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**House of Representatives Standing Committee on Health
and Ageing**

**Inquiry into Registration Processes and Support for
Overseas Trained Doctors**

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Introduction

Australia's health system

Australia's health system is world class, supporting universal and affordable access to high quality medical, pharmaceutical and hospital services, while helping people to stay healthy through health promotion and disease prevention activities. It achieves this through a mix of public and private health care provision that enables Australians to receive quality and comprehensive health care.

Through Medicare, the Australian Government subsidizes access to primary care providers, including medical practitioners, and to a range of specialist and diagnostic services. The Pharmaceutical Benefits Scheme provides subsidised access to scheduled medicines. The Australian Government also contributes funding to private health insurance and public hospitals.

State and territory governments are the main providers of publicly provided health services. They are primarily responsible for the operation and funding of public hospitals, and a range of public and community based health services.

Private practitioners deliver a significant proportion of primary and secondary medical, dental and allied health services in the Australian health system. Private practitioners include those providing front-line care to patients – such as general practitioners (GPs), pharmacists, dentists, some nurses – and those providing referred services such as medical specialists. Patient access to these services in many cases is subsidised under Medicare.

The health workforce – role of governments

The provision of appropriate health care in Australia requires a suitable workforce - appropriately qualified health practitioners working where they can best meet the needs of the Australian community. The health care workforce is a shared responsibility of the Australian and state and territory governments.

The Australian Government undertakes initiatives to maximise the possibility that there is an adequate number of health professionals to meet population need, both now and into the future; that the workforce is appropriately distributed and retained to meet the community's needs; and that adequate training and education arrangements are in place to support the continued development of the workforce.

States and territories are largely responsible for health service delivery, and are therefore major employers of health professionals, as well as providing training opportunities, particularly in public hospitals.

Distribution of the workforce

Attracting and retaining health practitioners in under-serviced areas is critical to ensuring all Australians are able to access high quality, timely health care. Successive governments have given priority to policy interventions designed not only to ensure that Australia has sufficient numbers of qualified practitioners, but also to ensure that they are working where they are most needed.

Historically, access to services has diminished with distance from major centres, and some rural and remote areas find it particularly difficult to attract suitably qualified health practitioners.

Health practitioners are generally able to choose where they practise (e.g. metropolitan, regional or rural settings). However, there are exceptions. For example, some medical practitioners enter Australia from overseas under visa arrangements that commit them to employment with a particular employer. Others are restricted by conditions of their

registration or by requirements of legislation. An example is the restrictions imposed under section 19AB of the *Health Insurance Act 1973* (see below Overseas Trained Doctors (OTDs))

Australian Government interventions intended to build the workforce include support for education and training of health professionals (such as university places and scholarships) and arrangements that allow practitioners from overseas to live and work in Australia. Interventions to address maldistribution include incentives to work in areas that are difficult to recruit to, and restriction on where some practitioners are able to work.

Overseas Trained Doctors (OTDs)

Overseas trained doctors (OTDs) (also known as international medical graduates (IMGs)) are doctors who obtained their primary qualification overseas. OTDs provide a significant and increasing proportion of the Australian medical workforce, particularly in those areas where it is difficult to attract Australian trained doctors.

Based on the place of basic qualification, approximately 39% of the medical workforce in Australia are OTDs*. OTDs who have applied to work in Australia have received initial medical training in 120 countries, and specialist qualifications from 91 different countries¹. They enter Australia under a range of employment arrangements and visa categories.

OTDs are subject to restrictions set out in section 19AB of the *Health Insurance Act 1973*. This section restricts access to Medicare benefits and generally requires OTDs to work in a district of workforce shortage (DWS) for a minimum period of 10 years from the date of their first medical registration in Australia in order to access the Medicare benefits arrangements. This arrangement is commonly referred to as the *10 Year Moratorium*. There are ways in which this commitment can be reduced and these are presented later in this submission (see [Attachment A](#)).

