry into Registration Processes and Support for Overseas Trained Doctors

In 1985, The Victorian Medical Postgraduate Foundation (VMPF) initiated the first state-wide hospital-based training program for International Medical Graduates (IMGs) resident in Victoria. VMPF has continued to conduct bridging courses for 25 years. These courses prepare IMGs to sit their Australian Medical Council examinations for both the multiple choice question (MCQ) and clinical examinations and provide participants with a better understanding of the Australian culture and the Australian health care system.

VMPF received funding from the Commonwealth Government from 1988 to 2002 to provide hospital-based clinical bridging courses to IMGs resident in Victoria and Tasmania. To continue this invaluable program VMPF negotiated an auspicing agreement with Victoria University in 2002 to enable eligible IMGs to access the FEE-HELP loan to cover the registration fee for the courses.

VMPF also conducts fee for service MCQ and Clinical Bridging Courses, Advanced Communications Workshops for IMGs and workshops for overseas trained psychiatrists to help them prepare for their College Exemption Candidate Examinations.

With this experience VMPF is able to provide a submission addressing items 2 and 3 of the Terms of Reference for this inquiry.

Our report describing the support programs we provide to assist OTDs to meet registration requirements is provided in Appendix 1.

Suggestions for the enhancement and integration of these programs is provided in Appendix 2.

Brief statistics of the number of doctors VMPF has assisted:

- Between January 2005 and June 2010, 82% of the people who completed one of our MCQ Bridging Courses passed their AMC MCQ Examination.
- Between April 2004 and September 2010, 83% of the people who completed our Fast-track Clinical courses *and who have sat the AMC exam* have passed their AMC Clinical Examination. The AMC's Clinical Exam pass rate since 1 January 2008 is 51% of all candidates.

- Between February 2004 and February 2010, 90% of the people who completed our FEE-HELP Clinical course *and who have sat the AMC exam* have passed their AMC Clinical Examination. The AMC's Clinical Exam pass rate since 1 January 2008 is 51% of all candidates.

Due to our many years of experience with the IMGs who undertake our courses and from working with our tutors, VMPF is able to give suggestions on how to remove impediments and promote pathways for OTDs to achieve Australian registration (qualifications to practice in Australia). This is provided in Appendix 3.

VMPF is in an ideal position to partner with others on research projects due to our contacts (the large number of doctors who have completed our courses, are now working in the Australian health system and who would be happy to help others) and our understanding of the impediments and opportunities facing IMGs. For a number of years VMPF has wanted to undertake a longitudinal study of IMG's experiences in Australia; the impediments they have faced, opportunities that have arisen, people and organisations that have helped or hindered them, how their career has developed, how their views have changed over time, the views of doctors at various stages of their career or various lengths of time that they have lived in Australia.

Yours sincerely



Ann Dancer
Executive Director

Support programs provided by VMPF to assist IMGs to meet registration requirements

VMPF programs directed to IMGs include:

- MCQ (multiple choice question) Bridging Courses
- Clinical Bridging Courses
 - Clinical (Fast-track) Bridging Courses
 - Clinical (FEE-HELP) Bridging Courses
- Advanced Communications Workshops for International Medical Graduates

The learning objectives for each of the bridging courses are:

- Understanding the practice of medicine in the Australian health system.
- Re-enforcement of the principles of medicine and their application for good medical practice.
- Familiarisation with and preparation for the AMC examination.
- Familiarisation with and understanding and practising the English language in the professional medical environments in Australia, particularly in the doctor/patient relationship and interaction with peers.

MCQ Bridging Courses

This is a fee-paying program. It is an intensive (7 days per week) full time program for six weeks with approximately 100 tutorials and lectures, trial exams, regular open discussions and feedback on a range of medical topics. The program covers all the key areas examined by the Australian Medical Council (AMC), namely Medicine, Obstetrics and Gynaecology, Paediatrics, Psychiatry and Surgery. Additionally, there are tutorials on communications to improve verbal and writing skills and understanding from both medical and general community perspectives and tutorials on effective study practices and methodologies for preparing for the AMC MCQ exams. Medico-legal tutorials are provided as well as presentations from the AMA and the Australian Health Practitioner Regulation Agency. Two trial MCQ examinations are also conducted – one early on in the course and one towards the end for candidates to become familiar with an online multiple choice question format and for participants to assess their progress.

MCQ Bridging Course Statistics

From January 2005 to the end of 2010 VMPF has conducted 30 MCQ Bridging Courses of various durations, 10 week courses initially, but now they are of 6 weeks duration as a balance of meeting demand and ensuring the IMGs are appropriately prepared. 757 IMGs have completed the MCQ bridging course in that time. We don't know how many of these have sat but failed the AMC MCQ examination. Between January 2005 and June 2010, 82% passed their AMC MCQ Examination. Of the remaining 18% who have not passed we do not know how many have sat and failed their examination or how many have decided not to sit their examination.

