

Inquiry into Registration Processes and Support for Overseas Trained Doctors

GP Access Submission

September 2011

TABLE OF CONTENTS

Introduction	3
GP Access . GP Workforce Profile.....	3
Overseas-trained Doctor Recruitment to NSW General Practice.....	4
The Complexities	4
The Stakeholders	5
Registration Access	5
Visa Access:	6
Provider Number Access:	6
Recruitment Pathway . Example	6
Comments on Commercial Recruitment Agencies.....	10
Recommendations	11
Attachment A: RACGP Information required for NSW Area of Need Application Letters of Support.....	12
Attachment B: GP Access Area of Need Application Assistance Package (Draft).....	14
Attachment C: Example Flowchart.....	18

Introduction

Provider number legislation and the myriad workforce programs implemented to address Australia's GP workforce shortage/maldistribution have led to increasingly complex overseas trained doctor recruitment processes. This complexity is compounded by the growing number of stakeholders, each with their own requirements, which are usually dependent on those of other stakeholders. An additional level of complication results from each stakeholder's lack of familiarity with other stakeholders' requirements.

The growing complexity and confusion have recently been exacerbated by the change to national registration processes. Some stakeholder organisations' internal processes are now unclear and it is becoming increasingly difficult to gain clarification.

Like most general practices, GP Access practices have not escaped the impact of the above situation, despite assistance from staff member with close to 10 years' experience in overseas-trained GP recruitment.

This submission outlines:

- the area's GP workforce profile which emphasises the need for more GPs in the area;
- the complexities and confusion inherent in current GP recruitment processes and examples of how this has impacted on GP Access recruitment efforts
- recommendations as to how the situation may be improved.

GP Access – GP Workforce Profile

- The GP Access boundary incorporates the four local government areas of Maitland, Port Stephens, Newcastle and Lake Macquarie. These are divided into the eight Australian Bureau of Statistics Statistical Local Areas (SLAs) of Newcastle Inner, Newcastle Thornby, Newcastle Outer West, Lake Macquarie North, Lake Macquarie East, Lake Macquarie West, Maitland, and Port Stephens.
- The Department of Health and Ageing recognises all but one of these SLAs as Districts of Workforce Shortage. Newcastle Inner is not considered a District of Workforce Shortage.
- GP Access workforce data calculated against the ABS 2009 Estimated Resident Population data give the following estimated GP:population ratios
 - Newcastle Outer West: 1: 1654
 - Maitland: 1:1700
 - Lake Macquarie West: 1:1855
 - Lake Macquarie East: 1:1898
 - Port Stephens: 1:1520
- Calculations for the combined GP Access SLAs give a GP:population ratio of approximately 1:1500 which is still well above the national average of 1:1400 used as a benchmark for District of Workforce Shortage calculations.

In 2010, as a result of the local GP workforce shortage, the complexities of overseas-trained doctor recruitment processes and the inability to access support through other organisations, GP Access employed an experienced GP recruitment officer.

During the 12-month period to August 2011, over 55 applications were received from doctors wishing to work in GP Access boundaries (this does not include enquiries received via commercial recruitment agencies). Of those 55, 44 enquiries were from overseas-trained doctors. Specialist GP recruitment knowledge has helped facilitate the placement of 14 of these doctors, however the increasing confusion (and ensuing prolonged recruitment processes) has led to the loss of at least one UK-trained GP's services to the area. It has also led to GP Access seeking ministerial intervention to prevent the loss of another overseas-trained recruit as well as representing two incumbent GPs to relevant stakeholders to request reconsideration of decisions affecting their ability to continue to provide GP services to the area.

Overseas-trained Doctor Recruitment to NSW General Practice

The Complexities

Overseas-trained doctor recruitment to NSW general practice is reliant on three main recruitment components

- access to a suitable visa
- access to medical registration
- access to a provider number attracting Medicare benefits

These three components are all interdependent. None can be addressed without due consideration being paid to the other two.