Subject to the restrictions of section 19AB, OTDs work in all geographical locations, with a significant number in rural and remote areas. In 2009-10, some 68% of overseas trained general practitioners* worked in major cities, while 30% were in regional areas. In 2009-10, 46% of general practitioners* in rural and remote areas were OTDs compared to 27% in 2000-01. In other words, while less than one-third of all OTDs in Australia are working in rural and remote areas, they constitute almost half of the medical practitioner workforce in those areas.

While Government investments in education and training will decrease Australia's reliance on OTDs in the long term, it is likely that OTDs will continue to play an important role in the make-up of Australia's medical workforce for some time.²

Standards of safety and quality in the Australian health system

Australia's health system is recognised internationally for its high standards of quality and safety. Its processes and systems for ensuring that people providing health services are suitably qualified are comprehensive and robust, and focussed on protecting the safety and well-being of the Australian community.

Regardless of their country of training, all health practitioners must meet certain requirements before they are permitted to provide services in Australia. These requirements are designed to ensure minimum standards of quality and safety, and in some cases, will

* Full Time Workload Equivalent (FWE)

¹ Geffen L, editor. *Assuring medical standards: the Australian Medical Council 1985–2010*. Canberra, ACT: Australian Medical Council, 2010

² Carver P, 'Self Sufficiency and International Medical Graduates – Australia' National Health Workforce Taskforce, Melbourne, 2008

result in practitioners operating under a range of conditions, including under supervision and restrictions on area and/or scope of practice.

All health practitioners must be registered by a professional board in order to practise in Australia. Prior to July 2010, registration arrangements for health practitioners, including the medical profession, were separately administered by state and territory governments. This meant that requirements for registration differed from state to state and that practitioners were required to re-register every time they wanted to practise in another state or territory. It also enabled some practitioners to move interstate in order to avoid scrutiny.

In 2006, the Council of Australian Governments agreed to the establishment of a national scheme for the regulation of health professions. In March 2008, an Intergovernmental Agreement was signed, establishing the national process.

National Registration and Accreditation Scheme (NRAS)

The NRAS is a national scheme which has now been legislated in all states and territories. It commenced on 1 July 2010 in all jurisdictions except Western Australia, and on 18 October in Western Australia. It is a single national registration and accreditation system for ten health professions, namely medicine, nursing and midwifery, pharmacy, physiotherapy, psychology, osteopathy, chiropractic, optometry, dental and podiatry.

The *Health Practitioner Regulation National Law Act 2009*, known as the National Law, provides for the full operation of NRAS. The legislative framework for NRAS is an "applied laws" model, meaning that one jurisdiction passes the law through its Parliament and other states and territories amend their legislation to apply the law in their respective jurisdictions. On 3 November 2009, Queensland, as the lead state, introduced the *Health Practitioner Regulation National Law Act 2009 (Qld)* which established new national boards and detailed the substantive provisions for registration and accreditation. All states and territories, except Western Australia, amended their legislation to apply the law in their jurisdictions. Western Australia enacted a corresponding law.

Under NRAS, the previous state and territory registration boards have been replaced by a single national board for each profession. The National Boards are responsible for all matters relating to the registration of practitioners and for setting the standards for the profession, including the requirements relating to specialist assessment.

The new arrangements are intended to help health practitioners move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce. It ensures consistent standards for registration and professional conduct across Australia, administrative efficiency, and transparency through a national public register of health practitioners.

The operation of NRAS is overseen by the Australian Health Workforce Ministerial Council (AHWMC), whose membership is comprised of the state, territory and Commonwealth Ministers for Health. The AHWMC receives independent advice on matters relating to the health workforce from the Australian Health Workforce Advisory Council.

The National Boards are supported in their operations by the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA's operations are governed by the National Law and overseen by an Agency Management Committee. It is responsible for providing administrative support to the ten national health practitioner boards, including managing the registration processes for health practitioners and students around Australia and publishing national registers of practitioners.

The medical profession under NRAS

No doctor can practice in Australia without being registered by the MBA. In order to be registered they need to demonstrate that they possess the skills, qualifications and

experience to provide safe care to the Australian community. The role of the Medical Board of Australia and the Australian Medical Council in this process is set out below.