Clinical Bridging Courses

Clinical (Fast-track) Bridging Courses

This is a fee-paying program. It is a full-time, intensive (7 days per week) 12 week hospital and clinic based program. The course consists of tutorials/lectures in Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, other clinical areas, Medico-legal issues, communications, as well as presentations from the AMA and the Australian Health Practitioner Regulation Agency. Also included are examination role-playing workshops and a Clinical Trial Examination following the AMC format and conditions. Candidates experience the working environment of public hospitals and medical clinics during this course.

Clinical (Fast-track) Bridging Course Statistics

From April 2004 to the end of 2010 VMPF has conducted 19 Clinical Bridging Courses of 12 week's duration. 446 IMGs have completed the Clinical (Fast-track) Bridging Course in that time. We know that 277 of these have sat their AMC Clinical Examination, 230 have passed and 180 of these passed the AMC examination on their first attempt. Between April 2004 and September 2010, 83% of the people who completed our Fast-track Clinical courses *and who have sat the AMC exam* have passed their AMC Clinical Examination. The AMC's Clinical Exam pass rate since 1 January 2008 is 51% of all candidates.

Clinical (FEE-HELP) Bridging Courses

This is a full-time, 18 week, hospital based program consisting of bedside and teaching tutorials in Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Psychiatry, other clinical areas, Medico-legal issues. Also included are examination role-playing workshops, intensive communications skills training, presentations from the AMA and the Australian Health Practitioner Regulation Agency and a Clinical Trial Examination following the AMC format and conditions. Candidates are rotated through public hospitals during the course and benefit from experiencing the working environment of the Australian hospital system. The FEE-HELP courses enable doctors to pay their course fees back to the Government through the Australian Taxation Office.

Clinical (FEE-HELP) Bridging Course Statistics

From February 2004 to the end of 2010 VMPF has conducted 13 Clinical Bridging Courses of various durations, 22 weeks initially then 18 weeks since 2009. 203 IMGs have completed the Clinical (FEE-HELP) Bridging Course in that time. We know that 145 of these have sat their AMC Clinical Examination, 131 of these have passed and 104 of these passed the AMC examination on their first attempt. Between February 2004 and February 2010, 90% of the people who completed our FEE-HELP Clinical course *and who have sat the AMC exam* have passed their AMC Clinical Examination. The AMC's Clinical Exam pass rate since 1 January 2008 is 51% of all candidates.

Advanced Communications Workshops for International Medical Graduates

The Advanced Communication Workshops are conducted to meet the demand for on-going, targeted, cross cultural communication training for international medical graduates. The topics discussed have been identified by IMGs as areas where additional opportunities for skilling are required and are suitable for doctors currently working or applying for work.

The workshops are conducted regularly throughout the year in conjunction with Judith Miralles & Associates (JM&A) with Dr Johannes Wenzel. JM&A is at the leading edge of cultural competence training, working across government, corporate and non-government sectors to create interactive and thought provoking personal development opportunities.

The workshops are practical in format and enable participants to:

- Recognise the issues and sensitivities of working in the Australian health system (including legislation, professional practice; and patient rights and responsibilities).
- Understand the impact of culture on communication with patients, medical staff and parents.
- Develop strategies to maximise communication for improved patient safety whilst working in the Australian health system.

The 2011 program of workshops includes Working with Aggressive Patients, Communicating Effectively in Writing, Communicating Distressing Information, Communicating Effectively in the Multidisciplinary Team and Working with Indigenous Patients.

Exemption Candidate Examinations Preparatory Workshops

Twice each year VMPF works with Dr Raju Lakshmana, MD FRANZCP, Clinical Director NEAMHS, to deliver workshops to prepare overseas trained psychiatrists for their RANZCP Exemption Candidate Examinations. Currently, VMPF is working closely with the College to gain accreditation for these programs.

Suggestions for enhancements and integration of VMPF programs

For all courses:

- Developing online teaching resources. These would be:
 - resources for our current programs.
 - suitable for interstate face-to-face programs.
 - suitable for online courses for doctors who are currently working and can't access our full-time, intensive courses.
 - used in ECE Preparatory Workshops and for RANZCP accredited programs.

(the number and nature of these online teaching resources depend on VMPF obtaining funding)

- Identify opportunities for observerships.
- Identify partner institutions in NSW in first instance, then in other States, to help VMPF deliver bridging courses.

Clinical (FEE-HELP) Bridging Courses:

- To partner with other hospitals to provide this hospital based program in Victoria and enable a larger number of doctors to gain a place in the courses.

Clinical (Fast-Track) Bridging Courses:

- Develop a new clinical bridging course model suitable for Doctors who are working to help them prepare for their AMC Clinical Examination.

Advanced Communications Workshops for IMGs

- Expand this program to monthly workshops
- Provide this program in Regional Victoria and/or interstate

Removing impediments and promoting pathways for OTDs to achieve full registration

To gather this information, VMPF interviewed some of the current tutors. This is a sample of their comments. Please note these are comments from IMGs, VMPF does not endorse these statements.

Comments received from IMGs and tutors

Career guidance is needed – some people should not pursue their medical career in Australia, but no one is telling them this.

Extreme shortage of training places – only to become worse with increased Australian doctors coming through.

Need more training on cultural context as well as other things like Australian attitudes to mental health, homosexuality, birth control, parenting.

