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25 January 2011

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House of Representatives  
Standing Committee on Health and Ageing  
Inquiry into Registration Processes and Support for Overseas Trained Doctors

**Re: Peninsula Health Inquiry Submission**

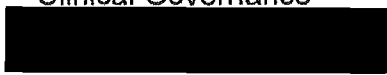
Please find attached a submission by Peninsula Health to the Standing Committee Inquiry into the registration processes and support for overseas trained doctors.

Yours sincerely,

Mr Peter Naughton  
Manager  
Medical Workforce Unit



Dr Susan Sdrinis  
Executive Director  
Medical Services, Quality and  
Clinical Governance



Submission No. 27  
(Overseas Trained Doctors)  
Date: 02/02/2011

## PENINSULA HEALTH - BACKGROUND

Peninsula Health is a Victorian public health service that serves the population of the Mornington Peninsula and Frankston area (outer metropolitan area). Our catchment covers an area of 853 sq km which includes the Mornington Peninsula Shire, City of Frankston and the southern part of the City of Kingston. The region has a population of approximately 300,000 which increases considerably over holiday periods.

Demographics indicate that in 2007, about 32% of the population was under the age of 25 years and 26% was over the age of 55. The highest growth is predicted for older people, with those over the age of 60 expected to make up 33% of the population by 2031. In addition, parts of the catchment area are considered significantly disadvantaged (e.g. Rosebud West, Hastings). There is continuing substantial housing growth in a number of what were traditionally separated townships/villages such as Somerville, Mornington, Safety Beach and Hastings. With more than 1,500 Indigenous people living in the service area Peninsula Health also offers a range of specific services for this community.

Peninsula Health incorporates acute, sub acute, mental health, residential aged care and community health services. There are two acute hospitals (Frankston and Rosebud) with other sites at Frankston, Mornington, Rosebud, Hastings and Seaford. The health service employs over 4,600 staff (EFT 3,000) and is the largest employer on the Mornington Peninsula.

Peninsula Health has chosen to make a submission to this inquiry so that issues frequently raised by Overseas Trained Doctors (OTDs) with our Medical Workforce staff may be brought to the attention of decision makers so that impediments can be identified and options to improve the overall standards can be considered, debated and implemented. In prefacing these comments, Peninsula Health wishes to record that without OTDs the public health system would struggle to deliver healthcare to our patients. The general standard and competency of OTDs, certainly in our health service, is good and these medical practitioners fill critical workforce shortages to provide health care to our community.

### Senior Medical Staff (SMS) Peninsula Health

Peninsula Health employs approximately 200 senior medical staff (approximately 96 EFT) who are fellows of the Specialist Colleges. Of these staff a significant proportion have conducted basic training overseas and then come to Australia. Here they gained appropriate qualifications either by advanced standing assessments or by completing specialist pathway programs.

### OTDs employed as Junior Medical Staff (JMS)

Prior to the establishment of "healthcare networks" in Victoria in the mid 1990s, Peninsula Health was primarily a "service hospital" with only limited training of medical students and graduates being undertaken. Australian trained JMS rotated from larger hospitals 'on loan' for short periods to support provision of services to patients. Anecdotally, commencing in the early 1990s as the health service expanded and took its present shape difficulty was experienced in engaging Australian graduates as they appeared to prefer to live closer to the CBD and work in the tertiary health services.

As a consequence, OTDs were engaged to fill the gap. Until the end of the previous decade, the numbers of Australian trained graduates remaining at Peninsula Health following completion of internship declined. In 2005 for example, of 56 Residents (defined as PGY2+ not in a training program with a learned college), only 4 were Australian graduates. With the increases in Australian university medical graduates over the last 5 years this number has changed significantly. In 2010 Peninsula Health employed 22 Australian graduates as Residents out of a total of 68 EFT. As there has been corresponding growth in intern positions during the same period the actual numbers of OTD positions has been decreasing since 2004. For example in 2004 there were 75 Intern/Resident posts with 24 Australian graduates - in 2010 there were 105 posts with 59 Australian graduates.