Medical Board of Australia (MBA)

The MBA has overall responsibility for the registration of medical practitioners. Under Section 35 of the National Law, the functions of the MBA include *inter alia* the following:

- to register suitably qualified and competent persons in the health profession and, if necessary, to impose conditions on the registration of persons in the profession;
- to decide the requirements for registration or endorsement of registration to practice, including requirements for supervision;
- to develop or approve standards, codes and guidelines for the health profession, including:
 - I. the approval of accreditation standards developed and submitted to it by an accreditation authority (in this case the AMC); and
 - II. the development of registration standards for approval by the AHWMC; and
 - III. the development and approval of codes and guidelines that provide guidance to health practitioners registered in the profession.
- to oversee the assessment of the knowledge and clinical skills of overseas trained applicants for registration in the health profession whose qualifications are not approved qualifications for the profession, and to determine the suitability of the applicants for registration in Australia; and
- to make recommendations to the Ministerial Council about the operation of specialist recognition in the health profession and the approval of specialties for the profession.

Australian Medical Council (AMC)

Under Section 42 of the National Law, an accreditation authority must be established. The AMC is the accreditation authority for the medical profession, including OTDs, and is responsible for:

- assessing the training and assessment standards of specialist colleges (including their assessment of overseas trained specialists); and
- assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia.

The registration process

Medical practitioners must apply to the MBA (via AHPRA) for registration to practise in Australia. Each application received is assessed against the registration standards established for the profession by the Board. These standards are required by legislation and agreed by Ministers. There are mandatory standards for all ten professions, which include requirements relating to:

- professional indemnity insurance;
- criminal history checks;
- continuing professional development;
- English language skills; and

- recency of practice.

Boards are able to develop other profession-specific registration standards, codes and guidelines. Boards are required by law to undertake extensive consultation in relation to these matters.

Applicants may be required to provide additional information or undertake examinations or tests regarding competency or health issues. Once the assessment process is completed, the Board makes a decision. Where a decision is not to register an applicant, or to register with conditions, the applicant is given the opportunity to respond to the recommendation and provide additional information. A final decision is then made by the Board. Applicants dissatisfied with a Board decision have access to a Tribunal for a review of the decision.

Categories of registration

There are several categories of registration for medical practitioners. These include general, specialist, provisional, limited and non-practising registration.

General registration

General registration is available to medical practitioners who have completed an approved qualification in Australia or New Zealand and have undertaken an approved internship. Medical practitioners from overseas are required to obtain a Certificate from the AMC and undertake a period of supervised training. The AMC Certificate can be obtained by examination or via the Competent Authority pathway. There are three main pathways for assessing the suitability of OTDs for registration by the MBA in Australia which are discussed later in this submission.

Specialist registration

Specialist registration is available to medical practitioners that are assessed by AMC-accredited specialist colleges as being eligible for Fellowship. AMC accredited specialist medical colleges in Australia are responsible for setting and administering programs relating to specialist medical training and examinations including the assessment of OTDs. Where components of the colleges' examination and assessment procedures are applied, they are the same as, or derived from, those that apply to local specialist trainees. The colleges provide the AMC and the MBA with advice on the outcome of assessments.

Specialist medical colleges are expected to provide data on assessment outcomes and provide readily accessible information on assessment and appeals processes in line with the Australian Competition and Consumer Commission determination of June 2003³

Provisional registration

Provisional registration is available to Australian and New Zealand graduates who are applying to undertake an approved intern position. Intern positions are approved by the MBA and are of 12 months duration. On successful completion of the intern year, these practitioners may apply for general registration.

OTDs who have obtained their AMC certificate are also eligible for provisional registration and must undertake 12 months of supervised practice before they can apply for general registration.

Limited registration

Limited registration is available to practitioners whose qualifications are obtained outside Australia or New Zealand. There are several categories of limited registration, all of which

³ Authorisation granted by ACCC to the Royal Australasian College of Surgeons in June 2003

place restrictions on practice and require compliance with specified conditions set by the MBA. These categories are:

- post-graduate training or supervised practice – for practitioners undertaking training or working in internship positions;
- Area of Need – for practitioners working in areas of workforce shortage designated by the relevant State and who have been assessed as being qualified to undertake the practice safely;
- public interest – short term, limited scope of practise where it is in the public interest to permit a practitioner to practise (e.g. natural disasters);
- teaching or research – for practitioners engaged in teaching and research and with limited clinical practice relating to their work.