Coaching and supervision needs to be properly remunerated.

If people are working while they prepare for their AMC Clinical exam they would need guaranteed time off to study and prepare. Some people who are working try again and again at the exam.

Waiting for a Clinical place is too long – people get depressed if they aren't working.

Interns get more Government funding for supervisors and mentors – IMGs need mentors and cultural help but Government funding is not at the same level as for interns.

Perhaps some form of orientation or bridging courses should be compulsory before people can sit the AMC Clinical Exam. Or if people have a number of re-sits, they should be required to do some sort of course before trying again. They should re-introduce a quicker way to the AMC Clinical Exam for people who undertake bridging courses.

“3 referees are required to get a job in Australia. IMGs have overseas references and are not able to get the Australian references they need. Only through an observership can they get references and it is very hard to get an observership.” (This came from a tutor working in a hospital trying to get observerships for doctors from VMPF bridging courses.) NOTE: another additional benefit for bridging courses is that people can gain Australian referees.

“Verification of the primary source is a very complicated process done through USA Agency ECSMJ – we cannot contact this agency only the medical council can. So there are long, long delays for most IMGs. Suggestion, why should it be verified this way? Why can't Australia verify the primary source itself by contacting the Universities. Every overseas doctor has to wait for a long time. I've been waiting for 4 years.” (This VMPF tutor is a doctor who trained in Iraq.)

“Systems for registration are very complicated – every doctor is given a different story. How to find a job is difficult. Some doctors pass all their exams but still aren't able to find a job. IMGs get very

confused; if they have been a specialist in their own country they approach the Colleges. Some people the Colleges accept, others they don't and they then have to go through the AMC pathway. This is very expensive and not a transparent process."

There should be more structured programs like the Southern Health IMG Placement program. And the Southern Health program should be funded to accept more IMGs into it. This program is better than observerships because it includes training, not just following a doctor around observing. In observerships people just watch because the doctors are too busy to train people. The IMG Placement program should be expanded to rural and Community Hospitals with an IMG coordinator to look after the training.

Decrease the length of the waiting period for AMC Clinical Exams; don't cut down on the standard. Some lucky doctors get work but most don't get a chance and don't have direction on how to prepare. This causes huge problems with Visas if people can't find work and have the hospital help them with their VISA. There should be a different sort of VISA so that doctors can stay in Australia for the amount of time required to go through the pathway.

There needs to be more placements in every hospital. There should be a fixed quota for IMG doctors every year where only IMGs can apply and not have to compete with Australian graduates. There is no opportunity for IMGs to apply unless the Australian graduate resigns the position, then an IMG can apply.

There is no proper structure for IMGs who are fresh graduates. If the doctor is experienced, there is a push for doctors to go to rural areas, but for intern or HMO positions there is no structure for IMGs to apply.

From the MCQ and Clinical Bridging (Fast-Track) Course Coordinator – Alan Roberts
Introduce funding like FEE-HELP for MCQ Bridging Courses.

Bridging course providers should be able to recommend suitable doctors from the courses for hospital positions. We are in the best position to be able to give this advice based on tutors' feedback on the IMG.

PESCI – More PESCI assessments should be made available for IMGs but RACGP, AMA and RWAV are too busy to provide them. IMGs applying to sit the PESCI often wait 12 months or more, then not get in. If they want to work in areas of need they need to sit PESCI but there aren't enough opportunities. Other avenues need to be provided similar to how the AMC are introducing more exams to try to get through the backlog.

IMGs who have made a commitment to Australia should have the same rights as non-residents. There are grants available for employing non-residents as GPs, HMOs or Specialists, but not for employing Australian residents in these roles.

From Dr HS Hillman FRACP Medical Coordinator, Clinical Bridging Course (FEE-HELP)
I think there are three factors to consider as regards helping IMGs acquire qualifications to expedite their registration in Australia

1. Decide on the qualifications that are required
2. Help the IMGs to achieve those qualifications
3. Some form of assessment or examination to confirm that the qualifications required have been attained.

As far as the qualifications required these would require a satisfactory knowledge of the various areas in medicine, surgery, obstetrics and gynaecology, paediatrics and psychiatry commensurate with what would be expected of a general practitioner. In addition to this, a knowledge of the Australian medical system, which includes knowledge of such things as cultural differences, the Medicare system as well as the pharmaceutical benefits system and medico-legal factors. Importantly, an adequate knowledge of English required to satisfactorily communicate with the local population is of course of great importance.

To help acquire the above recommendations I think the sort of bridging courses run by bodies such as the VMPF are very useful and appreciated by those people who do these courses and this tends to be reflected in their subsequent success in the examinations conducted by the Australian Medical Council (AMC).

To assess the competence of the doctors the examinations run by the AMC are certainly a very useful guide and subsequent practical experience either in a public hospital situation or under the supervision in an appropriate practice would help round off the necessary experience to practice independently having acquired their registration.

One of the practical problems as far as the courses are concerned is that for medico-legal reasons it is not possible to allow the doctors doing these courses to do any procedures on patients when they are not actually a member of the hospital staff and this will need to be addressed in a hospital or general practice context.