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(Overseas Trained Doctors)
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Submission

Inquiry into Registration Processes and Support for Overseas Trained Doctors

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The submission is based on:-

i) Personal understanding of the IMGS process

(M. Steyn as having completed the process)

ii) Understanding as based on membership of the IMGS Committee of the Australian & new Zealand College of Anaesthetists (ANZCA)

ii) Communications made by IMGS to the authors

iii) Being foundation members of the Overseas Trained Specialists' Anaesthesia Network (OTSAN)

iv) Direct education programs and support of IMGS since 2004

v) Director and Supervisor of the IMGS – Upskilling Program (UP)

The material included in this submission is related primarily to the IMGS in anaesthesia. The processes described relate to the AMC, ANZCA, MBA and their relationship to the individual IMGS involved, and supervisor of the support programs.

Suggestions to improve the scheme could apply to the entire process of managing the OTD specialists for all colleges involved in integrity specialists into Australia.

Summary

1. The present processes are complex, involve multiple steps, and often duplicate requirements for the various authorities involved AMC, ANZCA, etc. These could be simplified into a one site and one step application and processing.

2. In anaesthesia the AoN process does not add value, provides misleading information to the overseas trained anaesthetist and does NOT lead to qualification. The AoN process should be removed.

3. Substantially comparable doctors need oversight and orientation to the Australian healthcare and culture. Partially comparable doctors requiring minor upgrades need orientation and upskilling. Partially comparable doctors requiring multiple upgrades need a specific training package including orientation, upskilling and a different form of assessment.

4. Agencies setting out to help the OTD need to be supported e.g. Overseas Trained Specialist Anaesthetists Network.

5. More support in terms of obtaining knowledge about the OTD so as to improve integration programs.

Contents

Terms of Reference -1

1. Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand colleges' assessment processes, appeal mechanisms could be clarified, and the community better understand and accept registration decisions.

1.1 Introduction

In Queensland the OTD represents around 14% of the medical workforce. A large portion of this workforce is employed in rural and outer metropolitan regions, which have traditionally had difficulty in attracting local specialists. In anaesthesia the term "local specialist" relates to specialist anaesthetists trained in the Vocational Training Scheme of ANZCA and are currently holding a FANZCA with registration on the specialist registration roll of the Medical Board of Australia (MBA). This shortage of anaesthetists has resulted in creating area of need (AoN) positions, which has complicated matters due to misunderstandings between approval for the position and recognition as a specialist.

Our surveys show that 75% of the overseas trained anaesthetists are employed in small regional hospitals and 56% of them have their registration limited to a position at an area of need. The mean age of them is 40years (SD 5.15yrs) and have a family with two children. About 60% of them have their registration, immigration status and employment linked to the area of need.

The anaesthetist who has trained overseas has been called various terms such as Overseas Trained Specialist (OTS) and International Medical Graduate Specialist (IMGS). The term "specialist" can no longer be used as it refers only to those registered on the Specialist roll of Medical Practitioners of the Medical Board of Australia (MBA). Hence the term for the anaesthetist who has trained as an anaesthetist overseas will be referred to as Overseas Trained Anaesthetist (OTA). For the purposes of this submission consideration is given to the two pathways the OTA can be involved in, namely the area of need (AoN) and the IMGS assessment process. (A third pathway, the specialist – in training pathway is not considered for this submission).

These are

a) The AoN process

b) The IMGS Assessment process

1.2 The AoN Process

1.2.1

The AoN process for the OTA does **NOT** lead to recognition as a specialist. The AoN position is declared by the relevant State or Territory Health Authority. ANZCA provides conditional support for medical registration for a particular position. Support for the AoN appointment is conditional upon the appointee entering the IMGS Assessment Process within 3 months of assessment.

The AoN process aims to

(i) Facilitate the provision of a suitably trained anaesthetist to work in the AoN position.

(ii) Assess the qualifications and experience of an applicant.

(iii) To follow the applicant towards assessment of recommendation for specialist recognition.

Assessment is a two part process

(i) Paper assessment utilising the criteria of matching the applicant's training to the ANZCA Vocational Training Program, experience and qualifications obtained, experience in terms of case mix equipment and drugs, and evidence of continuing professional development (CPD)

(ii) An on-site visit of the applicant by an ANZCA nominated specialist to review performance in the position and to provide advice and support. The cost of this visit is borne by the employer.

Support for the applicant in the AoN position is only for 12 months.

(Details of the ANZCA statement are in Appendix (1)

1.2.2 Problems with the AoN process

(i) The AoN process aims to match the applicant to position, and there is a requirement for the position to be filled by a specialist equivalent. (If a specialist anaesthetist was not required, ANZCA would not be required to enter into the process). ANZCA claims the AoN process does not lead to recognition of the applicant as a specialist.

(ii) The applicant has to enter the IMGS assessment process under conditions for support for the AoN position. This requires duplication of applications and extra fees.

(iii) There is confusion as to what the result of the AoN process signifies to the applicant. If the applicant is considered as approved for the position, the process accepts them as suitable to work in a specialist capacity but denies them recognition as a specialist. This is anomalous, has no real function and perhaps constitutes abuse of the OTA.

(iv) The AoN process requires supervision by an ANZCA fellow. The type of supervision is not clearly specified in the ANZCA document. AoN positions in remote areas may not be able to provide a suitable ANZCA fellow for supervision.

(v) The cost for the process can be considerable and it also incurs administrative costs to run the system. This attracts an extra layer of red tape which is not required. ANZCA is probably one of the few colleges demanding payment by the employer. There is no process which seeks justification of the amount of the fee charged and there is lack of uniformity between the colleges as to who should pay the fees.

(vi) The applicant can only complete the AoN process after being employed in the position. Frequently the applicant is from overseas and is employer subsidized to gain support for immigration. If the applicant is assessed as unsuitable for the position, he is unemployed and the immigration visa can be revoked. This leads to a complex position of the employer requiring the AoN position to be filled, and the OTA potentially as an illegal immigrant.

2. The IMGS Assessment Process

The IMGS Assessment Process of ANZCA (appendix 2 for details) is claimed to be a seven step process that begins with an application by an OTA to the AMC. It requires English Language Proficiency, primary source verification and full curriculum vitae, and a current position description at the first step.

The second step involves a paper assessment at ANZCA after receipt of satisfactory documentation from the AMC. The risks associated with the position that the applicant is seeking to be employed in are also evaluated. This step determines if the applicant is potentially comparable to FANZCA, and if so ANZCA supports a recommendation for conditional registration.

A face to face structured interview forms the third step. It covers training and experience as well as specialist attributes. It is only conducted in Melbourne for Australian positions.

The decision from the interview can be Advanced Standing towards Substantial comparability, Partially Comparable or Not Comparable.

Applicants granted Advanced Standing Towards Substantial Comparability must have satisfied the College requirements for this category, particularly in relation to previous training, assessment, continuing professional development and recency of practice. The applicant may be required to undertake a period of up to 12 months oversight by a FANZCA appointed via their employing institution and notified to the College, to ensure that the level of performance is similar to that of an Australasian trained specialist, and to assist with their transition to the Australian health system, provide professional support and help them to access continuing professional development. The length of assessment is up to the College to determine on a case-by-case basis. Other prescribed requirements including formal assessment may be imposed. Applicants granted Advanced Standing Towards Substantial Comparability may be reassessed as Partially or Not Comparable, depending on assessment outcomes.

Partially comparable applicants must have satisfied the College requirements for this category in relation to previous training, assessment, CPD and recency of practice. In order for a partially comparable applicant to be considered substantially comparable the applicant will be required to undertake a period of up to 24 months clinical anaesthesia under supervision by a FANZCA appointed by their employing institution and notified to the College, to ensure that the level of performance reaches that of an Australasian trained specialist, and to assist with their transition to the Australian health system, provide professional support and help them to access continuing professional development. Other

prescribed requirements including formal assessment may be imposed. A Substantial Comparable applicant is supported for 12 months and must satisfactorily complete a Workplace Based Assessment (WBA) and 12 months of Clinical Practice Assessment (CPA). The Partially Comparable has many conditions applied including sitting the Final examination, and 12 – 24 months of practice.

Step 5 is the creation of an individual program, consisting of an Orientation program, Clinical Practice Assessment, supervision and oversight, integration into the workforce with attendance of certain courses required.

Step 6 only applies to the Substantial Comparable candidates as the workplace based assessment (WBA). The Partially Comparable candidate requires the Final examination at this stage.

Step 7 is the Conclusion step in which all processes are checked before being recommended for fellowship and for registration as a specialist in anaesthesia.

Information from ANZCA reveals that in 2009 out of 131 applications for the IMGS Assessment process, 35 were granted substantial comparable status and 67 were granted partial comparable status and 21 were not comparable with the rest either withdrawn. In 2010 out of 74 applications 25 were substantially comparable and 23 were designated as partially comparable. Thus there is a significant workforce issue and need for upskilling.

2.1 Problems with the IMGS Assessment Process

There are many problems with the IMGS Assessment process.

Applicants face many layers and application forms. They have to apply and provide the same evidence as well as extra information dependent on whether the application is being processed by the AMC or ANZCA. This is confusing, slow and emotionally draining.

Further registration, AMC, ANZCA, immigration, employment are frequently co-dependent and linked but their processes and administration bodies do not correspond with each other. Thus the specialist pathway of the AMC does not consider the other stresses on the OTA.

The multiple layers also mean documents and verification is lost between the AMC and ANZCA. Members of OTSAN frequently complain about the need to obtain more than one copy of the original documents from their native country. When the official language of the native country is other than English an additional impost and cost is borne by the OTA applicant.