Under the NRAS legislation, the MBA grants limited registration for a period of 12 months, and will renew the registration up to three times. The MBA issued a general communiqué in October 2010, noting that, as a general principle, the MBA expects that OTDs with limited registration who intend to practise in Australia in the longer term will progress and achieve general or specialist registration.

Non-practising registration

This category of registration is available to practitioners who have retired, are working overseas or are temporarily not practising in Australia (e.g. on maternity leave).

Pathways to registration for OTDs

There are three main pathways for assessing the suitability of OTDs for registration by the MBA in Australia:

(i) Competent Authority pathway

The AMC has developed a list of 'Competent Authorities'. These are bodies endorsed to award advanced standing towards the AMC Certificate. This arrangement enables doctors who have previously been registered in countries with similar training and assessment standards to Australia to be registered without undertaking the AMC standard pathway assessment. They are, however, required to successfully complete a work-based performance assessment. The Competent Authority pathway is for non-specialists.

(ii) Specialist pathway

The MBA recognises as specialists those medical practitioners trained overseas whose qualifications are recognised by Australian or Australasian specialist medical colleges. The AMC administers the arrangements and relies on the specialist medical colleges to provide advice on the suitability and comparability of the candidate to Australian trained specialists.

OTDs who have been assessed by AMC as "substantially comparable" to Fellows of an AMC-approved Australian/Australasian Specialist College can apply to the MBA for specialist registration.

(iii) AMC Standard pathway for OTDs

The AMC Standard pathway for OTDs is for those overseas trained practitioners who are not eligible for registration under the Competent Authority and Specialist pathways. There are two streams – an examination stream and a workplace-based assessment stream.

Under the examination stream, practitioners complete a multiple choice questionnaire (MCQ) examination and clinical examination.

The workplace-based assessment stream is currently being piloted by state based consortia and the AMC, with financial support from the Department of Health and Ageing. It involves

practitioners undertaking a MCQ and, instead of the clinical examination, a comprehensive test of performance in the workplace.

Appeals and complaints processes

The National Law allows for an appeals process for applicants who do not agree with the decisions of a National Board. Appellable decisions include those relating to registration or renewal of registration and can be referred to a Tribunal for review.

In addition to appeals against registration decisions of the national boards, the NRAS has complaints mechanisms and a National Health Practitioner Ombudsman.

Anyone can make a complaint about AHPRA, the Agency Management Committee or the MBA. The complaints handling policy is available on the AHPRA website <http://www.ahpra.gov.au/About-AHPRA/Complaints.aspx>

Appeals in relation to the AMC and its processes are made to the AMC Board of Examiners where there are grounds that procedural requirements were not followed in a significant way or that the applicant believes their performance was impaired by significant deficiencies in the examination procedures beyond the applicant's control.

Specialist colleges also have appeals processes for contested assessment decisions.

The National Health Practitioner (NHP) Ombudsman

The NHP Ombudsman receives complaints and helps people who believe they may have been treated unfairly in administrative processes by the agencies within the national scheme. The NHP Ombudsman also reviews the handling of freedom of information processes and actions undertaken by the agencies.

Current Issues

Issues in relation to the size and age of the medical workforce, distribution of medical practitioners and ensuring that the medical workforce is appropriately skilled to provide a safe, high quality level of care are under ongoing review. These issues are complex and interactive, and also pertinent to OTDs, who currently make up a sizable part of the workforce.