Examples of how these interrelate are:

- the choice of the most **appropriate immigration pathway** for a doctor is dependent on:
 - access to medical registration (unless he has access to a visa other than through his medical qualifications, which can also affect his placement options)
 - the location in which the doctor wishes to work
 - whether or not the doctor has FRACGP/FACRRM

The two main options are temporary residency or permanent residency but permanent residency can be via one of at least four pathways. The choice of which is also dependent on the above variables

- The most **suitable registration pathway** can depend on the doctor's:
 - current skills/qualifications/experience
 - future goals
 - location preferences
 - provider number restrictions

There are now at least five registration pathways for a GP to pursue. The registration pathway pursued can affect the doctor's placement options and vice versa, which then impacts on Medicare provider number access and immigration pathway options

- Both of the above play a role in the doctor's **access to a provider number** attracting Medicare benefits. This can be affected by one or both of two provider number restrictions, which relate to Sections 19AA and 19AB of the Health

Insurance Act 1973. Whether or not a doctor is affected by Section 19AA or 19AB is determined by:

- where his/her primary medical degree was gained
- the doctor's residency status on at the time of enrolment in an Australian or NZ medical school
- when he/she was first recognised as a medical practitioner in Australia
- when he/she first gained general registration in Australia (for purposes other than internship or year of supervised training)
- current Australian residency status
- whether or not the doctor has FRACGP/FACRRM

A doctor's restrictions as a result of Sections 19AA/AB will play a role in

- where he/she can practise as a GP with access to Medicare benefits
- where he/she can practise as a GP with access to the higher Vocationally Registered Medicare benefits
- the most suitable immigration pathway

The Stakeholders

Registration Access

Doctors without access to independent medical registration (via existing overseas qualifications), will probably need to access registration through the Area of Need pathway. This involves the employing practice applying for and gaining Area of Need status from NSW Health. This Area of Need application process involves the following stakeholders:

Area of Need status

- Australian Department of Health and Ageing (Workforce Regulation Section) . for District of Workforce Shortage determination (or via <http://www.health.gov.au/internet/otd/publishing.nsf/Content/Locator>)
- Royal Australian College of General Practitioners (Letter of Support) . please see Attachment A for a list of current informational requirements (*recent RACGP staff changes have led to some uncertainty regarding these requirements*) or Australian College of Rural and Remote Medicine (Letter of Support)
- Local Division of General Practice (Letter of Support) . and assistance in providing the information requested by the RACGP.
- Aged Care Facilities (Letters of Support)
- Advertising organisations (Division of General Practice, NSW Rural Doctors Network, other websites/publications, eg Australian Doctor)
- Local Health District (Letter of support)

(Please see Attachment B for an outline of Area of Need status application processes as per the draft GP Access Area of Need Assistance Package)

There is currently some confusion as to when Area of need status is required for an overseas-trained doctor to gain registration.

The process of applying for and gaining Area of Need status can take up to three months. Delays are as a result of meeting advertising requirements and gaining letters of support from stipulated organisations.

Registration:

- All of the above if registration is reliant on Area of Need status
- Australian Medical Council . for preliminary assessment which incorporates English language proficiency testing evidence (IELTS or OETS), primary source verification evidence through EICS, certificates of good standing from all authorities with whom the applicant has been registered in the previous 10 years
- Royal Australian College of GPs . for specialist pathway assessment (if relevant),
- Australian College of Rural and Remote Medicine for assessment (if relevant)
- Australian Health Practitioners Regulation Agency/Medical Board of Australia

Registration processes can take up to six-eight months . depending on the pathway pursued and the number of stakeholders involved.

Visa Access:

- All of the above organisations . as visa access is reliant on registration access
- Department of Immigration and Citizenship

Visa access can take up to 18 months, depending on the pathway pursued. The 457 temporary resident pathway is usually the fastest but this is not always the case. Temporary residency can also have implications for a doctor's access to medical insurance, children's school fees and the ability to apply for a bank loan.