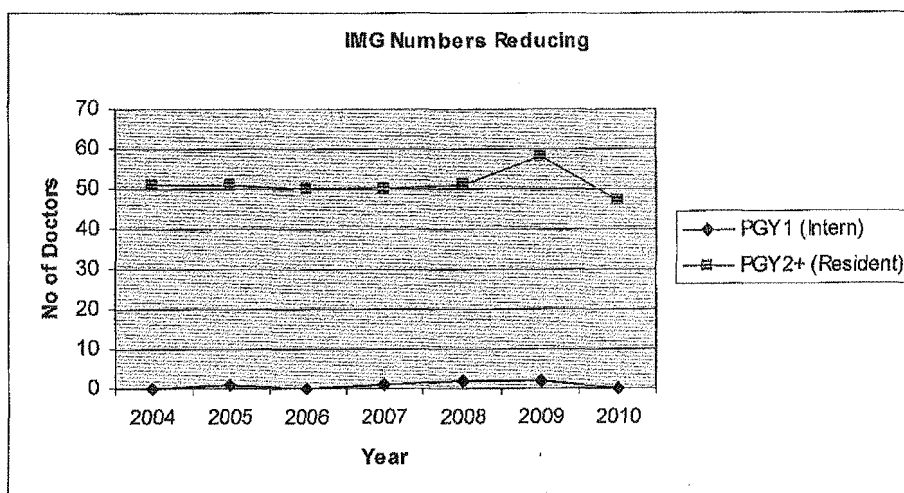
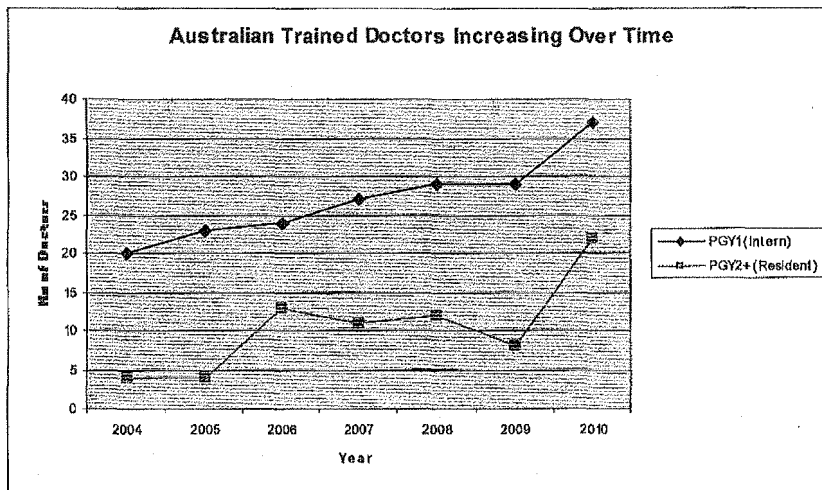
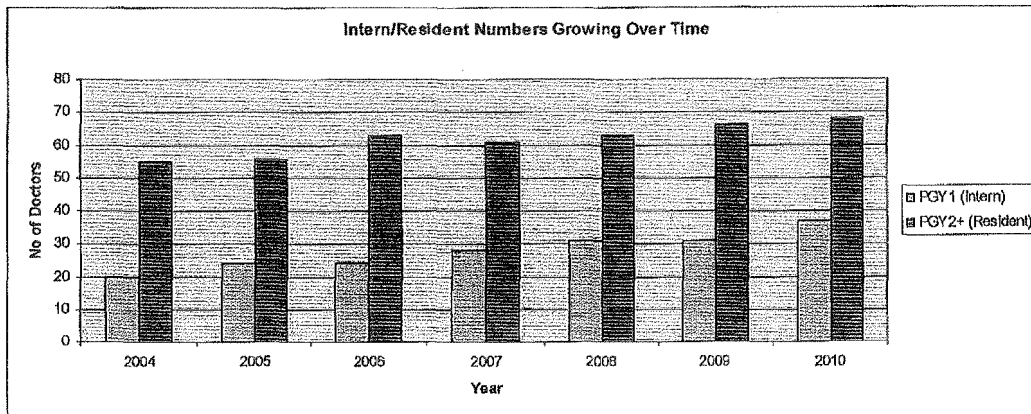
The data below indicates changes in numbers over the period 2004-10 at Peninsula Health:

PGY1 to PGY 2 Retention Rate							
	2003- 2004	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2009	2009- 2010
PGY1 (Intern) to (Resident) PGY2	0	2	10	6	5	7	19

Intern/Resident numbers growing over time							
	2004	2005	2006	2007	2008	2009	2010
PGY1 (Intern) PGY2+	20	24	24	28	31	31	37
(Resident)	55	56	63	61	63	66	68

IMGs Numbers Reducing							
	2004	2005	2006	2007	2008	2009	2010
PGY1 (Intern) PGY2+	0	1	0	1	2	2	0
(Resident)	51	51	50	50	51	58	47

Australian Trained Doctors Increasing Over Time							
	2004	2005	2006	2007	2008	2009	2010
PGY1 (Intern) PGY2+	20	23	24	27	29	29	37
(Resident)	4	4	13	11	12	8	22



### OTD Pre-employment Pre-requisites

Registration pathways for OTDs in Australia depend on the pathway chosen by the individual, which is largely based on nationality and/or experience. Prior to registration, English language competency (for non English language trained doctors) must be demonstrated and the doctors' qualifications confirmed. Qualification issues are managed by the Australian Medical Council with language skills required to be demonstrated through an independent testing process. It is Peninsula Health's experience that a number of OTDs (perhaps as high as 25%) who may have passed the English examination remain unable to practically engage with other staff and/or patients, particularly in moments of stress. Language issues are addressed as they arise by the health service identifying individuals who require additional support. Additional costs such as engaging and paying for speech pathologists to train the OTDs are carried by the service.

### OTDs – Interns

Since 2004 Intern [Post Graduate Year (PGY) 1] doctor numbers at Peninsula Health have grown from 20 to 37 in 2010 and 42 in 2011. This growth has reflected the increases in PGY1 numbers across Victoria with 623 Interns in 2011 and is forecast to stabilise at 690 in 2012.

To successfully complete their intern year currently requires the doctor to undertake a 48 week attachment in accredited posts including 10 week terms in medicine and surgery with an 8 week term in emergency medicine. PGY1 posts are closely supervised by more senior doctors with provisionally registered doctors having restrictions on scope of practice and prescribing.

At Peninsula Health the PGY1 posts have been allocated to Australian University trained graduates with a small number on occasion (perhaps 1 per year) being filled by an Overseas Trained Doctor (OTD). This is typically due to the late withdrawal of an Australian trained candidate without a suitable locally qualified replacement being available. This has worked well for both the individual OTD and the health service as there is a small number of recently qualified medical graduates who enter Australia and seek work who have not completed an internship in their home country.

### OTD Hospital Medical Officers - Standard Pathway

Under current rules an OTD who is taking the AMC Standard Pathway finds that an internship provides an ideal opportunity for gaining experience in Australia and fulfils all practical requirements required for general registration. To register for this pathway an OTD must have successfully completed the AMC written examination and will subsequently nominate for a 16 station pass/fail clinical examination as well. Thus, practical experience is supported by examination. OTDs currently have 60 months to complete these requirements – failure to do so may lead to withdrawal of approval to practise.

OTDs often struggle to pass the clinical examination although in a practical sense perform as well rounded doctors in the public health system. At Peninsula Health pre clinical examination support is offered to OTDs and there is a number of commercial providers who also offer preparation courses. Notwithstanding this, a number of the OTDs struggle to pass the examination and attempt it at least twice. The clinical examination is challenging, stations are often typical GP scenarios which take the OTDs outside their comfort zone of working in a public health service. To offer an alternate pathway, the AMC has recently introduced a workbased assessment program

for suitable OTDs that would replace the clinical examination with a series of competency based assessments. Peninsula Health has joined the Victorian consortium for this program however does not plan to commence at this stage due to the reducing number of positions available for OTDs as the Australian graduate numbers increase and take many of the positions they previously occupied.

In any case, Peninsula Health believes consideration should be given to providing alternatives that would allow continued meaningful employment for suitable, experienced OTDs who cannot pass the clinical examination to remain registered beyond the current 60 month registration limit. These doctors have made significant personal commitments to the public health system in Australia and may well have the requisite experience to be continuing medical practitioners in a supervised environment such as a public hospital. This would provide a solution for the inevitable staffing issues which will arise when difficulties exist in attracting suitable Australian doctors (for example, location remoteness, unanticipated under supply of workforce graduates). Consideration would also need to be made to allow these doctors access to becoming permanent residents if not already granted as an additional incentive to remain in Australia.