The delays caused by the process meant that the OTA is often unable to commence work on the designated start date producing a loss of productivity to the health system. For example of the 12 OTAs in the Upskilling Program (see Terms of Reference2), six have not managed to complete registration processes so as to be able to commence their employment on the appointed date.

The language test is at an IELTS level 7. The level required for effective communication and to pass the Final exam of ANZCA is greater than IELTS 7. This produces stress and partly contributes to the low pass rate in the exam. Communication problems are a continuous source of frustration and problems for the OTA and the health system.

Direct comparison of the applicants' training and experience with the ANZCA Vocational Training Program is difficult given the large variety of medical cultures and requirements in the world. Only a superficial comparison can be made. For instance an applicant considered partially comparable, was not interrogated about his experience in anesthesia for thoracic surgery. In actuality the applicant had only administered six cases in thoracic anaesthesia.

The IMGS – Assessment Process does NOT have a workplace review (unlike the AoN process) if the applicant is partially comparable. The partially comparable applicant is asked to sit the Final Examination or a variation of it. There is no validation that the Final Examination is fit for this purpose. The language and communication levels of the examination are not assessed for those trained in another language given that the examination does utilize a time stress technique as part of its assessment process. The level of expertise examined is that of a trainee completing the training program rather than at someone with experience beyond this point. The OTA has higher stakes in the exam process. Registration, employment, immigration and social outlook are dependent on the pass fail decision. Working in isolated areas, lack of observation of local practices are all possible factors to be considered in validation of the test. These may explain the poor pass rates of 30-40% for the OTA compared with 80% for local trainees.

The process calls for an Orientation program as a responsibility of the employer, with no guidance or need to demonstrate satisfactory completion.

The program calls for supervisors. Unlike surgery or general practice, anaesthetic practice, anaesthetic practice requires exposure to multiple anaesthetists, making supervision difficult. Further there is no training of the supervisors towards assessment of cultural differences.

The clinical practice assessment (CPA) ANZCA is based on vague criteria and failing in one section represents a failed CPA.

There is no clear advice for OTAs who are older and have a considerable time e.g. 20years since obtaining specialist status in their native country. They are classified as partially comparable and are asked to sit the final examination and work in the capacity of a trainee with supervision. These OTAs often struggle with the examination as well.

The cost of the process (including exams) for an OTA is over $20,000. These costs have no justification, and there is great variance between the colleges both in the administration of this pathway and the costs.

The MAJOR problems with the present processes are

1) **It aims to deliver a qualification rather than PERFORMANCE UNDER AUSTRALIAN CONDITIONS.**
2) **A focus on the Exam means that any INTEGRATION into AUSTRALIAN CULTURE IS DELAYED OR HAMPERED BY THE PROCESS.**
3) **It tends to generate animosity towards the Australian way.**
4) **There is no clear appeal process in the ANZCA documents of the processes for the applicant regarding decisions made by ANZCA.**

Terms of Reference -2

2. Report on the support programs available through the Commonwealth and State and Territory governments, professional organisations and colleges to assist OTDs to meet registration requirements, and provide suggestions for the enhancement and integration of these programs

2. Report on Support Programs

There have been various support programs for the OTA, some official and others unofficial. These include:

1) The Overseas Trained Specialist Anaesthetists' Network (OTSAN)

is a support organisation to assist the OTA start a successful life in Australia. It was created from an educational focus to help the OTA pass the final examination and obtain FANZCA. (Authors being foundation members).

It continues its educational focus with 4 major meetings per year and has diversified to help with immigration, jobs and industrial matters, liaison with national and local structures, and social networking.

The organisation has seen an improvement in pass rates for the Final examination and hence FANZCA from 30% to 70% matching local trainee rates of passing.

2) The creation of a video-conference linked tutorial system for the OTA in outer metropolitan areas and remote locations.

This system links the OTA to weekly tutorials, (held currently at RBWH) to help trainees towards the final examination. This system allows the OTA to observe and integrate with local trainees, understand the examination process, the standard required to pass the exam and develop skills required to pass the exam.

The system has also attracted formal research in terms of a PhD thesis which is currently reaching completion. Research at present has revealed that the OTA has greater motivation and study process than local trainees, and that these are not limitations to success at the examination process.

3) The IMGS Upskilling Program (IMGS – UP)

This is an initiative supported by funds from Commonwealth and Queensland Health to allow OTA's classified as partially comparable to undertake the training required so as to comply with the requirements of the IMGS Assessment Process for partially comparable OTA.

OTAs have been required to pass the Final examination of ANZCA as a requirement to gain fellowship and recommendation for specialist recognition for quite some time. Since 2000 educational programs in terms of regular tutorials have been delivered by one of the authors. These have been improved and progressively changed to formulate a training program. Initial pilot programs with limited number of OTA's since 2007 resulted in successful completion of the assessment process and working as specialist anaesthetists in Australia. In 2011 the program has undergone significant change with the help of RAPTS.

The program now includes an orientation, and regular activities as well as adequate supervision of the OTA. There are 12 appointed positions in 2011.

Terms of Reference -3

3. Suggest ways to remove impediments and promote pathways for OTDs to achieve full Australian qualification, particularly in regional areas, without lowering the necessary standards required by colleges and regulatory bodies

3. Changing the focus on the OTA from qualification to performance

In 2004, McGrath identified a number of key issues relating to the AMC candidates in Victorian Hospitals. (MJA 2004, 181 (11/12) pp 640 – 642). These included a single point source of information for OTDs, communication difficulties, insufficient orientation to the Australian healthcare system and culture, matching previous experience to employment position, limited supervision and feedback, and additional workloads for hospital staff.

These issues remain in 2011, and need to be addressed. The processes and pathways the OTA (or OTD) has to follow are littered with difficult terminology, red tape and frustration.

Improvements are required in multiple areas of the processes. We suggest the following:-

(A) Improvement by removing impediments:

1) **The AoN process needs to be removed.** It fails to deliver registration or qualification. The OTA is often confused with its implications and results. The process doubles the loops that the OTA has to pass through. Further it matches a position to a person rather than allow the person to be integrated. It does not add value to a complex system.

2) **Simplify the process, by integrating it and making it prospective.** For the OTA there are too many steps and forms between the AMC, ANZCA, local employer, MBA and the supervisor. There should be one form which covers AMC, ANZCA and MBA. This should be all inclusive so that there is a single point source of information and regulation for all OTDs. Processes should be standardized across all colleges, and fees need to be reasonable and uniform. Forms requiring assessment of clinical activity such as CPA etc should be combined and set on fixed dates. The OTD needs to be made fully aware of all that is required at an IEL level of

   Registration should be for the OTD (not the position) and be mobile such that the OTD can easily move from a training position to another without going through the process multiple times.

3) The substantially comparable are of 2 types, (i) a higher performing level that need updating of knowledge to current practice and orientation. They only need supervision (ii) a lower performing group who need to train as well as update knowledge and undergo orientation. This training is NOT the same as vocational trainees. Hence it should be specifically designed and assessed in a different manner commensurate with a different level of expertise.

4) The OTD must gain insight into the differences between a foreign and local expert.

5) There should be consumer representation from the OTD.

(B) Improvements into understanding of the situation and the OTD.

Little is known as to what are the exact communication problems of the OTD, and what may be the best ways to alleviate and remedy the situation. Our present way of assessing the OTD compares the training program with that of the local training program. For anaesthetists this is the ANZCA Vocation Training Program. This is not logical. What it required is an understanding of the product of the training. There is no definition of what expertise in anaesthesia is, and how this could be measured. Finally, what are the exact measures of performance that could be used to gauge OTD performance against that of the locally trained specialist.

Our present research on videoconference based learning – Upskilling International Medical graduate Specialists in Anaesthesia via Videoconference by Niall Higgins, - has revealed significant information about the OTA such as matching study ability and predicting passing the examination relates to participation rates in videoconference tutorials. Such research needs support by funding.

Other areas of development include appropriate training for the supervisors into assessment of behaviours and ways to modify behaviour. Supervisors in the vocational training scheme aim to generate behaviours and often have trouble with this element. For the OTD where behaviours have already been established based on cultural norms in a variety of settings in their basic training, changing to the Australian culture requires key understandings on the part of the supervisors so as to achieve the outcome of integration, rather than claim that the OTD is not performing as to expected. Supervisors of the OTD also need to understand the processes and changes that the OTD has to go through. This is not easily understood as it is difficult to find out about the perspective of the OTD.

(C) Changing the focus on the OTD from qualification to performance

The hypothesis of the new paradigm is that for the system to utilise the overseas trained anaesthetist (OTA) in an efficient manner it should aim to provide the Australian public with a "**performing consultant anaesthetist working in an Australian health care setting utilising local healthcare culture**". This is in urban and rural settings.

The system proposed does not address the reasons for the shortage in the workforce or why certain regions are unable to attract anaesthetists to their vacancies. The system proposed aims to best utilise the OTA, by allowing for changing the OTA to work within Australian conditions particularly by developing personal insight into the difference between current practice and that expected of an Australian equivalent and the need to be recognised as an expert and not a trainee and hence support processes and assessments must reflect this paradigm.

The key elements to the system are:

1) Appropriate selection of the OTA prior to offering employment and sponsoring immigration.
2) A thorough assessment of the OTA with regards to performance as a specialist rather than obtaining qualifications deemed suitable to be registered as a specialist.
3) A process of training, supervision and assessment to allow the OTA to become like an Australian specialist.