Provider Number Access:

- All of the organisations required for registration and visa access
- NSW Rural Doctors Network . if the doctor is affected by Section 19AA of the Health Insurance Act
- Department of Health and Ageing . Workforce Regulation Section for final granting of 19AB exemption if necessary
- Medicare Australia . for provider number access and enrolment on the relevant Other Medical Practitioners Program, if necessary.

Recruitment Pathway – Example

Following is an example of the processes/stakeholders involved (and an indication of the current uncertainties) in the recruitment of an overseas-trained doctor of the following status:

- Is Post Graduate Medical Education and Training Board (PMETB) certified in the UK, which should place him in the RACGP's Category 2 grouping . indicating his experience and qualifications are recognised by the RACGP but not adequate to enable access to independent medical registration to practise as a GP in Australia.
- the doctor's preferred qualification is FRACGP

- the doctor currently has no access to a visa other than through his medical qualifications

Please also see Attachment C - Flowchart

NB: A doctor with these qualifications should present one of the simpler overseas-trained doctor recruitment processes.

- a location needs to be chosen that suits the recruit's (and family's) location preferences (some flexibility will be required here . in accordance with medical registration/provider number restrictions faced by the doctor)
- it has to be determined if the doctor is affected by Section 19AB
- if affected by Section 19AB (more than likely the case but not always) the placement needs to be in a District of Workforce Shortage for the doctor to gain an exemption from Section 19AB

If the doctor is not affected by Section 19AB, he will probably be affected by Section 19AA affecting his placement options as he will need to seek an approved 3GA placement. The only 3GA placement meeting the requirements of a temporary resident without general registration is the Remote Vocational Training Scheme, which has limited intakes per year and entails restrictive placement criteria.

- if the preferred location is not a District of Workforce Shortage, the practice must apply for a Preliminary Assessment for District of Workforce Shortage (PADWS) giving an outline of special circumstances to determine whether or not the Department of Health and Ageing will look favourably on an application for a provider number attracting Medicare benefits from a doctor affected by Section 19AB.

A UK-trained FRACGP equivalent GP (recognised as eligible for independent medical registration to practise as a GP in Australia) is currently looking for a GP position in the Newcastle CBD, which is not considered a District of Workforce Shortage by the Department of Health and Ageing. A request for PADWS is being submitted based on Newcastle Inner SLA being surrounded by Districts of Workforce Shortage

- The position would possibly need to have Area of Need status and needs to be applied for through NSW Health. (Please see Attachment B for an outline of these processes as per the draft GP Access Area of Need Assistance Package)

It is unclear at the moment if Category 2 doctors need to go to an Area of Need position. A Medical Board of Australia representative has recommended that, if possible, Area of Need status be gained as a back-up measure. If Area of Need status is not gained and it is determined during RACGP assessment that the doctor needs to be in supervised position, the practice will then need to apply for Area of Need status through NSW Health, which can take up to a few months.

- Once DoWS is confirmed (if PADWS is required, this can take a few weeks), the doctor and practice need to begin negotiations etc. These negotiations need to take into account the contractual/salary requirements identified by the

Department of Immigration and Citizenship for the purposes of temporary residency sponsorship through visa subclass 457.

Sometimes DoHA will request a doctor's name to be provided with an application for a PADWS (mainly with extension requests – PADWS are only valid for a six-month period). If the extension is granted, an application for a provider number will only be considered from the doctor whose name is identified on the PADWS document. If negotiations with that doctor end, the practice needs to arrange for the initial doctor's name to be disassociated with the PADWS for a provider number application from a different doctor to be considered by DoHA.