Key issues that are under consideration, or have been proposed for further consideration in other fora, that would also be germane to this Inquiry include:

- the length of time currently taken to assess qualifications of OTDs and potential streamlining of assessment arrangements through Australian Medical Council (AMC) and Medical College processes.
- the consistency of Medical College processes with the AMC Guidelines and any impacts of the assessment processes for specialist recognition administered through Medical Colleges on workforce supply. This is one of the issues that the Australian Health Workforce Ministerial Council, comprised of all governments across Australia, is interested in exploring further.
- how well current assessment pathways for OTDs are working and what can be improved to ensure pathways are implemented consistently for safe health care provision to the Australian community (this is the subject of a separate review, announced on 8 November 2010, between the Medical Board of Australia and the Australian Medical Council).
- the treatment of Temporary Resident Overseas Trained Doctors, as distinct from Permanent Residents, in Australian Government support programs, most notably,

through the Australian General Practice Training Program. Some groups argue that Australian Government support programs should be open to all residents, irrespective of residency status.

- with the ageing of the medical workforce overall, the availability of supervisors for OTDs (as well as for Australian educated and trained doctors) needs close monitoring, and options to ensure there is enough supervision capacity in the system.
- whether support arrangements, provided by the Australian, State and Territory Governments, and by private employers, are appropriate, integrated and effective in attracting, training and retaining OTDs.

Conclusion

Currently, OTDs make up around 39% of medical practitioners in Australia, and in rural areas, nearly half of the medical practitioner workforce are overseas trained. In the short to mid-term, ensuring that we can continue to attract OTDs to work in Australia, that they are appropriately trained and skilled, and that they are supported to stay here, are all critical to ensuring that health services can be delivered across the country.

In the longer term, it will be important to actively monitor the interaction between the range of initiatives since the mid-2000's aimed at increasing Australian trained medical practitioners and the continuing need for significant OTD recruitment arrangements.

Australian Government support for OTDs

The Australian Government provides funding for a range of programs to support the medical workforce in general, and OTDs in particular.

In the health portfolio, this support includes funding provided to Health Workforce Australia (HWA) and funding for programs administered by the Department of Health and Ageing.

Health Workforce Australia (HWA)

HWA is an agency established as an initiative under the Council of Australian Governments to meet the challenges of providing a skilled and innovative health workforce to meet Australia's needs into the future. It is a Commonwealth statutory authority that reports to the Australian Health Ministers' Conference (AHMC).

HWA commenced operation in early 2010. As part of its workplan agreed with Health Ministers in November 2010, HWA is developing a national strategy to deliver a consistent approach to national recruitment of overseas trained health professionals. Further information and updates are available at www.hwa.gov.au

Programs administered by the Department of Health and Ageing

The Department of Health and Ageing administers a wide range of programs to support the health practitioner workforce, and particularly the medical workforce. These programs include those specifically targeted to OTDs, and programs that OTDs can access but which are not specifically targeted. A selection of programs is described below. The full range of programs can be accessed at www.health.gov.au

Targeted programs

As discussed above (see section *Overseas Trained Doctors (OTDs)*), OTDs are generally subject to the Moratorium arrangements that restrict their practice to Districts of Workforce Shortage (DWS) for a period of time. DWSs are geographical areas in Australia where the population's needs for healthcare have not been met. Programs directly relevant to Moratorium commitments are described further below.

Many OTDs work in rural and remote areas and the Department administers many programs designed specifically to support the rural workforce. The range of rural programs was reviewed in 2008 as a result of an audit of the number and distribution of doctors, nurses, and other health professionals working in rural and regional Australia. On 30 April 2008, the *Audit of Health Workforce in Rural and Regional Australia* was released. As a result of the audit, Minister Roxon asked the Department to review Commonwealth funded rural health programs and the geographic classification systems that determine the eligibility for rural health program funding. In response to the audit and reviews, the Government announced a range of measures, including a new structure for rural and remote health programs, including program consolidation. The programs described below reflect the new arrangements.

OTD Scaling

Scaling is an initiative under the *Rural Health Workforce Strategy*, which applies to a range of existing programs. Those medical practitioners subject to 10 years of restricted access to Medicare benefits (the 10 year moratorium) now have the opportunity to reduce the period of restriction.

Scaling is a non-cash incentive offering the greatest level of discount to those practising in the most remote locations. The effect of scaling is to ensure that benefits derived will be significantly greater for doctors choosing to live and work in more remote areas of Australia, as determined by the Australian Standard Geographic Classification – Remoteness Areas (ASGC-RA) system.