Of importance, the system does not claim that the OTA is inferior to an Australian specialist. It regards that with appropriate choice the OTA is an expert who has to adapt to Australian conditions – this vitally require the development of insight into the differences and similarities between systems and individuals, especially as regards communication and behaviour. This means the OTA once chosen should be an anaesthetic expert in parity with the Australian anaesthetist on technical grounds.

SELECTION OF THE OTA

Appropriate selection of an OTA is relevant to working in Australia rather than considering area of need. The "area of need" status or system should cease particularly as it only refers to a particular post and not the Doctor. Experience has shown that the OTA once qualified and registered in Australia often applies for positions in urban areas and moves away from the AON position. (This is partly because the underlying problems of AON have not been addressed and remedied).

Prior to employing the OTA the following criteria should apply:

1. The OTA has trained in anaesthesia at the level equivalent to Australian training. This includes:
    i) A five year training program.
    ii) The basic fundamentals of physiology, clinical measurement pharmacology and statistics were studied and assessed.
    iii) Training and experience was gained in subspecialties of cardiac, obstetric, neuro-anaesthesia, trauma, ENT, airway management, major general surgery, equivalent to ANZCA training.
    iv) Completion of at least three months of intensive care.
    v) A total of 33 months of anaesthesia at a minimum.
2. The OTA needs to have evidence of continued professional development.
3. The OTA needs to have recency of working in anaesthesia (not intensive care or other medical specialties).
4. The OTA needs to demonstrate continued practice in anaesthesia since qualification, with reasons provided for gaps in continuity of practice.

It is recognised that certain countries have a shorter period of training. Under these conditions the OTA needs to provide evidence of further training under equivalent conditions and have completed a period of time equivalent to ANZCA training in all subspecialties as required for the ANZCA fellowship.

Some of the OTAs applying for positions may have most but not all the required characteristics and should be considered as partially comparable.

ASSESSING PERFORMANCE IN AUSTRALIA

The OTA should be provided with conditional registration to be able to work in a position. Supervision is deemed according to the learning needs of the OTA.

An initial assessment of the OTA within three months of commencing in the position is required, to determine comparability and learning needs of the OTA. Whilst the AMC should hold responsibility for this, it may be diverted to ANZCA. This assessment is of the OTA as a specialist equivalent, and of performance in the position, as described below. The assessment could result in one of three results:

a) **Substantially Comparable** – in which the OTA only needs to adjust to Australian conditions. This should require six months, with a reassessment by one year, and if satisfactory, proceed to full registration.
b) **Partially Comparable** – To be deemed partially comparable the OTA requires aspects of performance or medical anaesthetic expertise to be updated to a level commensurate with contemporary practice. The total time required should not be greater than 24 months. Re-assessment of performance needs to occur at 24 months with a decision to allow specialist registration or failure at obtaining satisfactory performance. Those failing require retraining in the ANZCA training scheme or need to proceed to general registration as per AMC rules and regulations.
c) **Not Comparable** – in which case the OTA needs to retrain within ANZCA, or proceed to general registration as per AMC rules and regulations.

Assessing to a specialist equivalence

Assessing to an equivalence of specialist status requires:

i) A personal interview to clarify training and continuous professional development, and
ii) Assessment of the competencies of a specialist.

These competencies have been defined by The Bridging Project .

As medical experts the OTA is required to have contemporary clinical knowledge, skills and attitudes, able to perform complete and appropriate patient assessment, posses working knowledge, proficient use of procedural skills, seek appropriate consultation. As anaesthetists they also need to possess and display skills in situation awareness, decision making, team management and task management.

As communicators the anaesthetist needs to develop trust rapport and ethical therapeutic relationships with patients and families, accurately elicit and synthetise relevant information form patients, colleagues, and theatre professionals, accurately convey information and explanations, and develop a common understanding on issues, problems, plans with patients and other professionals to develop a shared plan of care. This also includes effective oral and written information of all medical and anaesthetic encounters.

As collaborators the anaesthetist needs to participate effectively and appropriately in an inter-professional health care team, to prevent, negotiate and resolve inter-professional conflict.

As managers the anaesthetist needs to participate in activities that contribute to effectiveness of healthcare organisations and systems, allocate financial resources appropriately, and serve in administration roles.

As healthcare advocates the anaesthetist needs to respond to the needs of the patient, community and population. They need to identify determinants of health for the population and community.

As a scholar, the anaesthetist needs to maintain and enhance professional activities through ongoing learning, critically evaluate medical information and its sources, facilitate learning of others, and contribute to creation, dissemination, application and translation of new knowledge.

As a professional the anaesthetist needs to demonstrate commitment to patients, and the community through ethical practice, profession – led regulation, and sustainable practice.

Assessing performance

Assessing performance relates to the tasks and activities of the anaesthetists. The key elements of this practice are:

1) Appropriate and effective assessment of a patient's condition at all phases of anaesthetic care – peri-operative, intra-operative and post-operative.
2) Appropriate and effective use of procedural and technical skills relating to anaesthesia, including the use of equipment required to deliver equality care to the patient.
3) Appropriate and effective use of decision management, task management, team managements, and situation awareness, that is timely and responsive to the needs of the patient, and procedure.
4) Appropriate and effective communication so as to enable high quality anaesthetic care of the patient – in written and oral forms.
5) Appropriate and effective leadership in managing patients
6) Effective management of crisis and critical situation to ensure patient safety

The metrics of measuring performance are not yet determined, but would include log books, complication rates, outcomes of procedures and satisfaction ratings.

TRAINING AND SUPERVISION

All OTAs will need training. The learning needs can be determined by the initial assessment.

The substantially comparable OTA requires a course, allowing development and understanding of the Australian healthcare system and culture. Such a course is currently being developed.

The partially comparable will need the course and extra work based on the individual learning needs. These will need to be managed by the supervisors. They may range form updating working knowledge in some modules of anaesthesia, to development of specific skills such as communication. Importantly the Supervisors must understand the different approach needed to promote change in comparison to how the train trainees (novices)

In all cases, satisfactory achievement needs to be assessed at 12 months and 24 months time mark.

SYSTEM REQUIREMENTS

If adopted such a system requires unambiguous rating schemes, and administration.

Supervisors will need to be trained to assess performance and also develop the OTA with regards their learning needs. Supervisors will need assistance with the administration of the scheme.

The components of working knowledge development and contemporary schema can be delivered by utilising the training modules of ANZCA fellowship.

Courses need to be created to develop competencies of the anaesthetic specialist as defined by the Bridging Project.

ADVANTAGES AND RISKS OF THE PROPSED SYSTEM

The principle advantage of the system is that it is aimed at delivering an OTA who is performing at the level of an anaesthetic specialist working with an understanding of Australian conditions. It does not aim to deliver an equivalent or actual qualification of fellowship (FANZCA).

The system relies on four key elements:

1) Proper selection of the OTA.
2) Accurate and clear assessment of OTA performance.
3) Adequate training to integrate the OTA into Australian practice.
4) Training of the supervisors to manage "experts".
5) That the process is prospective NOT retrospectively confirming status

Each of these elements poses a risk on its own.

Such a system reduces the present problem of OTAs with conditional registration, working under stress to pass fellowship exams, and not performing adequately under clinical conditions. It also eliminates the OTA with inadequate training or work practices prior to being appointed in positions, particularly AON positions. Such inadequacies include OTA who have had an extended period of not working in anaesthesia.

Finally the system is generic and could be used by other professions in medicine, so as to have one unified system administered by the AMC.

APPENDICES

Anaesthesia Services for Areas of Need in Australia

Introduction

The Area of Need (AoN) process applies to Australia only. Application is via the Australian Medical Council (AMC) which assesses documentation and forwards it to the College.

An Area-of-Need (AoN) position in anaesthesia is declared by the relevant State or Territory Health Authority and is a position for which the employer is unable to recruit locally registered doctors, as a result of which local health services are adversely affected.

When a position is recognised by employers, Health Authorities, the Australian Medical Council (AMC), and the relevant Medical Board as an Area of Need position, the Australian and New Zealand College of Anaesthetists (hereinafter 'the College') assists by assessing the potential suitability of an applicant for this position.

The AoN process allows the College to provide conditional support for medical registration for a particular position.

Service in an AoN position is not an alternative pathway to specialist recognition.

Any AoN position should meet the standards as recommended in the relevant College Professional Documents located at:

http://www.anzca.edu.au/infocentres/downloads/ProfDocs/index.htm

Support of the College for an AoN appointment is conditional upon the appointee entering the IMGS Assessment Process.

The College, in conjunction with the Australian Medical Council, Committee of Presidents of Medical Colleges, State and Territory Medical Boards, Commonwealth Department of Health and Ageing, State and Territory Health Departments and other specialist Medical Colleges, has agreed to adhere to the processes outlined in the Assessment Process for Area of Need Specialists User's Guide, (available at www.amc.org.au) and requires that all the AoN applications for both declaration of a position as AoN and assessments of individual doctors for AoN positions comply with this process.

Relationship with IMGS Assessment Process

The AoN assessment commences with a paper assessment and is distinct from the IMGS Assessment Process. An AoN assessment is considered an assessment for 'fitness for task'. An IMGS assessment is considered an assessment for 'comparability' with a FANZCA. An applicant to an AoN position who is considered to be an IMGS is required to apply for Structured Interview under the IMGS Assessment Process within 3 months of assessment, and to progress towards the completion of requirements leading

to recommendation for specialist recognition and eligibility to apply for Fellowship. The IMGS and the AoN interview will occur simultaneously when possible.