In the past, 457 visa arrangements required a direct employer/employee arrangement, which created issues for some doctors as an Independent contractor arrangement is often preferred¹. Since 2009, the 457 has accommodated the independent contractor arrangement but this is not yet the case for permanent residency – potentially disadvantaging more qualified doctors

- The applicant must begin the assessment process by applying through the AMC.

There is some confusion at the moment as to which pathways need to be nominated and subsequent relevant paperwork when applying through the AMC. Previously, the AMC had limited involvement in GP assessment processes but are now at the very beginning of the processes. Webpage information provided does not clearly identify GP-specific pathway requirements. Implications for completing the incorrect forms include delays in the recruitment process and fines in some instances. Applicants have, in the past, been given the incorrect information by AMC representatives resulting in the process needing to be restarted.

- The AMC requests the relevant paperwork including confirmation of an offer of employment with a practice, evidence of English language proficiency, evidence of the undertaking of primary source verification processes, certificates of good standing from all registering authorities with whom the doctor has been registered in the previous ten years. The AMC forwards the doctor's paperwork on to the College of GPs for assessment
- The RACGP assessment will involve a FICPI interview (Fitness for Intended Clinical Practice)

This interview requires a position description, which may or may not be the same submitted with an Area of Need application. FICPIs are currently only conducted when there is a sufficient number of GPs to be assessed (minimum of 3).

Doctors must present in person for the FICPI interview. This is a costly exercise for applicants still living and working overseas.

At the time of writing (August 2011), a round of FICPI interviews had just been completed and the next scheduled for November 2011.

¹ A common arrangement in General Practice is the Independent Contractor arrangement. Where GPs pay a percentage of their billings back to the practice to cover practice overheads. The direct employer/employee arrangement is not as common and requires recalculation of the appropriate percentage taking into account leave allowances, superannuation and workers compensation, which can be difficult if basing the salary on a % of an unknown total.

- The College of GPs will forward their assessment outcome to the GP and the AMC.

It is unclear at the moment how long it takes for the AMC to process the RACGP's assessment and whether the AMC passes this information on to the Medical Board or if the Medical Board requires the applicant to submit the information with the medical registration application. RACGP webpage information suggests this information is forwarded to the Medical Board but in the past, this has not been the case.

- On receipt of the RACGP's assessment which will ideally result in the doctor being recommended by the RACGP for supervised practice in the position identified, the doctor must then submit an application for registration

There is some confusion at the moment regarding the relevant Medical Board forms for each registration pathway. There are several possibilities: AANS-03 (Application for limited registration for an area of need for Specialist Practice as a Medical Practitioner) or AANG-03 (Application for limited registration for an area of need as a Medical Practitioner) or ALPS-03 (Application for limited registration for post graduate training or supervised practice as a Medical Practitioner)

The AANS-03 form requests confirmation from a "College appointed peer reviewer". To date, the RACGP has not been able to clarify who the peer reviewer could/should be.

The Medical Board registration forms also request similar documentation to that required by the AMC application. The need to resubmit documentation to the Medical Board that has already been submitted to the AMC causes frustration for many applicants. The Medical Board requires certificates of good standing from all relevant registering authorities in the last 10 years have to be forwarded to the Medical Board within the previous three months. If the previous certificates of good standing have reached the three-month expiry (as a result of prolonged assessment processes), they need to be re-requested by the applicant for medical registration application purposes). Requests for certificates of good standing can attract high fees depending on the registering authority from which they are being requested.

- While registration processes are underway, the applicant and practice need to start the relevant visa processes. This is temporary residency via the visa subclass 457 (the only visa option for doctors without access to independent medical registration).
- The practice needs to prepare the documentation required to become an approved sponsor.

This includes evidence of recent expenditure by the business, to the equivalent of at least 1% of the payroll of the business, in the provision of training to employees of the business, and a commitment, by the business, to maintain expenditure in each fiscal year, to that level, for the term of approval as a sponsor.

A recent 457 nomination application submitted by a GP Access practice was jeopardised as the practice could not meet the training expenditure requirement for the sponsorship application purposes.

