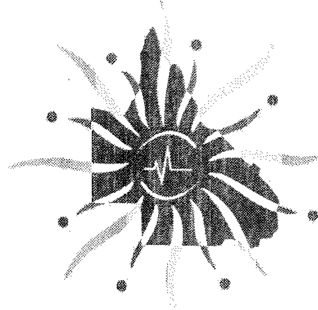
Submission No. 44
(Overseas Trained Doctors)
Date: 04/02/2011



Health Workforce
Queensland

GPO Box 2523
Brisbane Qld. 4001

Submission to Inquiry into Registration Processes and Support for Overseas Trained Doctors

4th February 2011

Table of Contents

Introduction.....1
Initial problems with AHPRA/MBA.....1
Specific examples.....2
Ongoing Issues.....3
Relocation Grants - RRIG.....5
Educational and training support for OTDs and Temporary Resident OTDs.....5
Potential impact of Bonded Medical Places.....5
Summary.....6

Introduction

Health Workforce Queensland is a rural workforce agency, established in 1998 and funded by the Australian Government Department of Health and Ageing. Our purpose is:

- To facilitate the recruitment, retention and quality of general medical practitioners and primary health care teams in rural and remote Queensland communities.

Our primary objectives are:

- To increase the number of GP services and increase access to GP services in rural and remote Queensland
- Retain GPs in rural and remote Queensland
- Support upskilling of GPs and other supporting health professionals in rural and remote Queensland
- Develop sustainable models for general practice in rural and remote Queensland
- Establish benchmark workforce data and research to inform and direct policy.

Health Workforce Queensland provides a comprehensive GP recruitment service for private general practices and Aboriginal Medical Services in rural and remote Queensland. These services include assisting practices and individual doctors navigate though the administrative processes required in obtaining:

- Preliminary Assessment of District of Workforce Shortage status
- Area of Need Certification from Queensland Health
- Medical Board of Australia Registration
- Sponsorship, Nomination and Visa requirements
- Provider number/s

During 2010, this assistance included the assessment of approximately 1600 written applications and over a 1000 phone enquires that did not lead to a formal written application. Health Workforce Queensland also administers the Rural Locum Relief Program in Queensland on the behalf of the Commonwealth.

As such, our Recruitment team has extensive knowledge and experience in the difficulties doctors, particularly overseas trained doctors, face in navigating the Australian health system and Medical Registration processes.

Initially we would like to outline problems encountered with the transition to the Australian Health Practitioner Regulation Agency and Medical Board of Australia that impacted on overseas trained doctors and provide a number of specific examples. Next we would like to address ongoing issues and concerns that are yet to be rectified.

Initial problems with AHPRA/MBA

1. AHPRA/MBA, website was not available until 5 days after launch.

2. Applications forms were not available in time for launch. When forms were made available, they still needed a lot of work. They needed to be ready in the weeks before 1 July 2011 so that doctors

could start using them for applications they intended to submit from 1 July 2010 onwards. Instead, doctors were told to use old MBQ forms and advised that they would suffice, only to find out later that they would have to start again using the new AHPRA forms. Some forms still need work.

3. Specific details of fees were not available at launch.

4. It was virtually impossible to get through to AHRPA in early weeks.

5. No response was received to emails sent through to enquiry line in early weeks.

6. In the early weeks, there were very few details available on the public register. This meant it was not possible to determine whether it was appropriate to approve an RLRP Placement (or indeed provider number) for some of the limited (area of need) registrants. There are still some details missing from the public register for some limited registrants.

7. AHPHA staff were unable to answer questions in early weeks (e.g., a HWQ staff member phoned AHPRA in July to clarify the registration fee for a particular circumstance. She eventually got through to someone and they said they would get someone to call her back. A gentleman called her back who had nothing to do with AHPRA and he didn't know the answer. He did not even know why AHPRA forwarded him a message to call her. After ringing a few times, she got a hold of the Queensland branch, and no one could answer her question after going through about 3 to 4 people).

8. Many processes were being developed along the way, so it was impossible to get a straight answer to most of our specific technical questions – this meant we were unable to provide our usual high quality of service to our doctors. As a result, we got a lot of phone calls from a lot of anxious doctors and practices and all we could do was tell them all to keep trying to get through to AHPRA themselves, just as we were.