Objectives

The objectives of the College's AoN process are –

To facilitate the provision of suitably trained anaesthetists to work in identified AoN positions,

To assess the qualifications and experience of an applicant for the position description of the specific AoN position, and

To follow through to assessment for recommendation for specialist recognition, those applicants who are International Medical Graduate Specialists.

Area-of-Need Position

The establishment of a position in anaesthesia for AoN status is a workforce issue and should be addressed by health authorities, local communities, and the AMC. An AoN position is intended to meet identified anaesthesia service needs for which no College Fellow or Australian specialist can be found, and as such is generally intended as a limited-term provision.

The College will acknowledge an employer's discussion with a relevant College Regional Committee in relation to a position for AoN status being declared.

Assessment of AoN Applicants

Employers match applicants for AoN positions against position descriptions and selection criteria, and select a suitable applicant. The applicant and employer complete the relevant AMC documentation, including a copy of the standardised position description, the signed declaration form from the relevant state health authority, a copy of the applicant's *curriculum vitae* and refer the application to the AMC. The College does not verify documentation. The AMC notifies the relevant Medical Board and College whether the documentation is satisfactory. If the documentation is not satisfactory the application cannot proceed.

The College's AoN assessment commences with a paper assessment.

The AoN Assessment will be conducted by the College using the following criteria:

Specialist anaesthesia training in comparison with the College's Vocational Training Program with regard to duration, structure, content, curriculum, sub-specialty experience, supervision and assessment. The onus will be on the applicant to provide evidence in this regard.

Specialist qualifications obtained. There must be documentation of medical registration, specialist qualifications and details of specialist practice in anaesthesia. Experience and qualifications must be substantiated by statements and original or certified copies of diplomas

from relevant bodies. The names of three relevant professional referees must be provided. Consideration is given to the *curriculum vitae*, references and details of practice as a specialist anaesthetist.

- Experience as a specialist in terms of case mix, use of equipment and drugs, and compliance with standards of anaesthesia practice as promoted in College Professional Documents (http://www.anzca.edu.au/publications/profdocs/index.htm).

Evidence of participation in professional development, in comparison with the College's Continuing Professional Development (CPD) program. Continuing involvement in recent years is particularly important.

The AoN assessment will match the applicant's qualifications and experience with the requirements of the position as given by the position description. Consideration will be given to the probable complexity of anaesthesia procedures, the probability of emergency situations, and the probability of having to work independently. As the AoN assessment is a paper assessment, the College cannot guarantee that the applicant's clinical performance will be suitable for the position.

The College will recommend to the relevant Medical Board and advise the employer (and/or the recruitment agent) and AMC one of the following:

- The applicant is suitable to practise as an Area of Need anaesthetist with oversight. He/she is required to proceed to IMGS assessment within three months of commencing duties in the AoN position. Restrictions may be placed on certain anaesthesia subspecialties considered deficient in an appointee's training and experience. The position must satisfy the following conditions:

Supervision/Oversight must be provided by a College Fellow or specialist anaesthetist, or a specialist anaesthetist who holds a qualification acceptable to Council and be in current clinical practice. The supervisor/overseer is approved by the employing institution and notified to the College. The supervisor/ overseer will submit reports to the employer and Medical Board if required; A period of orientation at a major teaching hospital may be recommended prior to commencing duties in the AoN position;

After 2 months in the position, an on-site visit of the appointee's practice by a College-nominated specialist from outside the immediate geographic region of the AoN position is required. The aims of this visit are to review the appointee's performance in the position and to provide advice and support. The cost of the visit will be

borne by the employer. The College will forward the report of the visit to the appointee, the employer, the AMC and the relevant Medical Board;
○
If the assessment of the appointee's performance is unsatisfactory, the support for the appointee in the AoN position may be withdrawn.

The applicant is unsuitable for appointment because of inadequate training and experience for that specific position.

If there is evidence of serious breaches of care, disciplinary action in respect of employment or medical registration is a matter for the employer or the relevant Medical Board/Council. In some situations (e.g. evidence of opioid or other substance misuse) it may be appropriate (or required) for the Head of Department to report the matter to the Medical Board/Council.

On-going Support

The College will provide support for a suitable applicant in an Area of Need position for 12 months from the date of commencement of duties, provided that is within 12 months of the date of the letter of support. If the applicant moves from one AoN to another, a paper assessment of the applicant against the new position description is required, and a fee applicable. If the applicant does not comply with the conditions of support, the College will not provide further support for that applicant. This may occur, for example, if the IMGS has not demonstrated progress towards fulfilling the necessary requirements to attain recommendation for specialist recognition via the IMGS process, such as attending an interview for comparability assessment.

ANZCA IMGS Assessment Process
or
or
or
ANZCA Pathway - International Medical Graduate Specialist Assessment Process
or
3. Structured Interview
2. Paper Assessment ANZCA
International Medical Graduate Specialist Application
1. Application
Advanced Standing
Towards Substantial
Comparability
Not Comparable
Partial Comparability
Satisfactory **Recommendation to AMC / MCNZ suitable for Specialist Registration**
_ Completed Substantial Comparability Assessment Process
o eligibility to apply for admission to Fellowship
_ Completed Partial Comparability Assessment Process
o eligibility to apply for admission to Fellowship
Failure of Partial Comparability – May include recommendation to AMC / MCNZ referred to General Registration Pathway
AMC / MCNZ
Potentially Comparable
Not Comparable
Assessment of Comparability with FANZCA Comparability Training, Experience and Specialist Attributes
6. Performance Assessment
5. Individual Program
Confirm Clinical Performance and Specialist Attributes
Confirmation of Relevant Individual Program – Orientation, Supervision and Integration
12 – 24 months
Language / Verification / CV
Referred General Registration Pathways of AMC / MCNZ.
Supported for entry into the International Medical Graduate Specialist Assessment Process.
Unsatisfactory
Referred General Registration Pathways of AMC / MCNZ
7. Conclusion
4. Decision
Failure of Substantial Comparability - may include recommendation to AMC / MCNZ needs to enter Partial Comparability Pathway
Comparable to FANZCA - Undertake Program of Orientation, Up-skilling and Workplace Based Assessment
Comparable to ATY 2 or 3 – Undertake Program of Orientation, 12 – 24 months supervised training program and Examination.
or
ANZCA IMGS Assessment Process
2
ANZCA International Medical Graduate Specialist Assessment Process – pursuant to Regulation 23

• IMGS undertaking short periods of training and intending to return home access the Specialist-in-Training Pathway

• IMGS seeking Area of Need assessment access the AoN Pathway

Introduction

These guidelines describe the procedure for assessing an International Medical Graduate Specialist (IMGS) who wishes to practise as a Specialist in Anaesthesia in Australia or New Zealand.

The International Medical Graduate Specialist Assessment Process is conducted by the Australian and New Zealand College of Anaesthetists (ANZCA) to assess and make a determination regarding the comparability of the IMGS to a Fellow of ANZCA.

The College's responsibility is to ensure the safety and standard of anaesthesia services to the public. Poor performance of any doctor remains the responsibility of the jurisdiction(s) and should be actioned under existing pathways.

Support for practice as a specialist anaesthetist in Australia or New Zealand will be considered only if the IMGS has training and experience that is consistent with the demands of anaesthetic practice in an Australian or New Zealand context in the following areas:

- Knowledge – including basic sciences, medicine, anaesthesia
- Attitudes – including communication, commitment, cooperation
- Clinical Practice – including patient care, technical skills, judgement, organisation, vigilance, crisis management, hygiene
- Professional Ethics – including rights of all patients, cultural sensitivity.

The ANZCA IMGS Assessment Process has seven steps. Failure to progress through the steps in the stated timeframes will result in removal of support and termination of the process with notification to the AMC or MCNZ.

Step 1 Application:

The guidelines of the AMC or MCNZ apply to all IMGSs, including satisfying their assessment requirements.

The applicant must have completed all training requirements and be eligible to work as an independent specialist in their country of training before applying under this pathway.

ANZCA IMGS Assessment Process

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All applicants must apply to the AMC or MCNZ and must complete the following preliminary requirements. The AMC or MCNZ will assess the application then send the documents to ANZCA:

1 English Language Proficiency - Compliance with nationally agreed proficiency standards.

2 Primary Source Verification - All agreed / relevant qualifications presented by an IMGS for the purpose of registration are to be verified through the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) (in Australia) and as determined by MCNZ. This process must have commenced.

3 A full Curriculum Vitae - Applicants are to provide a comprehensive

Curriculum Vitae in a form suitable for the assessment process and must detail all qualifications, all training (in terms of duration, structure, content, curriculum, sub-specialty exposure, supervision, standards, case-mix, equipment and medicines, breadth of clinical learning, and in-training examinations and assessments), full work experience, recency of practice, health systems worked in, and participation in Continuing Professional Development (CPD). There must be no unexplained gaps in the chronology of the Curriculum Vitae. Details of three referees must be provided.

4 A current Position Description (PD) must be supplied if the applicant is employed or has been offered employment in Australia or New Zealand. This must contain the AMC or MCNZ model position description details and must follow the prescribed format, detailing the location, nature and scope of practice of the position, orientation and supervision arrangements. It must also indicate the capability of the Department of Anaesthesia to support the IMGS.

Once components 1, 3 and 4 (above) are complete and 2 has been commenced, the application can proceed to the Paper Assessment. If the applicant does not have employment in Australia or New Zealand an application can still be made for assessment of comparability.