The following details the sliding scale of incentives:

ASGC-RA1 (Major Cities) – 10 year moratorium

ASGC-RA2 (Inner Regional) – 9 year moratorium

ASGC-RA3 (Outer Regional) – 7 year moratorium

ASGC-RA4 (Remote) – 6 year moratorium

ASGC-RA5 (Very Remote) – 5 year moratorium

Overseas trained doctors (OTDs) and foreign graduates of an accredited medical school (FGAMS) who are subject to the 10 year moratorium are eligible for this program.

Services are assessed by Medicare Australia on a monthly basis and scaling incentives applied accordingly. In November 2010, some 1,988 OTDs received a scaling benefit.

Five Year OTD Scheme

The Five Year OTD Recruitment Scheme provides a reduction in the 10 year moratorium in order to attract appropriately qualified OTDs to work in locations which are the most difficult to recruit to, namely rural and remote Australia.

Although titled the Five Year OTD Scheme, three graded categories establish the time requirement:

- Category A covers locations which experience exceptional difficulties recruiting and retaining GPs. Doctors working in Category A locations can reduce their service obligation to three years.
- Category B covers specific communities meeting specified criteria. Doctors in Category B may complete their service obligation in three and a half years.
- Category C covers other locations (ASGC-RA5) and areas within the parameters set by the State or Territory Department. Doctors in Category C must serve five years.

The main principles of the Scheme are to:

- provide incentives to attract appropriately qualified and experienced OTDs to overcome the current and future community needs for general practice in rural and remote Australia;
- increase the supply of appropriately qualified OTDs in rural and remote Australia;
- enhance the professional development, skills and knowledge of OTDs in Australia; and
- bring a degree of stability to the provision of general practitioner services in rural and remote communities.

OTDs wishing to participate on the Scheme must meet the following criteria:

- appropriate registration with the Medical Board of Australia (MBA);
- evidence of ability to be assessed for Fellowship of the Royal Australian College of General Practitioners (RACGP) or Fellowship of the Australian College of Rural and Remote Medicine (ACCRM) within two years of commencing the Scheme or be a recognised Fellow;
- intend to seek or currently hold permanent residency or Australian citizenship; and
- provide at least seven sessions per week.

The Five Year OTD Scheme continues to use RRMA as a geographic classification system. The Scheme may transition to RA in the future.

OTDs must obtain an exemption under section 19AB of the Act (as explained in Targeted Programs above) which allows them to work in a DWS for a period of time (*moratorium*).

Approximately 215 OTDs are currently participating on the Scheme.

International Recruitment Strategy

The International Recruitment Strategy (IRS) was established to increase the supply of appropriately qualified OTDs to districts of workforce shortage (DWS) throughout Australia.

Under the IRS, funding is administered by Rural Health Workforce Australia for distribution to Rural Workforce Agencies (RWAs) after the successful recruitment of an OTD into an eligible location. RWAs are paid \$15,000 per placement.

RWAs coordinate and assist prospective OTDs through various aspects necessary for working in Australian general practice, such as:

- Visa enquiries
- Pathways to medical registration
- Medical registration
- Skills recognition
- Medicare provider numbers
- section 19AB exemptions
- Legislative requirements

Predominantly, recruitment under this program takes place in regional, rural and remote locations. However, some outer-metropolitan locations are eligible under the program.

Specialist Training Program (STP) – Specialist International Medical Graduate (SIMG) element

The STP came into effect on 1 January 2010 when a number of specialist training programs were amalgamated into one program. The upskilling of SIMGs is a distinct element of STP, with funding provided per academic year.

The Commonwealth has provided financial support for the upskilling of SIMGs since 2004, initially through the Overseas Trained Specialist Upskilling program.

The aims of the SIMG element of the STP are to:

- provide training for SIMGs seeking to achieve Fellowship of a specialist medical college in Australia; and
- support the permanent entry and retention of SIMGs in Australia, in the areas they are most needed, so that they can contribute on a long-term basis to the community and the medical workforce.

