

**Australian General Practice Network response to the House
Standing Committee on Health and Ageing Inquiry into
Registration Processes and Support for Overseas Trained
Doctors**

February 2011



Background to AGPN and this submission

The Australian General Practice Network (AGPN) welcomes the opportunity to make this submission to the House Standing Committee on Health and Ageing (the Committee) Inquiry into Registration Processes and Support for Overseas Trained Doctors¹ (OTDs).

Who we are

AGPN is the peak national body for 111 general practice networks (GPNs)² and eight state based organisations (SBOs) located throughout Australia – a network reaching almost 28,000 primary health care professionals including most of Australia's 23,500 GPs and other primary care doctors^{3 4}. The Network plays a pivotal role in the delivery and organisation of primary health care through general practice and broader primary health care teams. It is involved in a wide range of activities including practice support and quality improvement, medical education, health service development, health service / health program delivery and workforce support.

AGPN and the network is also the basis of Australia's future Medicare Local primary health care organisation system – the new primary health care infrastructure that, together with Local Hospital Networks (LHNs), will form the National Health and Hospitals Network (NHHN) as part of the government's major health reform activity.

Medicare Locals (MLs) will in the large part evolve from GPNs and will subsume many of their current roles. In addition to these activities however, MLs will be charged with:

- Supporting clinicians/providers to improve patient care
- Collaborating on workforce planning and education
- Undertaking local health planning, including identifying gaps in services and looking for opportunities to better target services to respond to these gaps
- Supporting the coordination and integration of PHC services, including with State/Territory services
- Embedding quality and safety approaches into primary health care provision

¹ Overseas Trained Doctors or OTDs are also known as International Medical Graduates or IMGs. These terms are used interchangeably in this document.

² Formerly known as "Divisions of General Practice"

³ Source: Primary Health Care Research and Information Service (PHC RIS) 2008 – 2009:
<http://www.phcris.org.au/products/asd/keycharacteristic/KeyDGPstatistics.xls>

⁴ "Other primary care doctors" refers to those OTDs working in generalist roles in primary health care but without vocational registration from an associated specialist college such as the RACGP so not technically able to be called "GPs"

Workforce support, including involvement in the recruitment and retention of, as well as support for OTDs will therefore continue to be a key activity for MLs.

The Network's role in primary health care workforce support

AGPN and the Network currently have a broad role in assisting the primary health care workforce. Within the medical field this workforce is GPs and primary care doctors. In regional, rural and remote areas, a large number of these are OTDs.

The Network's role with OTDs is a vital one, involving functions such as linkage, facilitation, coordination and support. At a local level GPNs often work with a number of different organisations to help recruit, place, and then provide support to OTDs in general practice. GPNs also work closely with their communities to ensure adequate access to primary care providers. Working with other agencies to recruit OTDs into general practices and then working directly with the practice and the OTD to retain them in the community is therefore a key role for GPNs. Once an OTD is placed in a practice, the role of the Network is to assist and support the OTD (more information about this is provided later in this response). GPNs are not often directly involved in OTD registration processes (although some are and many work closely with their Rural Workforce Agencies – RWAs - on this matter) but how the registration process occurs and any difficulties or delays with it directly impacts on the work of the GPN because it can impact on the OTD themselves and their subsequent requirements once placed - and/or it can impact on primary care service provision within the community.

As AGPN and the Network move to a ML environment, workforce will become an even more critical issue. AGPN therefore envisages that its current role with OTDs, as well as its interactions with local communities and with key players in OTD registration and placement processes will continue to be crucial in the future.

Response to the Terms of Reference (TOR):

Given the current and future role of the Network in relation to OTDs as part of the primary care workforce, this response will focus predominantly on TOR 2 (see Appendix 1 for the Committee's full TOR) as well as provide more general comment regarding the Network's experiences with, and suggestions to address, issues relating to OTD registration processes.