9. Third party 'Applicant Authorisation' form was created to help communication, but form not made public.

10. Existing registrants were being asked to submit all documentation again (despite AHPRA having access to Medical Board of Queensland files). When HWQ staff followed this up with senior AHPRA staff, they were advised that certain documents would not be required when doctors were already registered but this information had not filtered to AHPRA staff yet, as it was only new. This resulted in many doctors being given the wrong advice and having to spend time and money arranging copies of documents that shouldn't have been needed (their applications were also delayed as a result).

11. Supervised Practice Plan and Work Performance Report forms are not on APHRA website.

12. Some staff still giving incorrect information (e.g., one particular staff member in Queensland has told a few doctors wishing to move practices (limited registration) that they just need to complete a 'Change of circumstances form', when in fact they usually need to complete a whole new application (AANG-03) and PESCI etc. This advice has caused angst as well as wasted a lot of time and effort.

Specific examples

Doctor JK

- Lodged application with MBQ on 25 May 2010 (application was complete according to MBQ requirements so should have been finalized with MBQ before AHPRA took over)
- Doctor received letter from MBQ, 15 June 10, further information required including CORS. Amended documents submitted to MBQ, 17 June 2010.
- Doctor received letter from AHPRA 19 July 10, must meet new requirements and pay additional fee.
- In-principle registration granted 18 August 10. (ID Check)
- Registration granted 31 August 2010
- Please note: The reason registration was not granted prior to 30 June 10, MBQ stated waiting for CORS. CORS was received by MBQ early June 10 (in maiden name) Doctor K contacted MBQ on numerous occasions regarding this matter
- There was no need for this application to have to be rolled over from MBQ to AHPRA (costing the doctor months additional expense, causing a lot of stress and anxiety and taking up a significant amount of HWQ staff time).

Doctor SM

- Lodged application with MBQ on 2 June 2010 (application was complete according to MBQ requirements so should have been finalized with MBQ before AHPRA took over)
- Doctor received letter from AHPRA 16 July 10, must meet new requirements and pay additional fee.
- In-principle registration granted 8 September 2010 (ID Check)
- Registration granted 10 September 2010
- There was no need for this application to have to be rolled over from MBQ to AHPRA (costing the doctor months, additional expense, causing a lot of stress and anxiety, and taking up a significant amount of HWQ staff time).

Ongoing Issues

1. Still lack of clarity with the information presented on some of the forms. Inadvertently giving the wrong impression in some cases (e.g., no third party authorization built into the Specialist application form. Another form mentions that applicants have to supply 100 points of ID when they actually have to provide one item from each category).

2. AHPRA website is not user friendly. It is difficult to search for information on it (and that's coming from those of us who have an idea of what we are looking for – presumably those who are not sure what they are looking for would find it even more difficult.

3. There is no policy for applying for an exemption from sitting an English Language test in special circumstances.

4. The dates for Board Meetings (State/Territory) are not listed on AHPRA/MBA website.

5. We are getting quite a bit of feedback from doctors who are advising us that there are inconsistencies between the states/territories.

6. No guidelines to help potential applicants assess their suitability for some positions/categories (e.g., how much GP experience do you need to have before AHPRA will potentially approve limited registration for a GP post). We have been advised to go by the same guidelines that MBQ used to use (approx 5 years GP experience) but this information is not made available anywhere. How

many doctors are going to apply and be knocked back because they don't have enough experience? (A potential waste of time and money, and a refusal on their registration history).

7. Some renewal applications are still taking months and the registrants concerned are advising us that they either cannot get through to AHPRA, or can't get any information out of them.

8. Expectations for annual progress towards AMC Certificate or Fellowship need to be clearly documented and made publically available - and need to work in with the various pathways that are available.

9. There is no field on the AHPRA public register to indicate that a doctor's registration is in the process of being renewed. It simply shows up as having an expiry date that has since passed. This is stressful for registrants and the practices they are working for.

10. We've noticed a few instances (and presumably there are more) where an OTD GP has Specialist Registration based on their overseas GP qualification, despite the fact that only FRACGP and FACRRM are recognised at the appropriate Specialist Qualifications for General Practice in this country.

11. AHPRA processes still aren't recognising the RACGP Practice Eligible Route. Current AHPRA system is trying to push these doctors in to completing their AMC qualification and getting General Registration (just because they are registered via the standard pathway). This does not fit with the legitimate RACGP Fellowship Pathway they are on. Additionally, because these RACGP Practice Eligible Route doctors are registering under the standard pathway, their PESCI's are being conducted by ACRRM. Not only is this confusing for the doctors, but it nonsensical and creates a potential conflict of interest.

