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SUBMISSION TO THE HOUSE STANDING COMMITTEE – INQUIRY INTO REGISTRATION PROCESSES AND SUPPORT FOR OVERSEAS TRAINED DOCTORS

Background

- I am an International Medical Graduate.
- Currently I am the Clinical Professor of Medicine and Associate Dean of Continuing Medical Professional Development at the School of Medicine and Public Health, University of Newcastle. I hold the position of Director of the Centre for Medical Professional Development, Hunter New England Health and Chair of the Conjoint Appointments Committee. I am also the Director of the Master of Clinical Medicine Program for Hospitalists, which will be launched in 2012.
- I was the Consultant for the Overseas Trained Physicians Unit' of the Royal Australasian College of Physicians. I streamlined the process of assessment and introduced new ways of assessment. I represent the College in the Joint Standing Committee of Overseas Trained Specialists.
- I am a member of the Committee for Examinations, Committee for Physician Training and National Panel of Examiners of the RACP.
- I have been the Chair of the Specialist Advisory Committee in Geriatric Medicine of the RACP till 2007. I am the foundation Chair of the Hunter Institute of Ageing Research. Till 2006, I had been the Associate Editor of the Australian Journal on Ageing.
- I am actively involved with the Australian Medical Council and am a member of the Board of Examiners, Clinical Sub-panel and Appeals Committees of the AMC. I am also a member of the Expert Panel for MiniCEX for the AMC and Editorial Panel of the MCQ group.
- I am the Director of the Workplace Based Assessment Project at Hunter New England Health, a joint initiative of the School of Medicine, University of Newcastle and Hunter New England Health. The process is to assess the performance of the International Medical Graduates as an alternative to sitting the AMC examination.

- Internationally, I have delivered Faculty development workshops in Oman, Saudi Arabia, USA and Ireland. I am the regional advisor to the Royal College of Physicians of Edinburgh and have been visiting Professor in Washington DC at the Veterans' Hospital.
- In 2007, I was awarded the Australian and New Zealand Society for Geriatric Medicine Award for my contribution to medical education.
- I was awarded the John Sands Medal in 2010 in recognition of the outstanding contribution I have made to the Royal Australasian College of Physicians.
- I was named in the Queen's Birthday Honours list in 2009 and was honoured with a Member of the Order of Australia (AM) for service to medical education through the development of undergraduate and professional development programs.
- In September 2007 Centre for Medical Professional Development won the Health Minister's Award for Excellence and the NSW Health Baxter Award for supporting International Medical graduates

The Centre for Medical Professional Development

The Centre for Medical Professional Development (CMPD) was established in September 2004 to respond to the continuing professional development needs of Hunter New England Health's medical staff. The role of the CMPD is to initiate, coordinate and deliver continuing medical education and professional development across Hunter New England Area Health Service.

A major focus of the Centre has been establishing professional development support for International Medical Graduates (IMGs) who are making the transition from their country of training to the Australian culture and clinical setting. In this context, the Centre has successfully developed and implemented a comprehensive program responding to the learning needs of AMC Graduates who join our health service as interns, as well as providing a tailored orientation program to support the broader population of IMGs.

With the current shortage of medical clinicians HNEH is very dependent on the employment of IMGs. Almost 25% of HNE Health's medical workforce of nearly 2000 doctors, are IMGs. A number of the IMGs employed with us have spouses or partners who live locally and who are medically trained but who cannot practice in Australia because they have not yet passed the Australian Medical Council Exam. Furthermore, we have a number of IMGs working within HNE Health that, whilst working on restricted visas, have no opportunity for advancement in their roles because they have not yet completed the AMC Exam. This has a number of recruitment and retention implications.

One of the first actions taken by the Centre was to determine priorities for educational intervention. Several strategies were used to determine perceived learning needs, including a written educational needs assessment distributed to all doctors, the facilitation of focus groups with medical clinicians and consultative meetings with key stakeholders including Senior Management, Multicultural Health Services and Clinical Governance etc.

IMG Survey

As previously stated, HNE Health employs approximately 2000 doctors. Almost 25% of these doctors are International Medical Graduates (IMGs). They are appointed to Hunter New England Health using a variety of recruitment strategies eg recruitment by Medical Recruitment Unit, recruitment directly

into training programs (Basic Physician Training) and recruitment by independent divisions eg Medicine or Surgery.

We have strong evidence that IMGs join our system throughout the year with little orientation to our culture or clinical environment. Unfortunately, these gaps may place them and patients at a greater risk. We acknowledge the severity of such a scenario and are making every effort to review how the HNE Health can better prepare IMGs for the transition, prior to and during their employment. We have a very good track record for providing this support to AMC Graduates but not to all IMGs. So, in response to concerns expressed by clinicians at the Clinical Councils meetings, the Centre for Medical Professional Development developed a survey to identify and evaluate the support provided to all IMGs since their commencement. The categories included

- Demographic information including spouse and family information
- Recruitment and orientation
- Current need for support, supervision and continuing professional development

The Survey was distributed to 538 International Medical Graduates in February 2008 with 270 respondents. The survey results have enabled us to identify the needs and unmet needs of the IMGs. These needs cannot be ignored as Australia relies heavily on IMGs to fill the gaps in the workforce, more-so in the rural sectors.