Comments regarding TOR 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

Support programs for OTDs

AGPN plays a broad role in supporting OTDs, both specific to their unique requirements and as part of the Network's broader support for GPs and the primary health care workforce overall. These activities are important as by far the majority of OTDs in Australia go into general practice – either as independent practitioners or under a variety of workforce programs in which OTDs are usually restricted to working in certain geographical areas for specified times.

In general the Network's OTD and GP support activities include:

- A critical role in providing orientation and support for Overseas Trained Doctors (OTDs), as well as for Australian trained registrars and medical students, through initiatives delivered locally by GPNs. This includes the provision of wide-ranging support to practices

that are hosting OTDs and/or to practices that are overseeing/facilitating general practice trainee placements⁵ – which also includes OTDs in some instances.

- Providing workforce support in rural/remote areas where health systems are often under-resourced so that, in addition to their normal duties, general practitioners can also be required to compensate for the shortage of other medical specialists. GPN work here includes implementation of the *Workforce Support for Rural General Practitioners* (WSRGP) program.
- A key role in workforce and service planning at local and state levels. Many SBOs work closely with their Rural Workforce Agencies (RWAs) in this regard and many GPNs work with a variety of agencies to place doctors in practices and support them once there. Again, this often involves OTD recruitment, especially in regional, rural and remote Australia

More specifically, the Network's OTD support services include:

- Orientation for OTDs new to Australia. This can include orientation to the practice, the community and /or to the Australian health system and MBS
- Cultural mentoring programs
- Assisting OTDs with processes involved in attaining fellowship of the Royal Australian College of General Practitioners (RACGP)⁶ including:
 - Facilitation of access to mentors to assist OTDs in working towards their fellowship exams
 - Organising RACGP expert assessments
- Other general support which can include assistance in a range of areas such as:
 - finding transport, housing and accommodation for the OTD and their family
 - finding employment and schools for the OTD's spouse/family
 - Overseeing visa, medical registration and provider number requirements
 - applying for permanent residency and ensuring that visas are maintained/kept current
- Access to, and facilitation of ongoing education and training opportunities such as through Continuing Professional Development (CPD) and up-skilling programs
- Provision of peer support through GPN activities and events and/or GPN visits to OTDs at their practices

While all GPNs play a role in workforce support, most OTD support activities are provided by GPNs in regional, rural and remote Australia. Australia still has a significant reliance of OTDs - especially generalist primary care doctors – in these areas (See Box 1 below).

Box 1: Australia continues to address its medical workforce shortage by employing a significant number of International Medical Graduates (IMGs). There are between 10,000-14,000 IMGs working in Australia, accounting for 13-23 percent of the total Australian medical workforce⁷. Within general practice itself, IMGs constitute about 25 percent of the overall

⁵ GP trainees cover undergraduate medical students, prevocational doctors as well as GP registrars, the latter two categories of which can – and do – include OTDs

⁶ OTDs may also apply to attain Fellowship of the Australian College of Rural and Remote Medicine (FACCRM) to the same end. Currently however, as this is a relatively new process, most OTDs opt for the RACGP pathway.

⁷ Carver P. Self Sufficiency and International Medical Graduates – Australia. National Health Workforce Taskforce; Melbourne: September 2008, using figures from the Medical Registration Boards and Councils in their 2005-06 Annual Reports and the 2006 AIHW Medical Labour Force Survey (unpublished). Accessed 22

workforce and about 37 percent⁸ of the general practice workforce in rural Australia. In fact the recruitment and retention of IMGs is one of the most frequently reported strategies for addressing the rural workforce shortage in Australia. Despite the increased number of medical students due to graduate from Australian medical schools in 2012, it is estimated that Australia will still rely heavily on IMGs to work as doctors, especially in rural areas where it is frequently still difficult to recruit Australian medical graduates.