12. It needs to be made clearer to registrants that they are ultimately expected to achieve Fellowship of a relevant College. Some registrants strive to obtain their General Registration, which is a suitable end point from a registration point of view – but not from a Medicare Billing provider number point of view. This is not specifically AHPRA's responsibility, but we believe that they should be communicating the message nonetheless.

13. General Registrants should not be able to work in General Practice unless they have several years of (appropriate) experience and/or some GP training. This is currently not the case, and is undermining so much of the work that is being done on specialist pathways.

14. Registrants or authorized third parties should be able to access information on the progress of individual application via an online query (e.g., password linked to doctors record on the public register). Information that could be viewed should include: renewal form sent to Dr on [date]; reminder about renewal sent to Dr on [date]; renewal form received from doctor on [date]; letter sent to doctor re outstanding documents on [date]; outstanding document received from doctor on [date]; application assessed as complete on [date]; application put on agenda for RAC meeting to be held on [date]; application tabled at registration advisory committee meeting on [date]; outcome...). This would save a lot of grief for doctors and practices would be a more transparent process; and would potentially save the AHPRA staff a lot of phone calls – which would give them more time to work on assessing the applications.

Relocation Grants - RRIG

With regards to support available for overseas trained doctors in Australia there are some financial incentives to encourage medical practitioners to live and work in rural and remote areas of Australia. For example, the General Practice Rural Incentive Program (GPRIP) was funded in the 2009-2010 budget as part of the rural health workforce strategy. The intent of this program is to encourage medical practitioner to practice in rural and remote communities and to promote careers in rural medicine. It combines two previously separate retention programs available to general practitioners and registrars, and provides a new Rural Relocation Incentive Grant (RRIG). The objective of the GPRIP is to increase the number of rural medical practitioners, GPs and Specialists through the provision of incentive grants. While a large component of GPs in rural Australia comprises overseas trained doctors a majority of these doctors do not receive RRIG payments.

While overseas trained doctors are able to access both the GP and Registrar Components of the GPRIP based on their Medicare billing and/or time spent in the remote locations they are restricted in receiving relocation grants offered via the RRIG component. This restriction is imposed by a number of the eligibility criteria required. To be eligible for a relocation grant medical practitioners must meet a number of criteria. There are two criteria that have a major impact on overseas trained doctors in particular. These criteria include:

- Completion of requirements under 19AB of the Health Insurance Act 1973 (10 year moratorium); and
- Be an Australian citizen or permanent resident

These criteria appear to indirectly discriminate against overseas trained doctors when compared to their Australian counterparts. The RRIG offers financial support to Australian doctors who move to and work in more remote locations. However, given the criteria most overseas trained doctors cannot benefit from this government initiative to encourage doctors to train and stay in rural areas of Australia. It is suggested that these two criteria be removed.

Educational and training support for OTDs and Temporary Resident OTDs

Funded educational support for OTDs is extremely limited and in the case of Temporary Resident OTDs virtually non-existent. In many cases, it is these doctors, working in isolated or small rural and remote communities that most require additional financial and institutional support to progress toward general and vocational registration. It is suggested that:

- Funded, flexible, accessible and accredited education and training support be made available for OTDs and TRDs.

- Accreditation, training and funding support be proved for medical educators supervising OTDs and TRDs.

Potential impact of Bonded Medical Places

In 2009, there were 2,279 medical students participating in the Bonded Medical Places Scheme (BMPS). By 2012, it is anticipated that this number with exceed 4,000. Students participating in the BMPS have a return of service obligation to work in an Area of Workforce Shortage, identified by the Commonwealth, for a period of time equal to the length of their medical degree.

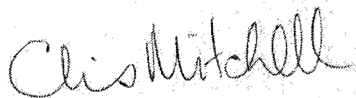
Health Workforce Queensland has some concerns that in the future as BMPS holders undertake their return of service obligations in an Area of Workforce Shortage; they will be competing with OTDs for placements, making it more difficult for OTDs to obtain Area of Workforce Shortage positions. We would suggest that the potential impact of the BMPS on AOWS positions be examined.

Summary

Overseas trained doctors have, and will continue to make a valuable and important contribution to Australia's healthcare system. Despite the cost of their training being carried by another country, the administrative processes required for doctors new to Australia are cumbersome, costly and confusing. Similarly, orientation and educational support for new OTDs is extremely limited or non-existent. HWQ believes that there are a variety of administrative adjustments and funded support mechanisms that could be put in place to make the transition for new OTDs simpler and more equitable.

We thank you for the opportunity to contribute to this review.

Yours sincerely



Chris Mitchell
Chief Executive Officer
Health Workforce Queensland