Step 2 Paper Assessment:

All IMGS applicants are subject to a paper assessment to establish their qualifications, training (in terms of duration, breadth of clinical learning, and intraining
examinations and assessments), clinical experience, recency of practice, health systems worked in, and participation in CPD.

After receipt of satisfactory documentation from the AMC or MCNZ, a screening paper assessment is performed by the College.

This paper assessment follows a set of common steps, with the individual applicant's requirements being determined by the scope of practice and the

risks associated with the position (if applicable) which the applicant is seeking, as well as his/her individual professional background and experience.

If identified as being not comparable to FANZCA the IMGS applicant is advised through the AMC or MCNZ that the IMGS Assessment process is not the appropriate pathway and the applicant should be referred back to the pathway to General Registration.

If identified as potentially comparable to FANZCA the IMGS applicant will be supported for entry into the Assessment Process and as a consequence will be recommended for conditional registration subject to confirmation that all of the generic requirements 1, 3 and 4 within "Step 1 Application" have been completed.

Applicants will also be advised of the need to indicate, in writing, their preparedness to enter the following steps of the process.

Step 3 Structured Interview:

Step 3 (Structured Interview) for IMGS assessment is conducted concurrently with interview to determine AoN suitability when a position description is available.

This is a face-to-face interview to gauge comparability with Fellows of

ANZCA. The interview covers the following areas:
_ *Training and Experience* – validating the applicant's attributes stated in the paper application, in particular, training and experience in anaesthesia subspecialties (i.e. comparability with ANZCA clinical modules) and subsequent practice as a specialist anaesthetist, including involvement in CPD;
_ *Specialist Attributes* – considering clinical and professional competencies compared with those of Fellows of ANZCA i.e. Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.
The Structured Interview is undertaken in Melbourne (for applicants via the AMC) or Wellington (for applicants via the MCNZ). A Panel of at least four members is required, comprising three ANZCA Fellows, and one community or jurisidictional representative.

Step 4 Decision:

The Interview Panel assesses applicants and allocates each applicant to one of three categories (below). Applicants are advised of the outcome via the AMC or MCNZ, not at interview.

1. Advanced Standing towards Substantial Comparability. *

_ Applicants will be supported for appointment to most anaesthesia positions, for a period of a minimum of 12 months, commencing from the date of interview, unless decided otherwise by the Interview Panel (see Step 5 Supervision).
_ They must satisfactorily complete a Workplace Based Assessment (WBA), within the last 3 months of their Clinical Practice Assessment (CPA) period, in addition to any other assessments determined at interview. WBA will usually only be carried out in a place with a FANZCA on site.

2. Partially Comparable. **

Applicants requiring more than 12 months of supervised clinical work and training may only be appointed initially to ANZCA approved hospital departments which can provide adequate supervision by specialist anaesthetists in current clinical practice who hold FANZCA or another qualification acceptable to Council
_ Applicants must undertake supervised clinical work and training of 12 to 24 months in positions for which they are considered capable of providing safe patient care.
_ Applicants will be supported only for scopes of practice for which they are assessed as competent.
_ Any required components for inclusion in their orientation, integration and CPD program must be documented and are required before the assessment process can be completed, e.g.:
- subspecialty up-skilling
- period in an ANZCA approved hospital Department of Anaesthesia.

_ Applicants must successfully complete the ANZCA Final Examination or IMGS Performance Assessment. Exemption

from the Written section of the examination may be granted in exceptional circumstances.
_ Applicants will not be supported for placement in a position where appropriate supervision is not available.
By the end of the process the applicant must have completed in total 7 years of clinical time post award of their basic medical degree (the equivalent of PGY1 and 2, BTY1 and 2 and ATY 1, 2, 3).

3. Not Comparable. ***

Applicants who are deemed unable to make up the determined deficit in their training within 24 months are referred back to the AMC or MCNZ.

Step 5 Individual Program:

All components of the requirements determined at interview must be completed within five years from the date of the Structured Interview.

Orientation:

All IMGS applicants, regardless of their position and location of employment must be provided with and complete within three months of commencement of employment an orientation program to assist their transition to clinical practice in Australia or New Zealand. This is to enhance their understanding of the local healthcare system; of communication; of cultural issues; of jurisdictional, legislative and professional practice; and of ANZCA policies. IMGS applicants who have already undergone an Orientation Program in Australia or New Zealand should include this as part of their original application.

Orientation is the responsibility of the employing institution.

CPA Period, Supervision and Oversight:

The Clinical Practice Assessment Period serves to familiarize the applicant with anaesthesia practice in Australia and/or New Zealand, and to allow assessment of the performance of his/her practice. In some cases, it may also address specific deficiencies in anaesthesia subspecialty experience during overseas training. All positions to be considered towards the CPA must be prospectively approved by the Chair of the IMGS Committee or nominee, and will only be approved for a minimum of 3 months. Following approval of the position, the applicant may commence the CPA period from the date of interview. Work in Australia and/or New Zealand before the Interview will not be considered for CPA.

Levels of supervision/oversight specified by the College are supplementary to supervision requirements determined by the relevant State and Territory Medical Boards/MCNZ and will complement and be in addition to those set by the Registration authority.

All IMGS applicants must ensure that any PD submitted with the application states the level and conditions of supervision.

Supervision/oversight of a medical practitioner's clinical practice is to ensure that he/she is practising safely, providing quality patient care and developing ongoing technical and professional competence. The purpose of supervision/oversight is to monitor and support the IMGS applicant. Where possible, a mentor should also be appointed.

Supervision/oversight is intended to ensure that a medical practitioner with conditional registration:-

• Is evaluated and monitored using a standardised approach;

• Can demonstrate that he/she can practise safely and is clinically competent to do so;
• Can develop skills that will enable him/her to practise effectively within the Australian or New Zealand health care systems;
• Is made aware of requirements relating to local cultural competence.

The supervision/oversight period introduces and sets in place a culture of continuing learning and professional development, which is fundamental to medical practice in the Australian or New Zealand healthcare system. Performance review and feedback are integral to supervision/oversight.

The nominated Supervisor/Overseer must be a Fellow of ANZCA or a specialist anaesthetist who holds a qualification acceptable to ANZCA Council and be in current clinical practice. The Supervisor (for PC) or Overseer (for ASTSC) IMGS is appointed by the employing institution and notified to the College. This Supervisor should not be the Supervisor of Training for ANZCA Trainees. The College's published guidelines about supervision and the supervisor's role are relevant (TE 1, TE 3). A CPA must be performed every 6 months until all assessment components are successfully completed. The cost of CPA will be set by Council annually. The standardised report must be forwarded to the College. Each report must be discussed with and signed off by the supervisor/overseer and the applicant and include review of his/her Portfolio*. **It is the responsibility of the applicant to ensure that the assessment forms are filled out by the applicant's supervisor/overseer and returned to the College for approval. No CPA time may be accredited without approval of the assessment sheets. Based on these reports, the time may or may not be accredited towards the CPA Period and/or the IMGS Committee may review the initial assessment of the applicant**. The CPA Period may be extended until all requirements have been fulfilled. Following completion of the IMGS Performance Assessment/Final Examination, the CPA Period may be reduced. However, there must be a total of 12 months of approved practice in Australia or New Zealand and the total amount of training time plus CPA must not be less than 60 months in total, following 24 months of clinical time post basic medical degree.

In general applicants who have been granted Partial Comparability status require on-site supervision, whereas applicants who have been granted Advanced Standing towards Substantial Comparability status may have more distant supervision/oversight.

Integration:

All IMGS applicants must arrange to complete an Effective Management of Anaesthetic Crises (EMAC), Early Management of Severe Trauma (EMST), Advanced Trauma Life Support (ATLS) or comparable course, if not completed during their training, prior to award of Fellowship.

* Portfolio = a collection of relevant documents, such as a logbook, correspondence, continuing education and quality assurance activities, courses such as EMST/ATLS, CPA reports.

Applicants who have been granted Partial Comparability status must have a defined scope of practice, designated supervision plans and a teaching

program which documents the necessary periods of general hospital and tertiary rotation. Any needed subspecialty training must be incorporated into this plan. The necessary secondments must be performed in ANZCA approved hospital Departments of Anaesthesia.
All applicants must have:
_ An individual CPD Program that has been developed with oversight from their nominated supervisor and/or Departmental Director.
_ A Portfolio.
_ Regular attendance at the local Morbidity and Mortality Meetings, either anaesthesia or multidisciplinary.
Other aspects of integration are the responsibility of the employer.

Step 6 Workplace Based Assessment for ASTSC Applicants:

All IMGS applicants with Advanced Standing Towards Substantial Comparability must have an on-site WBA that must be performed within the last 3 months of their CPA period. This WBA must be performed prior to all assessment requirements being considered complete. The employer is responsible for notifying and updating ANZCA of the planned dates for all positions to ensure that the arrangements for performing the assessment can occur within the stipulated time. The costs of the WBA visit will be set by Council annually.
The WBA is performed by independent FANZCA Assessors who assess the applicant's clinical performance. The on-site WBA aims to assess the applicant's familiarity with relevant social and cultural issues, clinical skills, and attributes of a specialist. The following are reviewed during the assessment:
_ Medical and general communication skills
_ Physical Examination skills
_ Clinical Judgement
_ Treatment / Advice
i. pre-operative assessment
ii. intra-operative management
iii. post-operative care
iv. acute pain management
v. interaction with other relevant clinical areas
_ Professional attributes (see Step 3 – Specialist Attributes)
_ Technical skills.
The narrative part of assessment report must comment on the following:
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_ Review of clinical performance appraisals
_ Report of the secondment(s) if required
_ CPD participation
_ Review of Portfolio
_ Completion of EMAC or comparable course (if applicable)
_ Observation of clinical practice on the assessment day
_ Review of Anaesthesia records
_ Case based discussion(s)
_ Report of multisource feedback interviews including with anaesthetic colleagues, anaesthetic assistants and other

relevant colleagues e.g. theatre staff, surgeons, obstetricians, proceduralists, managers
_ Any general concerns that arose during the assessment.