In some cases, OTDs make up more than half of the GPs in rural GPNs' catchment areas. For such GPNs, OTD support is crucial. Subsequently, a number of GPNs in such situations have devised a range of approaches to assist their OTDs. These include a case management approach to help OTDs navigate the complex paper and process trails of placement and registration, as well as specific OTD orientation programs⁹. An example of the case management approach is provided in box 2 below.

Box 2: West Vic Division of General Practice (WVDGP) has always been committed to GP recruitment. The division provides expertise and ongoing recruitment support to practices and to GPs seeking to work in the region. A key area is assisting Overseas Trained Doctors (OTDs) who want to work in Australia. The Division uses a case management approach to this matter. The success of this approach was highlighted in 2005 when the University of Adelaide's Public Health Unit's Population Health Profile—November 2005, showed that the division's GP to patient population (1:1,396) was better than the national average at the time (1:1,403). In August 2006, the WVDGP workforce comprised 74 GPs serving a population of 77,814 - a GP to patient population ratio of 1:1,051 and yet a further improvement.

Overall, between 1996 and 2006, eighty-seven OTDs were assisted through WVDGP's program. In those 10 years, of those OTDs eligible:

- 18 doctors and their families became permanent residents*
- 25 completed their fellowship*
- 21 were working towards their fellowship.*

With the national and global shortage of GPs, there is an increasing dependency on OTDs to provide primary medical care in rural areas. These regions tend to have few GPs yet cover large geographical areas. Often OTDs, many of whom are also frequently solo practitioners, comprise a large proportion of the workforce in these regions. The risk of isolation is therefore high. For example, West Vic's population stretches across a geographical area of 62,500 square kilometres in central western Victoria. In 2006 more than half (38/74) of the Division's GPs were OTDs and they accounted for 75 per cent of solo practitioners in the area. Without the valuable contribution of OTDs many of the division's smaller communities would be at risk of losing general practice services. The support provided by the Division assists in placing an OTD in one of these communities to begin with, and then in retaining the OTD in that community on a more ongoing basis.

The myriad of different medical qualifications and international professional work experiences of OTDs has increased the need for assessment processes and pathways to registration as a

December 2009 at:

www.nhwt.gov.au/documents/NHWT/Self%20Sufficiency%20and%20International%20Medical%20Graduates%20-%20Australia.pdf.

⁸ Playford D & Maley M. Medical teaching in rural Australia: should we be concerned about the international medical graduate connection? *Medical Journal of Australia*; 189 (2): 125-127; 2008. Accessed 21 December 2009 at www.mja.com.au/public/issues/189_02_210708/pla10386_fm.html.

⁹ Further information about the orientation programs can be found at:

http://www.agpn.com.au/data/assets/pdf_file/0007/17575/DD-Workforce-Nov-06.pdf

GP in the Australian health system. The division helps both practices and OTDs navigate the complex paper and process trails involved in these processes. Key activities include:

- listing the vacancy with the Rural Workforce Agency Victoria
- checking the position's District of workforce shortage status
- overseeing visa, medical registration and provider number requirements
- organising a Royal Australian College of General Practitioner's expert assessment
- matching the placement to the position
- welcoming the new OTD and checking regularly with the practice on progress
- helping to find accommodation and transport for the OTD and their family
- assisting the OTD's spouse and family to find employment and schooling.

The service is characterised by long-term commitment to the OTDs and their families and a determination to manage the bureaucratic processes through to completion. This process can take over five years. The division plays a pivotal role in communicating with the diverse and separate professional and government departments involved. Through a case management approach, the division is able to navigate the unique pathway for each OTD and their family. This requires skills in liaising with government departments, managing complex forms, simplifying the processes and presenting them to OTDs in progressive and palatable steps.

Suggestions for the enhancement of these programs

Supervision for OTDs already placed in rural and remote primary care practices can be a significant issue in general practice. Workforce shortages in these areas often mean that accessing a GP supervisor can be difficult – often OTDs are working as solo practitioners. However other more general barriers to supervision in general practice also exacerbate the situation – see box 3.