All practice staff were experienced and, when necessary, attended free GP Access training opportunities. Similarly, the two incumbent GPs met the Continuing Professional Development requirements set by the RACGP in their own time and at their own expense. This is a common scenario, particularly in long-established practices with low staff turnover. The situation was not resolved. The doctor and practice had also concurrently submitted an application for permanent residency, which was the preferred visa status but temporary residency is promoted as a more simplified process enabling speedier recruitment. The doctor's permanent residency visa was granted before the practice's application to temporarily sponsor overseas skilled workers was processed.

- While the practice is preparing the sponsorship documentation, the doctor also needs to prepare his/her visa application documentation.

The English language requirements for the Medical Board and for visa purposes do not always co-incide. For example, a GP from a non-English speaking country but whose secondary school's language of instruction was in English is not required to provide evidence of English Language Proficiency, yet the same doctor may need to provide evidence of English Language proficiency for the purposes of applying for a visa. This has recently changed for temporary residency visa applicants but it may still be an issue for permanent residency applicants.

- On receipt of confirmation of eligibility for medical registration from the Medical Board, along with the practice's sponsorship and nomination approval and any other required documentation, the applicant can submit the visa application. The processing timeframes for visa processing vary according to how complete the application is etc.
- On receipt of confirmation of the granting of a visa, the doctor can relocate to Australia
- On arrival in Australia, the doctor needs to present to the Medical Board to finalise medical registration processes, which then enable him to submit a provider number application, which will take close to four weeks.

Owing to the lack of definite timeframes and the need for clarification on many of the recruitment components, it is difficult to estimate for practices and recruits how long the recruitment process might take from position offer to commencement of GP service provision.

Comments on Commercial Recruitment Agencies

- Many GP Access practices receive doctors' CVs from commercial recruitment agencies. A large number of these doctors face provider number restrictions preventing them from working for the practices receiving the CVs. This raises concerns regarding the recruitment consultants' familiarity with relevant provider number restrictions.

- Recently a doctor was recruited through a recruitment agency to a GP Access placement that did not allow him to meet the relevant provider number restrictions. The doctor and his family had moved to Australia only to face the prospect of him not being able to work as a GP. GP Access sought ministerial intervention to enable the doctor to access a provider number connected with Medicare benefits.
- Many overseas-trained doctors are of the understanding that commercial recruitment agencies are their only recruitment option. The high fees charged by the recruitment agencies are a deterrent for many practices and sometimes the most in need are the less able/willing to pay the fees.
- The commercial recruitment agency fees sometimes do not cover assistance through the whole of the recruitment processes. This leaves practices to pay additional fees for assistance before the doctor can start providing GP services.

Recommendations

Appropriate and successful GP recruitment processes rely on accurate and up-to-date knowledge of the processes and up-to-date knowledge of the local area in which recruits are looking to find a placement. This combination can only be achieved if all relevant stakeholders have a general understanding of the whole process combined with access to local representatives with in-depth knowledge of all recruitment processes and current knowledge of the local area's workforce/health profile.

This could be achieved by:

- relevant representatives from all stakeholder organisations becoming familiar with a general outline of the current GP recruitment processes. This could lead to a more streamlined process through the identification and removal of unnecessary duplication and conflicting requirements and timeframes. The process could then be documented and accessible to all relevant organisations
- the development of primary care workforce units within primary care support organisations (Divisions of General Practice/Medicare Locals). The responsibilities of these units would include:
 - familiarity with the local area's primary care workforce needs based on:
 - the local area's health profile
 - population trends
 - GP population
 - Other primary care clinician population
 - coordination of the provision of strategic (and specialised) GP recruitment assistance in conjunction with other primary care clinician recruitment

Attachment A: RACGP Information required for NSW Area of Need Application Letters of Support