Step 7 Conclusion of Process:

All the individual steps within this process must be completed satisfactorily by an IMGS applicant. Failure to do so will delay or prevent recommendation for specialist registration and eligibility to apply for admission to Fellowship.

IMGS applicants who have been granted Advanced Standing towards Substantial Comparability on satisfactory completion of their Individual Program, including a satisfactory WBA will be considered as having successfully completed the Assessment Process. Successful candidates will be recommended for specialist recognition and will be eligible to apply to the College for admission to Fellowship. Those who are not satisfactory will be advised of further steps to be taken, which may include transfer to the Partially Comparable pathway.

Partially Comparable applicants, on satisfactory completion of the relevant CPA period and success in the ANZCA Final Examination or IMGS Performance Assessment, will be considered to have successfully completed the Assessment Process. These applicants will be recommended for specialist recognition, and will be eligible to apply to the College for admission to Fellowship. Those who are not satisfactory will be advised of further steps to be taken, which may include referral to the AMC or MCNZ.

IMGS applicants who fail to complete their individual program within five years of initial application will be referred back to the AMC or MCNZ.

Decisions of the IMGS Committee may be appealed via the ANZCA Reconsideration, Review and Appeals Process.

Review of the progress of applicants by the IMGS Committee may occur if there is a grossly unsatisfactory examination performance, two failures at an examination, a significantly unsatisfactory Clinical Practice Assessment, or an unsatisfactory WBA.

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This document contains several timelines. While ANZCA and the employer both monitor these, the IMGS must also monitor their progress and raise issues with the relevant body.

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* **Applicants granted Advanced Standing Towards** *Substantial comparability* must have satisfied the College requirements for this category, particularly in relation to previous training, assessment, continuing professional development and recency of practice. The applicant may be required to undertake a period of up to 12 months oversight by a FANZCA appointed via their employing institution and notified to the College, to ensure that the level of performance is similar to that of an Australasian trained specialist, and to assist with their transition to the Australian health system, provide professional support and help them to access continuing professional development. The length of assessment is up to the College to determine on a case-by-case basis. Other prescribed requirements including formal assessment may be imposed. Applicants granted Advanced Standing Towards Substantial Comparability may be reassessed as Partially or Not

Comparable, depending on assessment outcomes.

** *Partially comparable* applicants must have satisfied the College requirements for this category in relation to previous training, assessment, CPD and recency of practice. In order for a partially comparable applicant to be considered substantially comparable the applicant will be required to undertake a period of up to 24 months clinical anaesthesia under supervision by a FANZCA appointed by their employing institution and notified to the College, to ensure that the level of performance reaches that of an Australasian trained specialist, and to assist with their transition to the Australian health system, provide professional support and help them to access continuing professional development. Other prescribed requirements including formal assessment may be imposed.

IMPORTANT:

ANZCA has no influence over:

- **Medical registration**
- **Hospital appointments**
- **Immigration matters**

ANZCA assessment does not guarantee employment

Fees for Structured Interview, Examinations, WBA, etc. are set annually by Council.

*** *Not comparable* applicants are not considered to have training and experience comparable to that of an Australasian trained specialist currently entering the Australasian workforce because the gap between training and comparability is too great (24 months). Such applicants are not suitable to continue in the IMGS Assessment process. It is recommended that they gain the AMC certificate (via the pathways described by the AMC at www.amc.org.au), and apply to undertake formal College training and request consideration for retrospective accreditation of prior learning once registered.

Note: The three boxed paragraphs (above) are based on information provided by the AMC. Decisions made at the Structured Interview take into consideration the principles expressed in this IMGS Assessment Process document and more comprehensive criteria which are in a separate document labelled "IMGS Assessment Criteria".

ANZCA Selected Professional Documents

TE1 Recommendations for Hospitals seeking College approval for Vocational Training in Anaesthesia
TE3 Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia
TE6 Guidelines on the Duties of an Anaesthetist
TE8 Guidelines for the Learning Portfolio for Trainees in Anaesthesia
TE9 Guidelines on Quality Assurance in Anaesthesia
TE14 Policy for the In-Training Assessment of Trainees in Anaesthesia
T1 Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations
T3 Minimum Safety Requirements for Anaesthetic Machines for Clinical Practice
PS3 Guidelines for the Management of Major Regional Analgesia
PS4 Recommendations for the Post Anaesthesia Recovery Room
PS6 The Anaesthesia Record. Recommendation on the Recording of an Episode

of Anaesthesia Care
PS7 Pre-Anaesthesia Consultation
PS8 Guidelines on the Assistant for the Anaesthetist
PS9 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical Procedures
PS10 Handover of Responsibility During an Anaesthetic
PS15 Recommendation for the Perioperative Care of Patients selected for Day Care Surgery
PS16 Statement on the Standards of Practice of a Specialist Anaesthetist
PS18 Recommendations on Monitoring during Anaesthesia
PS19 Recommendations on Monitored Care by an Anaesthetist
PS20 Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period
PS26 Guidelines on Consent for Anaesthesia or Sedation
PS28 Guidelines on Infection Control in Anaesthesia
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PS29 Statement on Anaesthesia Care of Children in Healthcare Facilities without Dedicated Paediatric Facilities
PS31 Recommendations on Checking Anaesthesia Delivery Systems
PS 39 Minimum Standards for Intrahospital Transport of Critically Ill Patients
PS41 Guidelines on Acute Pain Management
ANZCA Curriculum
ANZCA Code of Conduct
ANZCA Continuing Professional Development (CPD)
These documents may be viewed and downloaded from www.anzca.edu.au/resources/professional-documents .

Other Relevant Websites:

Australian Medical Council: http://www.amc.org.au
Medical Council of New Zealand: http://www.mcnz.org.nz
New South Wales Medical Board: http://www.nswmb.org.au/
Medical Board of Queensland: http://www.medicalboard.qld.gov.au/
Medical Practitioner's Board of Victoria: http://medicalboardvic.org.au/
Medical Board of South Australia: http://www.medicalboardsa.asn.au/
Medical Board of Western Australia: http://www.medicalboard.com.au/
Tasmanian Medical Council: http://www.dhhs.tas.gov.au/
New South Wales Health: http://www.health.nsw.gov.au/
Victorian Department of Human Services: http://hnp.dhs.vic.gov.au/wps/portal/
Queensland Health: http://www.health.qld.gov.au/
South Australian Department of Health: http://www.health.sa.gov.au/
Western Australian Department of Health: http://www.health.wa.gov.au/home/
Department of Immigration and Citizenship: http://www.immi.gov.au/
Medicare Australia: http://www.medicareaustralia.gov.au/
Australian Government Department of Health and Ageing: http://www.health.gov.au/
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Overseas Trained Specialist Anaesthetists Network (OTS-AN): www.otsan.org.au

List of Abbreviations:

AMC Australian Medical Council
ANZCA Australian and New Zealand College of Anaesthetists
AoN Area of Need (Australia only)
ATLS Advanced Trauma Life Support

ATY Advanced Trainee Year 1, 2 or 3
BTY Basic Trainee Year 1 or 2
CPA Clinical Practice Assessment
CPD Continuing Professional Development
CV Curriculum Vitae
ECFMG Educational Commission for Foreign Medical Graduates
EICS International Credentials Services
EMAC Effective Management of Anaesthetic Crises
EMST Early Management of Severe Trauma
FANZCA Fellow of the Australian and New Zealand College of Anaesthetists
IMGS International Medical Graduate Specialist (formerly OTS)
MCNZ Medical Council of New Zealand
OSA On-Site Assessment
OTS Overseas Trained Specialist (now IMGS)
PD Position Description (available at http://www.anzca.edu.au/imgs-aon/)
PGY Post Graduate Year 1 or 2
PMET Prevocational Medical Education and Training
WBA Workplace Based Assessment

BACKGROUND TO OVERSEAS TRAINED ANAESTHETISTS

1. INTRODUCTION

Australia spends approximately 9% of its GPD in providing health services for its population. Australians expect and demand a health service with functional structure, equipment and trained personnel. This demand combined with the historical development of health services has created a health culture unique to the country, as distinct from health cultures of other nations.

For a long time the personnel delivering the health services were derived from the local population with a small contribution from migration of overseas trained doctors. For reasons beyond the scope of this paper, there has been a shortage in the medical workforce for some time. This shortage is expected to continue for the foreseeable future, despite increased medical student numbers. The deficiency in the workforce has been addressed by seeking overseas trained doctors. Utilisation of these doctors has placed stress on the system in ensuring that they are of an equivalent quality to the locally trained doctor. The task of ensuring equivalence is both complex and difficult and the present method is briefly described below.

There have been a number of problems related to the employment of specialists trained overseas. These relate to difficulties in credentialing, assessment of equivalence, communication problems, awareness of the Australian medical culture, stresses placed to pass local examinations as well as social isolation and working in remote areas as these have been the areas of greatest need. The Bundaberg hospital problem and a number of other instances in the common press are evidence of the effects on the Australian community.