To be eligible for STP funding, SIMGs must have been assessed by the relevant specialist medical college as being partially or substantially comparable to an Australian-trained specialist and require a further 12 or 24 months training.

Permanent residents are given priority as these SIMGs are the most likely to remain in Australia after achieving Fellowship but temporary residents who have expressed a desire to remain in Australia permanently are also considered.

SIMGs in STP-funded positions must be given appropriate supervised training (towards Fellowship) for the duration of their time in that position.

Funding of \$3.5million per financial year is provided, up to a maximum \$100,000 (GST excl) per SIMG.

The number of participants varies year to year: since 2004, 228 SIMGs have been funded with approximately 110 achieving Fellowship.

Other programs

There is a range of programs and other support available through the Health and Ageing portfolio for doctors that are not specifically targeted at OTDs, but are still accessible to OTDs.

Additional Assistance Scheme

The Additional Assistance Scheme was introduced in response to medical workforce shortages in rural and remote areas of Australia and seeks to provide people living in regional, rural and remote communities with access to suitably qualified general practitioners.

The Scheme is administered by Rural Health Workforce Australia (RHWA) through Rural Workforce Agencies (RWAs) located in each state and the Northern Territory.

RWAs deliver the Scheme in a tailored manner to meet the individual needs of their jurisdiction. RWAs work to assist participants by addressing any medical knowledge/clinical deficits to be able to successfully sit for the Fellowship examination.

Participants receive tailored education and training support. Assistance offered may include:

- mentoring and oversight of training and exam preparation needs
- on-line training, education and information management system
- participation in monthly video conferences covering a variety of topics relevant to their training
- participation in pre exam workshops and pre exam video conferences
- participation in skills workshops.

The measure is aimed at providing assistance to non-vocationally recognised doctors to support their efforts in achieving Fellowship with the RACGP or ACRRM.

Australian citizen and permanent residents participating in the Rural Locum Relief Program or the Five Year overseas trained doctor (OTD) Scheme may be eligible for assistance under the Scheme. In 2010-11, financial support for up to 200 participants will be offered under the Scheme.

Remote Vocational Training Scheme (RVTS)

The RVTS is a vocational education and training program in general practice that provides a pathway to Fellowship of RACGP or ACRRM.

The Scheme is open to permanent and temporary resident OTDs who work in solo or multiple doctor towns where the medical services would be substantially compromised by the departure of the doctor to undertake training, throughout ASGC-RA 2-5 locations. Permanent residents are given priority under the program, but temporary resident doctors are also eligible.

Total program funding covering the period 1 July 2010 to 30 June 2013 is \$11.44m (GST inclusive).

As at 30 September 2010, there are currently 34 (65.4%) OTDs (out of 52 GP registrars) undertaking core or advanced skills training on the RVTS (since 2007). A further 15 will train in ASGC-RA 2-5 locations in 2011.

Rural Locum Relief Program

The Rural Locum Relief Program (RLRP) was introduced as a measure to ensure that Australian rural and remote communities, especially those in more isolated regions, have experienced and skilled general practitioners in hard to fill rural and remote locations.

The RLRP is intended to provide access to Medicare benefits for temporary placements in rural general practice or Aboriginal Medical Services. Generally, participants should not be enrolled on the program for longer than four years in total. Medical practitioners are expected to have obtained relevant post-graduate qualifications within that period.

Eligibility for the RLRP is currently based on the RRMA classification:

- Rural and remote areas
- 'Areas of consideration'
- All Aboriginal Medical Services.

Applicants eligible for RLRP fall into two broad categories:

- Australian graduates, Australian citizen and permanent resident OTDs who are subject to section 19AA only; and
- Australian citizen and permanent resident OTDs and FGAMS who are subject to sections 19AA and 19AB of the Act.

Approximately 90% of the participants in this Program are OTDs.