This information sheet is designed to assist general practices or their agents requesting a letter of support from the RACGP's NSW&ACT Faculty to assist their application to NSW Health for an Area of Need classification for a position in their practice. This classification will enable them to recruit a GP from overseas who will be eligible for limited Area of Need registration with the MEDICAL BOARD OF AUSTRALIA Medical Board and, with DWS classification, secure a provisional Medicare provider number for the recruit to bill Medicare at the GP (VR) rate. ***GP
Access comment: the preceding information is incorrect. Any doctor needing to proceed through the Area of Need pathway will not have access to the VR rebate unless he/she enrolls on the relevant Other Medical Practitioner program ***

The sheet is divided into two sort of applications:

- New Applications
- Applications for Extension of an existing AoN position

New Applications

With new applications to NSW Health for Area of Need positions, what the College is most interested in is the capacity of the applying practice to support an overseas recruit in working towards Fellowship of the RACGP and specialist medical registration beyond the limited Area of Need medical registration they will be granted initially. This is important not only for the quality assurance the overseas recruit can offer their fellow doctors in Australian general practice but, more importantly, the assurance of quality of care they can offer the community they serve.

To satisfy this goal, the following information is useful. Please supply as much information as you reasonably can.

1. Supervision

- The names of GPs in the practice who are Fellows of the RACGP, and any who are accredited with the College to train GP registrars
- The name/s of the GP/s who will supervise any recruit from overseas, and their anticipated total supervision workload, particularly if they are already supervising an existing AoN recruit
- Recent training experience of the nominated supervisors eg. responsibility for GP registrars, PGPPP rotations, medical students, other AoN recruits etc
- Other educational support available to the practice in the region eg. Regional Training Provider, Division/GP Network, University campus
- An education policy or plan to assist successful recruits progress towards attainment of Fellowship of the RACGP and specialist medical registration

2. Practice Support

- The number of GPs in the practice - as FTEs as well as number of personnel
- The range of other support services available to a potential recruit in your practice eg. allied health, practice nurses, pathology, imaging etc.
- The facilities available to support recruit(s) appointed
- An orientation plan for the recruit and their family in local culture and the Australian health system

PLEASE PROVIDE THIS INFORMATION IN ONE DOCUMENT. Perhaps use this word document as a template into which to enter the relevant information.

Extension of Area of Need position

If this is the FIRST TIME you have applied to the NSW&ACT Faculty of the RACGP for a letter of support for this Area of Need Position, even though it is only for an extension we still need to know the **above information** as for a **New Application**, as we will currently have no information in our Area of Need records on your practice context and circumstances.

IN ADDITION, under criteria 2, **Supervision**, we will need:

- Any recruit's name, if applicable
- Details of any recruit's progress towards attainment of FRACGP and specialist medical registration, including recruit feedback on supervision and practice support.
- The Area of Need Position Number

If you have ALREADY APPLIED to the NSW&ACT Faculty for the original application for this Area of Need position, or for a previous Extension, please cite the date of the original information supplied to assist us in preparing a letter of support and provide:

- A comprehensive update on any changes in the practice's circumstances and capacity in terms of the **above information criteria** for **New Applications**.
- Details of the recruit's progress towards attainment of FRACGP and specialist medical registration, including recruit feedback on supervision and practice support.
- The Area of Need Position Number

PLEASE PROVIDE THIS INFORMATION IN ONE DOCUMENT. Perhaps use this word document as a template into which to enter the relevant information.

Timeline

As soon as the Faculty receives this information, our aim is to provide a Letter of Support within 5 working days. Other priorities may prevent this from occurring, but we are happy for you to check with us on progress once this period elapses.

Richard Lawrance
State Manager NSW&ACT
January 2011

Attachment B: GP Access Area of Need Application Assistance Package (Draft)

Medical Registration through the NSW Health Area of Need Program

All information relevant to the NSW Health Area of Need Program is accessible via the NSW Health webpage: <http://www.health.nsw.gov.au/aon/>

The following information is intended to provide a summary of information practices should be aware of when considering applying for NSW Health Area of Need status.