There is no available information (or research publications) on what constitutes equivalent quality of a specialist Australian anaesthetist, the method that should be used to ensure equivalence, or how the overseas trained consultant anaesthetist should be assimilated into the Australian Healthcare System. The present system gauges the overseas trained anaesthetist at the same assessment as that of a local trainee at the level of the Final examination of the Australian and New Zealand College of Anaesthetists (ANZCA). This examination has not been validated as applicable for a specialist as it was designed for the local trainee. Such a system has inherent flaws.

There have been a number of measures taken to help the overseas trained anaesthetist (OTA) in passing the examination and settle into Australian society. These include the self help organisation, Overseas Trained Specialist Anaesthetists' Network (OTSAN) and the IMGS Upskilling Program (UP) in Queensland. There has also been research into the issues of the abilities and problems of the overseas trained anaesthetist studying for the examination.

This paper describes the present processes, its weaknesses and then provides a view and hypothesis targeted at achieving the ultimate aim of an anaesthetist who **PERFORMS AT THE LEVEL OF AN AUSTRALIAN SPECIALIST.**

2. THE PRESENT SYSTEM

Prior to describing how the overseas trained anaesthetist is assessed, the local training system and assessment are described to provide background information on the local processes. A key point is that there is only one body that regulates the training of the local specialist, namely ANZCA.

1.1 THE ANZCA SYSTEM

A junior doctor can begin training only after successful completion of an approved 24 months of Prevocational Medical Education and Training (PMET) of which a maximum of 12 months can be in anaesthesia. The doctor is also required to be currently registered in the general registration category.

Training consists of completing a set of modules, generated by ANZCA, which is the set syllabus. This syllabus includes detailed knowledge of physiology and pharmacology, establishing the principles of anaesthesia and its practice. The underlying theme of the syllabus is the preparation and formation of an anaesthetist as a doctor with seven characteristics, described by a set similar to the CANMEDS, namely medical expert, communicator, collaborator, manager, health advocate, scholar and being a professional.

Training consists of five years in a supervised position, with different levels of supervision. Years one and two are designated Basic training years, and years three, four and five as Advanced training years. Assessment of training is both formative and summative. Formative assessment consists of in-training assessment (ITA), and completion of modules. The summative assessments consist of two exams. The Primary examination consists of the two subject areas, (i) physiology and clinical measurement and (ii) pharmacology including

statistics. The exam is composed of multiple choice questions (MCQ) worth 25%; a short answer question paper (SAQ) worth 25%; and 25 minutes viva session worth 50%. The Final examination is composed of a MCQ paper worth 20%, a SAQ paper worth 20%, two medical vivas worth 12%; and eight anaesthetic vivas of 48% of the total mark. This examination aims to assess materials from all the modules. Passing these examinations is compulsory but not the sole requirement to obtaining the fellowship.

Eligibility to apply for fellowship is granted on successful completion of all components of the training program – clinical performance and assessments.

Some key points of this program are important to note:

2. Whilst ANZCA may deliver some teaching, they are the only body in Australia that regulate the training. This places ANZCA as the key administration body determining the quality of the anaesthetist - **at the time of completion of training.**
3. ANZCA have no processes in place to determine performance of an anaesthetist beyond obtaining the fellowship. They provide a continuing professional development (C.P.D) programme.
4. The examination processes of the training program are aligned with the training. This training recognises that on completion, the trainees will be competent – in terms of Dreyfus levels of expertise. The nature of the examinations does **NOT** allow the trainees to show what they can DO, rather it allows the trainee to demonstrate the KNOWS HOW, level of Miller's pyramid. In addition the examination is constructed to be answered in a fashion designed to acknowledge proof of competent levels of achievement and the thinking processes that underline this approach. These by definition are different to how an expert approaches and solves problems
5. Successful completion of the examinations is necessary but is only a component in obtaining the fellowship. The fellowship requires successful completion of the program, particularly the clinical components.
6. The anaesthetists delivering the training are practicing clinicians and they have their focus on developing knowledge, skills and attitudes with respect to the subspecialty areas of anaesthesia as well has general anaesthesia. They are not responsible for assessing performance or diagnosing individual problems or learning needs. In addition they are normally only exposed to the training processes involved in developing a novice to a level of competency and not exposed / trained how to alter an experts approach.
7. The training program in the main has a high level of homogeneity within the trainees. Most of them have at least seven years of clinical practice in the Australian setting, thereby vicariously obtaining the local healthcare culture. Thus the variation between trainees is not be at a high level making it easier to construct the final examination.

1.2 THE OVERSEAS TRAINED ANAESTHETISTS (OTA)

Training in anaesthesia overseas is highly variable. This variability exists in how the training is delivered (university or hospital based), its contents, the nature and aims of the program, the perceived role of the anaesthetists in society ranging from technical directed to that of a doctor, the assessment practices varying from national to regional, the governance of education and the presence and role of a group providing fellowship, and the health system in which it is practiced.

1.2.1 THE AREA OF NEED POSITION (AON)

The AON position can apply to all grades of medical practice, i.e. junior doctors, senior medical officers and consultants. The employer applies for approval of an AON position, in relation to failing to have the vacancy filled by a locally trained person, and offers the position to an overseas trained person. The AON position is specified as to the tasks required to be performed, and the position is temporary in that it is only approved for a fixed duration.

ANZCA as the credentialing body approve the OTA's credentials on paper to perform only these tasks specified and combined this with an on-site evaluation that the OTA is capable of delivery of these specific tasks.

While this system is a "temporary" fix, the underlying problems of failure to attract a suitably qualified local person is not addressed, nor is the actual level of the OTAs performance assessed in regards to specialist level. Further as the position is only temporary the problem recurs and the employing body tends to revert to the same solution. In addition the medical board limits the applicant to four years to obtain full registration.

For the OTA who occupies the position and also wishes to settle in Australia, the situation is highly complex. Registration, employment and immigration become linked and dependent. The OTA is currently asked to undertake the process of becoming recognised as a specialist by the Medical Board, and this involves the IMGS assessment process of ANZCA. AMC have charged ANZCA with the task of crediting acceptance or recommendation as a specialist with the medical board. The medical board gives limited registration via the specialist pathway, with a time limit usually of four years to satisfactorily complete the IMGS assessment process.

1.2.2 THE IMGS ASSESSMENT PROCESS

The OTA applies to the AMC to be referred to ANZCA to undertake the IMGS assessment process, it is at this point that the actual level of the candidate is assessed against the "Australian Specialist Standard".

The ANZCA panel assesses the OTA on the basis of medical and specialist training, qualifications obtained, CPD, work and experience as a specialist, case mix, on submission of the materials and a face to face interview.

The decisions deem the OTA as

i) Not comparable – thereby not fit to obtaining the fellowship or registration as a specialist, without training.
ii) Partially comparable
iii) Substantially comparable

Conditions are imposed on the OTA based on the assessment. For example the substantially comparable OTA may be required to undergo clinical practice for a period of time (often 12 months) and have a workplace based assessment.

The partially comparable OTA is often asked to complete up to 24 months of supervised practice AND successfully pass either the final examination of the ANZCA for trainees, or the IMGS assessment exam – which is the same examination without the MCQ component AND frequently must undertake posts at a specific registrar level for additional training.

There are several problems with this system:

2. As stated above (2.1) the examination is focussed on the competence level of expertise, and does not account for assessing the proficiency or expert level of expertise.
3. There is no evidence that testing specialists is the same as testing trainee achievement. Definitions of expertise would suggest that such a method is illogical. Recent evidence suggests that defining characteristic of excellence is the continuing urge to seek challenges and learn from them rather than knowledge. (British Journal of Anaesthesia 106 (1) 38-43 (2011).
4. The OTA, just as the ANZCA specialist, has developed beyond the final examination and fellowship, and gained experience and expertise in some areas, and lost them in others. This is the natural development of subspecialisation. The OTA is asked to go back to a level, which is no longer relevant, and not assessed on what has been learnt since.
5. The OTA is not appropriately advised on the nature of the exam, and has different expectancies of the process.
6. No curriculum has been set for the OTA.
7. The examination, tests processes and basic levels of current knowledge whereas the proficient expert uses "functional knowledge" to generate practical performance – neither of which is tested.
8. The supervisors of "24 months of supervised practice" have no criteria to supervise the OTA on, and are also not trained to recognise and correct the

practice for "local" healthcare conditions. In short we are "trained" to teach trainees not adjust behaviour and performance issues in "experts".

9. There is no true assessment of the end product i.e. the health care delivery by the individual OTA. The lack of performance indicators means that what is currently measured is not suited or adaptable to the task required. As a result, it is possible for a non performing OTA to obtain a fellowship and be recognised as a specialist. It is also possible (and which occurs more commonly) that a well performing OTA fails the ITA process (and exam). The current rate of passing the exam is 30% for the OTA, and 80% for the local trainee.
10. The OTA is designated as suitable to fill an AoN position as an anaesthetist but the assessment of equivalent to an Australian Anaesthetist is a separate process undertaken by ANZCA. Failing the examination and hence the IMGS assessment process would mean that the OTA is not a specialist providing mixed messages to the OTA and the community.

Other problems also exist for the OTA in the present system:

1. The link and dependence between the examination, employment, registration and immigration, makes the examination at a much higher stake and thus stress, than it is for the local trainee.
2. The OTA is generally, older and has a family requiring attention, thus reducing the time to study.
3. The OTA is generally employed in non teaching facilities making it more difficult to understand what is the expected of them in terms of performance related to Australian conditions.

1.3 THE PROBLEMS

In summary the following problems exist in relation to the present system as regards the OTA.