Box 3: A [recent] cost-benefit analysis¹⁰ of teaching in private general practice across three levels of training – undergraduate medical training, prevocational training and general practice vocational training – was conducted. Overall, the net financial outcome of teaching varied across the training levels. There was a net financial cost for teaching medical students. However, there were small net financial benefits for teaching junior doctors and general practice registrars. The greatest cost driver at all levels was direct teaching activities. [At] the medical student level, the benefits (subsidies) received by practices [do] not offset the costs...These results have implications for the recruitment and retention of general practices as teaching environments, particularly for medical student teaching. A major contributor to these results appears to be the low level of teaching subsidies paid to practices for teaching medical students. "It may be time to review the subsidies paid to teach medical students to ensure that, at the very least, a cost-neutral financial outcome is achieved."

Some GPN OTD support programs play a key role in facilitating access to supervision. However, more consistent mechanisms and minimum standards need to be put in place as there is currently variation in the level of supervision OTDs attain, even relative to the level of supervision required for a given position. This is particularly important as, given the number of medical students anticipated in coming years, OTDs will likely become supervisors of the

¹⁰ Laurence C, Black E, Karnon J and Briggs N. To teach or not to teach? A cost-benefit analysis of teaching in private general practice. MJA 2010; 193 (10): 608-613

future themselves. The issue is, however, that the variable range of funding provided to the Network for workforce matters means that the Network is not resourced to be consistent - workforce objectives within the Network are largely determined locally. While local flexibility has enabled valuable innovation and much good developmental work has been done regarding workforce support at the local level, there is a need now for some national consistency and roll-out of workforce support programs – including support for OTDs.

A further supervision issue is that there are a number of non-placed OTDs who apply to work as GPs in Australia but who lack clinical experience in Australia and/or they lack overall experience in general practice. They are eligible for registration in all other ways. However because of this lack of experience, applications to undertake the Pre Employment Structured Clinical Interview (PESCI) – which is required before applying for clinical positions - is often declined. Although such OTDs can still seek clinical positions in an Australia hospital in order to get the required experience, in practice OTDs without any experience in Australia often find attaining these positions difficult due to competition with interns. Subsequently, without access to further supervision or experience, a valuable potential workforce is lost.

There is a potential role for the Network both now and in the future as MLs to work collaboratively with various workforce and other agencies to oversee access to adequate supervision for both placed and non-placed OTDs in general practice and primary care.

For OTDs already placed in general practice, MLs could build on some of the excellent support programs that already exist and play a key linkage, coordination and facilitation role in OTD supervision. For non-placed OTDs, who need further exposure to general practice or to experience in Australia, MLs could liaise with local hospital networks and work to gain a 12 month supervised place for these doctors in a hospital, after which they could then apply to go into one of the Special Purpose Training Programs established under Section 3GA of the *Health Insurance Act 1973* (the Act) which can assist with vocational training, vocational recognition as well as other training needs and move into general practice from there. Again, there could be scope here to do this in partnership with workforce and other agencies. Flexibility in time taken to attain fellowship would also assist with the process, particularly in those areas where access to supervision is especially challenging.

General comments:

The Network puts significant effort and resources into the OTD workforce and has demonstrated its capacity to provide support to OTDs both generally and in relation to examination/registration processes.

AGPN recommends that a consistent roll-out of this support across the board is now required to maximise and build on the work of the Network and to further increase the rate of success in OTDs achieving registration.

As well as assisting with supervision and placements, the Network also has an important role in working closely with their local communities. As part of their role in working to enhance access to primary health care services, including through consistent OTD support, GPNs and MLs could also have a role in working with their communities so that they better understand and accept registration decisions, provided that processes to address legitimate barriers to OTD registration are put in place.

Appendix 1

Terms of Reference:

- 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;
- 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; and
- 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