- The Area of Need Program is **only relevant to overseas-trained doctors** who do **not** have access to Medical registration through another means such as
 - by having [General Registration](#) via the AMC Pathway or by having gained NZ Medical registration through a NZ medical degree, or
 - by being eligible for [Specialist Registration](#) by having FRACGP or equivalent
- The Area of Need Program is **completely different from the District of Workforce Shortage program**, which plays a role in a practice's eligibility for applying for Area of Need status but is related to Medicare Provider Number access for overseas-trained doctors or former overseas medical graduates
- **PLEASE NOTE:**
 - any doctor needing to access medical registration through the Area of Need program will probably need also to work in a District of Workforce Shortage to access a provider number attracting Medicare benefits. Please visit [DoWS Indicator](#) for a current determination of District of Workforce Shortage status for all communities in Australia.
 - permanent resident/Australian citizen doctors requiring Area of Need registration are probably not eligible to access a provider number attracting Medicare benefits to work in your practice unless you are an approved placement. Please contact GP Access Practice Workforce Officer for more information on Approved Placements.
 - Doctors needing to proceed through the Area of Need pathway will probably not have access to the higher A1 Medicare rebate
 - there is always an element of supervision imposed on Area of need registered doctors. The level of supervision required varies from doctor to doctor.

The following information is relevant to doctors needing to access Medical Registration through the Standard Pathway (Area of Need)

Registration through the Standard Pathway (Area of Need) program comprises the following components:

- practices apply to NSW Health for Area of Need status: the main components of the application are:
 - a completed application form
 - a position description
 - evidence of labour market testing (advertising)
 - evidence of need (such as confirmation of District of Workforce Shortage status)
 - letter of support from GP Access (including support for the recruit to work with GP Access After Hours Service, if relevant)
 - Letter of support from any other organisations where successful applicants will be providing GP services (eg. Aged Care Facilities)
 - letter of support from HNELHD
 - confirmation of supervisor willingness/availability
- if/once Area of Need status is granted, the practice then applies for any potential recruit to be interviewed by a panel put together by the Medical Board or the RACGP if the doctor is pursuing the RACGP Specialist Pathway. The panel assesses the

applicant's suitability for the position against the position description submitted with the Area of Need status application. Currently, this comes at a fee of \$1500 payable by the practice

- if medical registration is granted, it is position-specific. The doctor is registered to work only at the locations specified on the position description/Area of Need certificate
- Area of Need registration needs to be renewed annually and is dependent on satisfactory performance, continuing availability of supervision and continuing validity of Area of Need status
- Overseas-trained doctors requiring Area of Need status may also be temporary residents. Moving from one Area of Need position to another may necessitate the new location taking over the doctor's temporary residency sponsorship.
- To be eligible to apply for registration through the Area of Need pathway, doctors need to meet the following pre-requisites
 - Completion of the AMC MCQ exams (unless going through the RACGP specialist pathway)
 - Evidence of English Language Proficiency
 - Primary Source Verification of Documents
 - Certificates of Registration status/Certificates of Good Standing

Following is a Step-By-Step Guide to help you progress through the Area of Need status application.

Please contact GP Access Workforce Officer on 4926 0591 for assistance/clarification regarding any aspect of the application process.