#### OTDs – Competent Authority Pathway

The other pathways OTDs utilise to work in Australia are that of competent authority and specialist. Competent authority is restricted to what is essentially those who have completed their education and / or worked in “old commonwealth” English speaking countries. These OTDs seem to assimilate rapidly into the Australian medical culture. Greater flexibility in the type of rotations and time under supervision OTDs may be required to complete before gaining general registration should be considered for competent authority doctors. This would offer greater encouragement to this cohort and would ensure they do not waste time in junior posts when they could be employed in more demanding roles.

#### OTDs - Registrars and Specialist Training Programs

OTDs compete for the specialist training programs against Australian trained graduates. The specialist colleges appear to have different requirements for enrolment, for example residency provisions and type of registration. For example, the Royal Australasian College of Surgeons (RACS) require permanent residency and general registration for candidates with a number of specific criteria achieved prior to entering their program, whereas the Royal Australasian College of Physicians (RACP) and the Australasian College of Emergency Medicine (ACEM) allow OTDs will limited registration and temporary visas to join their program. Without wishing to enter into a debate with the various colleges the matter of consistency and openness should be considered to provide a level playing field for candidates.

The Medical Workforce staff at Peninsula Health routinely receive feedback from OTDs regarding specialist training programs and the difficulty OTDs face in passing through a program as quickly as their Australian counterparts. OTDs perceive it is difficult to have qualifications gained overseas accepted and relevant experience recognised. They frequently complain that when it suits a specialist college to grant temporary recognition in areas of skilled shortages (for example general surgeons in rural areas) they will receive this only to have regulations and agreements changed later and backdated to disadvantage individuals. This specific issue was raised in the strongest terms by OTDs at a Victorian Government sponsored Conference “A World of Expertise Supporting International Medical Graduates in Victoria” that was conducted on 5 August 2009.

### Provider Number Issues

OTDs also object to the Medicare provider number ten year rule that effectively disadvantages individuals and requires them to work in rural or remote areas. It is understood this was introduced to ensure there were the right number of medical practitioners in these areas as Australian graduates largely do not wish to work outside major metropolitan areas. There are a number of unintended consequences of this requirement:

- OTDs take every opportunity to subvert the rule by claiming family circumstances that avoid such employment, particularly for trainee general practitioners
- OTDs enter specialist training programs, particularly emergency medicine and medicine but frequently do not progress in their training. This delays the inevitable requirement to move to the country whilst allowing them to establish specific reasons referred to above.

### SUMMARY

OTDs form an important part of the medical profession, albeit their role will diminish to some extent as more Australian trained graduates enter the workforce in the next few years. These doctors have formed the backbone of the public health workforce in outer metropolitan and rural hospitals for at least the last 20 years as a consequence of the reduced number of medical graduates from Australian universities.

Currently there are registration challenges directly related to recognition of qualifications and experience that affect many OTDs, particularly those in specialist training programs with overseas experience. These challenges are also seen in the difficulties experienced by OTDs to progress to general (unsupervised) registration.

### RECOMMENDATIONS

These recommendations are made for consideration by the Standing Committee:

- OTD English language proficiency requirements should be reviewed to ensure the standard is meeting actual communication needs for medical practitioners.
- A continuing registration alternative in a supervised environment such as a public hospital should be considered to provide a pathway for suitable, experienced OTDs who cannot pass the AMC Clinical examination within the current 60 month registration limit.
- Should this pathway be introduced permanent residency provisions should be considered for OTDs in this situation.
- Greater flexibility should be offered for competent authority pathway OTDs in terms of rotation requirements and time required under supervision before general registration is granted.
- Greater consistency and openness should be considered by Specialist Colleges for OTDs applying to enter their training programs.
- Review of the processes for granting recognition of specialist training for OTDs filling vacancies in rural areas, to ensure the process is fair and transparent for OTDs.
- The Medicare 10 year provider number rule should be reviewed to ensure unintended consequences do not arise that affect OTDs adversely.