2. There is a confusing duality of assessment of the OTA. The OTA is assessed for suitability for an AON position, and also has to submit for an IMGS process to obtain support for and registration on the specialist pathway. Frequently the OTA is assessed as suitable for the AON position and fails the final exam hence the IMGS process
3. The rating occurs before the assessment i.e. the Anaesthetist is employed and working and then undergoes the assessment.
4. The system only tests knowledge at the "knows how" level rather than the "does" level of Miller's pyramid. Development as a specialist means it is more difficult to answer questions of the "knows how" type as the memory has been converted to functional knowledge and applied.
5. The process does NOT compare between the OTA and a specialist of equal standing with the FANZCA.
6. ANZCA has no measures of performance, nor does it set out to measure performance of its specialists.
7. ANZCA is unable to articulate criteria for performance that supervisors for the OTA can use to supervise the OTA. Further the supervisors are not trained in

assessing behaviours or in teaching these to the OTA to adjust toe Australian conditions.

8. The qualities of an Australian specialist are not defined.

A NEW PARADIGM

The hypothesis of the new paradigm is that for the system to utilise the overseas trained anaesthetist (OTA) in an efficient manner it should aim to provide the Australian public with a **"performing consultant anaesthetist working in a Australian health care setting utilising local healthcare culture"**. This is in urban and rural settings.

The system proposed does not address the reasons for the shortage in the workforce or why certain regions are unable to attract anaesthetists to their vacancies. The system proposed aims to best utilise the OTA, by allowing for changing the OTA to work within Australian conditions particularly by developing personal insight into the difference between current practice and that expected of an Australian equivalent and the need to be recognised as an expert and not a trainee and hence support processes and assessments must reflect this paradigm.

The key elements to the system are:

1) appropriate selection of the OTA prior to offering employment and sponsoring immigration.
2) A thorough assessment of the OTA with regards to performance as a specialist rather than obtaining qualifications deemed suitable to be registered as a specialist.
3) A process of training, supervision and assessment to allow the OTA to become like an Australian specialist.

Of importance, the system does not claim that the OTA is inferior to an Australian specialist. It regards that with appropriate choice the OTA is an expert who has to adapt to Australian conditions – this vitally require the development of insight into the differences and similarities between systems and individuals, especially as regards communication and behaviour. This means the OTA once chosen should be an anaesthetic expert in parity with the Australian anaesthetist on technical grounds.

3.0 SELECTION OF THE OTA

Appropriate selection of an OTA is relevant to working in Australia rather than considering area of need. The "area of need" status or system should cease particularly as it only refers to a particular post and not the Doctor. Experience has shown that the OTA once qualified and registered in Australia often applies for positions in urban areas and moves away from

the AON position. (This is partly because the underlying problems of AON have not been addressed and remedied).

Prior to employing the OTA the following criteria should apply:

1. The OTA has trained in anaesthesia at the level equivalent to Australian training. This includes:
    i) A five year training program.
    ii) The basic fundamentals of physiology, clinical measurement pharmacology and statistics were studied and assessed.
    iii) Training and experience was gained in subspecialties of cardiac, obstetric, neuro-anaesthesia, trauma, ENT, airway management, major general surgery, equivalent to ANZCA training.
    iv) Completion of at least three months of intensive care.
    v) A total of 33 months of anaesthesia at a minimum.
2. The OTA needs to have evidence of continued professional development.
3. The OTA needs to have recency of working in anaesthesia (not intensive care or other medical specialties).
4. The OTA needs to demonstrate continued practice in anaesthesia since qualification, with reasons provided for gaps in continuity of practice.

It is recognised that certain countries have a shorter period of training. Under these conditions the OTA needs to provide evidence of further training under equivalent conditions and have completed a period of time equivalent to ANZCA training in all subspecialties as required for the ANZCA fellowship.

Some of the OTAs applying for positions may have most but not all the required characteristics and should be considered as partially comparable.

3.1 ASSESSING PERFORMANCE IN AUSTRALIA

The OTA should be provided with conditional registration to be able to work in a position. Supervision is deemed according to the learning needs of the OTA.

An initial assessment of the OTA within three months of commencing in the position is required, to determine comparability and learning needs of the OTA. Whilst the AMC should hold responsibility for this, it may be diverted to ANZCA. This assessment is of the OTA as a specialist equivalent, and of performance in the position, as described below. The assessment could result in one of three results:

a) **Substantially Comparable** – in which the OTA only needs to adjust to Australian conditions. This should require six months, with a reassessment by one year, and if satisfactory, proceed to full registration.

b) **Partially Comparable** – To be deemed partially comparable the OTA requires aspects of performance or medical anaesthetic expertise to be updated to a level commensurate with contemporary practice. The total time required should not be greater than 24 months. Re-assessment of performance needs to occur at 24 months with a decision to allow specialist registration or failure at obtaining satisfactory performance. Those failing require retraining in the ANZCA training scheme or need to proceed to general registration as per AMC rules and regulations.

c) **Not Comparable** – in which case the OTA needs to retrain within ANZCA, or proceed to general registration as per AMC rules and regulations.

3.1.1 ASSESSING TO A SPECIALIST EQUIVALENCE

Assessing to an equivalence of specialist status requires:

i) A personal interview to clarify training and continuous professional development, and
ii) Assessment of the competencies of a specialist.

These competencies have been defined by The Bridging Project (appendix).

As medical experts the OTA is required to have contemporary clinical knowledge, skills and attitudes, able to perform complete and appropriate patient assessment, posses working knowledge, proficient use of procedural skills, seek appropriate consultation. As anaesthetists they also need to possess and display skills in situation awareness, decision making, team management and task management.

As communicators the anaesthetist needs to develop trust rapport and ethical therapeutic relationships with patients and families, accurately elicit and synthetise relevant information form patients, colleagues, and theatre professionals, accurately convey information and explanations, and develop a common understanding on issues, problems, plans with patients and other professionals to develop a shared plan of care. This also includes effective oral and written information of all medical and anaesthetic encounters.

As collaborators the anaesthetist needs to participate effectively and appropriately in an inter-professional health care team, to prevent, negotiate and resolve inter-professional conflict.

As managers the anaesthetist needs to participate in activities that contribute to effectiveness of healthcare organisations and systems, allocate financial resources appropriately, and serve in administration roles.

As healthcare advocates the anaesthetist needs to respond to the needs of the patient, community and population. They need to identify determinants of health for the population and community.

As a scholar, the anaesthetist needs to maintain and enhance professional activities through ongoing learning, critically evaluate medical information and its sources, facilitate learning of others, and contribute to creation, dissemination, application and translation of new knowledge.

As a professional the anaesthetist needs to demonstrate commitment to patients, and the community through ethical practice, profession – led regulation, and sustainable practice.

3.1.2 ASSESSING PERFORMANCE

Assessing performance relates to the tasks and activities of the anaesthetists. The key elements of this practice are:

1) Appropriate and effective assessment of a patient's condition at all phases of anaesthetic care – peri-operative, intra-operative and post-operative.
2) Appropriate and effective use of procedural and technical skills relating to anaesthesia, including the use of equipment required to deliver equality care to the patient.
3) Appropriate and effective use of decision management, task management, team managements, and situation awareness, that is timely and responsive to the needs of the patient, and procedure.
4) Appropriate and effective communication so as to enable high quality anaesthetic care of the patient – in written and oral forms.
5) Appropriate and effective leadership in managing patients
6) Effective management of crisis and critical situation to ensure patient safety

The metrics of measuring performance are not yet determined, but would include log books, complication rates, outcomes of procedures and satisfaction ratings.

3.2 TRAINING AND SUPERVISION

All OTAs will need training. The learning needs can be determined by the initial assessment.

The substantially comparable OTA requires a course, allowing development and understanding of the Australian healthcare system and culture. Such a course is currently being developed.

The partially comparable will need the course and extra work based on the individual learning needs. These will need to be managed by the supervisors. They may range form updating working knowledge in some modules of anaesthesia, to development of specific skills such as communication. Importantly the Supervisors must understand the different approach needed to promote change in comparison to how the train trainees (novices)

In all cases, satisfactory achievement needs to be assessed at 12 months and 24 months time mark.

4.0 SYSTEM REQUIREMENTS

If adopted such a system requires unambiguous rating schemes, and administration.

Supervisors will need to be trained to assess performance and also develop the OTA with regards their learning needs. Supervisors will need assistance with the administration of the scheme.

The components of working knowledge development and contemporary schema can be delivered by utilising the training modules of ANZCA fellowship.

Courses need to be created to develop competencies of the anaesthetic specialist as defined by the Bridging Project.

5.0 ADVANTAGES AND RISKS OF THE PROPSED SYSTEM

The principle advantage of the system is that it is aimed at delivering an OTA who is performing at the level of an anaesthetic specialist working with an understanding of Australian conditions. It does not aim to deliver an equivalent or actual qualification of fellowship (FANZCA).

The system relies on four key elements:

1) Proper selection of the OTA.
2) Accurate and clear assessment of OTA performance.
3) Adequate training to integrate the OTA into Australian practice.
4) Training of the supervisors to manage "experts".
5) That the process is prospective NOT retrospectively confirming status

Each of these elements poses a risk on its own.

Such a system reduces the present problem of OTA's with conditional registration, working under stress to pass fellowship exams, and not performing adequately under clinical conditions. It also eliminates the OTA with inadequate training or work practices prior to being appointed in positions, particularly AON positions. Such inadequacies include OTA who have had an extended period of not working in anaesthesia.

Finally the system is generic and could be used by other professions in medicine, so as to have one unified system administered by the AMC.