Step By Step Guide for Practices Wishing to Apply to NSW Health for Area of Need Status

Please Note: a step-by-step guide is also available at <http://www.health.nsw.gov.au/aon/apply.asp>

Application Component	Relevant Web Link	Comments	Additional Information/assistance available
Eligibility to apply for Area of Need	DoWS Indicator	<p>Eligibility to apply for Area of Need status is dependent on current District of Workforce Shortage status.</p> <p>Before pursuing applying for Area of Need status, please confirm that your vacancy is in a current District of Workforce Shortage.</p> <p>If your community is not a DoWS, please contact the GP Access Practice Workforce Officer for assistance in determining if/how you can apply for a Preliminary Assessment for DoWS (PADWS).</p>	Print a copy of your DoWS confirmation document to submit with your application
Advertising Requirements	http://www.health.nsw.gov.au/resources/aon/framework_criteria_eligibility_aon_status_pdf.asp	<p>For GP Access communities, which are either RA1 or RA2, the advertising requirements are:</p> <p>A minimum of one advertisement per week for 6 weeks in a relevant national or state-wide newspaper or 6 continuous weeks advertising on a national careers website, eg</p> <p>Seek (http://www.seek.com.au/advertisers/?cid=sk:main:au:tab:adv)</p> <p>MyCareer (http://mycareer.com.au/employer/home.aspx)</p> <p>CareerOne (http://advertisers.careerone.com.au/indexProspect.Redux.aspx)</p> <p>PLUS</p> <p>6 weeks' continuous advertising on a relevant health-related website eg.</p> <ul style="list-style-type: none"> · GP Access website · Relevant Specialist College's website · NSW Rural Doctor's Network (only available to some GP Access communities – check with GP Access Practice Workforce Officer for clarification) <p>Your ad needs to specify the following:</p> <ul style="list-style-type: none"> • The position title • Name of the facility and town • Required qualifications, skills, duties • Salary • Benefits of the position to try and attract a maximum response from medical practitioners <p><i>Advertisements must not limit the available pool of applicants in any way.</i></p>	<p>GP Access can arrange for an ad to be posted on our webpage for you. Please speak with the GP Access Workforce Officer (02 4926 0591)</p> <p>*Please keep copies of dated ads (originals if in printed publications)</p> <p>*Please keep records of enquiries received as you will need to provide details of any responses to advertising and indicate why each applicant was not successful</p>

Application Component	Relevant Web Link	Comments	Additional Information/assistance available
		<i>Locations eligible for government incentives must have been explored through advertising (For more information, contact GP Access Workforce Officer.</i>	<i>Evidence of advertising can be requested from GP Access and NSW RDN. Contact GP Access Practice Workforce Officer</i>
Position Description		You can visit the NSW Health Area of Need vacancy section to familiarise yourself with the contents of other organisations' position descriptions: http://www.health.nsw.gov.au/aon/map.asp Please note: this is the document against which any prospective recruits will be assessed by the NSW Medical Board for suitability to work in your vacant position.	GP Access has a Position Description template that may be helpful for you.
Application Form	AoN Application Form	Please remember to list all locations in which the successful recruit/s will be expected to practise.	Please contact GP Access Workforce Officer for assistance with completing the form.
Stakeholder consultation		A GP Access letter of support can be requested by contacting GP Access Workforce Officer on 4926 0591. A letter of support needs to be requested from either the RACGP or ACRRM. RACGP request letters need to provide information stipulated by the RACGP. Please contact GP Access Workforce Officer for current RACGP information requirements. Requests for letters of support from the CEO of HNELHD need to be accompanied by the completed Area of Need application. Contact GP Access Workforce Officer for the relevant HNELHD representative's contact details.	Requests for Letters of Support from GP Access are assessed according to whether or not the placement is in a recognised District of Workforce Shortage (please visit DoWS Indicator) but exceptional circumstances may also be taken into account.
		Letters of Support also need to be requested from CEOs of other relevant organisations where any successful recruit will be wishing to practise <ul style="list-style-type: none"> • GP Access After Hours and HNELHD for clinics co-located on HNELHD hospital grounds • Aged Care Facilities • Other practices • Etc. 	Letters issued within 90 days from the date the application is submitted.

Attachment C: Example Flowchart

Recruitment Pathway Flowchart for doctor who:
has PMETB (RACGP Category 2), is wanting to achieve FRACGP and has no access to a visa other than through his medical qualifications