Our aim has been to change the effectiveness, breadth and depth of the Orientation and education provided to IMGs. Our initiatives extend to support IMGs during their settlement period, by the provision of settlement documents specifically tailored to IMGs. On commencement they are offered supportive mentoring programs, the IMG Director monitors their development through contact with clinical supervisor and a comprehensive program to ensure they are “work ready” is incorporated in the orientation period.

In summary, IMGs are a heterogeneous group with varying needs. Support should be provided based on the individual and group needs. The implications of not providing this support, is the loss of medical staff in our rural communities. If we do not provide adequate professional development opportunities the health service is at risk of losing these professionals and compromising patient care.

The Centre for Medical Professional Development has a long-standing proven track record in providing support for IMGs - not replicated anywhere else in Australia. Our success was recognised when the Unit won the Baxter Award and the Health Minister’s Award for Excellence in 2007. The model we developed has been funded by the NSW Health and consequently was rolled-out to other Area Health Services who have attempted to implement our benchmark model. Even though this program was funded, the Centre has provided a supportive infrastructure with many hours of in-kind support through its Director, Manager and AMC Supervisor, to preserve its ongoing success.

The Centre for Medical Professional Development aims to develop a strong, sustainable culture of continuing professional development. Traditionally, continuing medical education units have provided increasing medical knowledge. However, the need for continuing professional development has been highlighted. This includes practice management, decision making and other broader aspects of medical practice. (Davis, et al “The Continuing Professional Development of Physicians – From Research to Practice. 2003).

Workplace Based Assessment

In 2010 the Centre for Medical Professional Development - HNE Health, became the first Australian site to be accredited by the Australian Medical Council to offer workplace-based assessment for International Medical Graduates (IMGs). Using an Australian and possibly world-first approach to

evaluating the skills of new doctors, HNE Health's Workplace Based Assessment Program has already enabled 46 International Medical Graduates to fast-track their entry into the workforce. This is a rigorous and valid alternative to the Australian Medical Council clinical exam. The success of the Workplace Based Assessment Project is possible due to the contribution of HNE Health's senior clinicians who dedicate many hours of their time assessing International Medical Graduates using researched and validated tools such as mini-clinical evaluation exercises, case-based discussions, 360° assessments and in-training assessments with immediate feedback provided by the assessors to the IMGs. This assessment together with constructive feedback has changed clinical performance, evidenced through feedback from the candidates and assessors.

The Centre received an overwhelming response from International Medical Graduates (IMGs) when the opportunity for Workplace Based Assessment (WBA) was announced in early 2010. The accreditation means that HNE Health has been able to offer eligible IMGs the option of completing their clinical assessments in the workplace within six months; a much quicker alternative to the Standard Pathway (AMC Clinical Examination) that often means a wait of two or more years.

The four innovative appraisal tools used concurrently in the program make HNE Health's approach to the evaluation process unique, and possibly a world-first. I believe it is what a doctor does as opposed to what he or she knows that is fundamental to their effectiveness.

Although these tools have been used before in different settings, we believe this is the first time they have been used simultaneously in the one assessment program. One of the major positives of this program is that WBA participants receive regular constructive feedback, which often isn't provided to new doctors. The overall success and ensuing popularity of this program speaks for itself.

Health Service providers rely on IMGs to maintain service delivery due to staffing shortages. IMGs are recruited even prior to the IMGs completing the Australian Medical Council clinical exam. This often leaves the Health Services exposed to greater risks as the clinical competence of IMGs has not been assessed, putting both IMGs and patients at risk. This practice leaves the health service at an even greater risk because deficiencies are not identified until after IMGs have commenced. There is an increased risk in patient safety and this places additional demand on supervisors and colleagues.

Conversely, for IMGs who are waiting to sit the exam, the problem intensifies if they are not employed as clinicians. They do not have exposure to clinical education and supervision leaving them inadequately prepared for the clinical exam, they have difficulty meeting the high-cost of the exam and securing a suitable date to sit the exam if lengthy. Frustration is then multiplied if they are unsuccessful as they are put back on the waiting list. Currently there are 3000 IMGs on the exam waiting list.

The AMC clinical exam has in 90% of times, role players acting patient scenarios. They are not tested in their performance of caring for real patients in the real settings.

Some Solutions

Which will be expanded at the hearing:

- A consistent policy for recruitment, orientation, induction and mentoring of IMGs, across Australia
- Support for the families of IMGs including Medicare and schooling
- Advice regarding career pathways
- A national process to deal with appeals regarding real or perceived mistreatment by training bodies, employers and Colleges
- A funding body to support the above; for example some other countries have invested over \$100000 – \$200000 or more to train each of these doctors. Spending a few thousand dollars to

upskill and orient them can help them and the society in the long run. It is a small amount to pay for patient safety.

Yours sincerely

Professor Kichu R Nair AM