Programs to streamline and improve access to OTD assessment

AMC Standard Pathway (Workplace-based Assessment)

The Commonwealth is funding the development of the Standard Pathway (Workplace-based Assessment) stream by the AMC in conjunction with a number of health authorities. To date, the AMC has accredited four authorities to conduct the initial implementation of workplace-based assessment programs: Hunter New England Area Health Service John Hunter Hospital, Newcastle; WA Health; Goulburn Valley Health and the Rural and Metropolitan United Alliance; and Launceston General Hospital. This program is aimed at OTDs who are seeking general registration in Australia and who have obtained the appropriate category of limited registration from the MBA to be employed in the approved clinical position for workplace-based assessment, but have not been able to sit the AMC clinical examination due to a shortage of examination places.

ACRRM Workplace Based Assessments for OTDs

The Australian College of Rural and Remote Medicine (ACRRM) has been funded to develop and implement workplace based assessments for OTDs who are eligible to sit the AMC's clinical examination. This will provide an alternative route to full and unconditional registration for OTDs while maintaining the high standards expected in Australia for the provision of professional medical services.

RACGP Specialist Pathway Scholarships for OTDs in Areas of Need

In order to increase the number of OTDs enrolling in the RACGP Specialist Pathway to complete their Fellowship training, the Commonwealth has funded the RACGP to provide scholarships to OTDs taking up their enrolment in the Specialist Pathway and who currently work in general practices in Areas of Need and/or Districts of Workforce Shortage. There are 300 scholarships in total (including 90) scholarships worth \$5,000 (approximately 50% of enrolment fees) and another 300 scholarships at \$3,500 (35% of fees).

Other Support available

Australian General Practice Training (AGPT) Program

The Australian General Practice Training (AGPT) program provides general practice education and training that meets the curriculum and standards of the two professional GP colleges with the endpoint of the program being Fellowship of either, or both, colleges.

Eligibility for the AGPT program is generally restricted to Australian and New Zealand citizens or permanent residents although some permanent resident visas can also be subject to restrictions. Entry to the program requires a valid visa that allows the doctor to work as an AGPT registrar, which includes the ability to change employers. Entry is determined by a competitive selection process.

Total program funding covering the period 1 January 2010 to 31 December 2012 was \$546.8million. This includes funds for both the AGPT program and the Prevocational General Practice Placements Program.

In 2010, 36% of applicants (363 out of a total of 1010 applicants) were OTDs; OTDs comprised 29% of applicants who accepted a place (219 out of 749); 23% of applicants who accepted a place were subject to the 10 year moratorium (174 doctors).

The 2011 selection process is being finalised. As at November 2010, 42% of applicants were OTDs (491 doctors out of 1,171); 38% of OTD applicants are subject to the 10 year moratorium (433).

Approved Medical Deputising Service (AMDS) Program

The AMDS Program was established under section 3GA of the *Health Insurance Act 1973* (the Act) in 1999 in response to concerns about the shortage of medical practitioners providing after hours home visiting services. The purpose of the Program is to expand the pool of available medical practitioners who provide after hours only services on behalf of a general practitioner that engages an AMDS to provide services for his/her patients.

Doctors who can fill placements on the AMDS program are those that are Australian trained doctors or overseas trained doctors who are either permanent residents or Australian citizens who are restricted under section 19AA of the Act, and who may also be subject to the ten year moratorium on overseas trained doctors (section 19AB of the Act) and would otherwise be unable to provide professional services which attract a Medicare benefit.

DoctorConnect Website

The DoctorConnect website is a production of the Department of Health and Ageing. It provides a range of information to doctors about incentives available to work in regional, rural and remote Australia. It also provides a starting point for OTDs and potential employers.

Information within this site includes: Rural Health Workforce Strategy initiatives; a map containing geographic information and corresponding incentives available; ASGC-RA explanation; and links to relevant stakeholders. Information for OTDs includes: choosing Australia as a place to work; assistance for employers of OTDs; details about the April 2010 amendments to section 19AB of the Health Insurance Act 1973; and a checklist of medical registration and immigration requirements.

The website receives approximately 900,000 hits, on average, per month. In November 2010, DoctorConnect received 905,040 hits. The number of hits has grown by 45% when compared to November 2009. The most accessed page in the DoctorConnect website is the Map Locator. The most downloaded file on the website is the RA2 & RA3 workforce incentive fact sheets.

Further information about the Department and its programs is available at www.health.gov.au