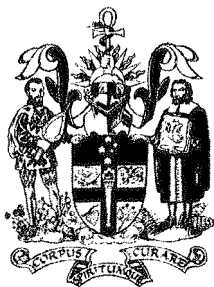


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(Overseas Trained Doctors)  
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**ANZCA**

**Australian and New Zealand College of Anaesthetists**

ABN 82 055 042 852

**Submission**

**House Standing Committee on Health and Ageing**

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

February 2011

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Acronyms and abbreviations

AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
AON	Area of Need
CPA	Clinical Practice Assessment
CPD	Continuing Professional Development
CPMC	Committee of Presidents of Medical Colleges
DPA	Director of Professional Affairs (ANZCA)
EMEAC	Enhanced Medical Education Advisory Committee
FPM	Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists
IMG	International Medical Graduate
IMGS	International Medical Graduate Specialist
JSCOTS	Joint Standing Committee on Overseas Trained Specialists
MBA	Medical Board of Australia
MTRP	Medical Training Review Panel
OTD	Overseas-trained doctor
OTS	Overseas-trained specialist
OTSAN	Overseas Trained Specialists Anaesthesia Network
NC	not comparable
PC	partially comparable
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
SC	substantially comparable
STP	Specialist Training Program (Australian Government's Department of Health and Ageing)
WBA	Workplace-based Assessment

## Summary

The Australian and New Zealand College of Anaesthetists (ANZCA) is committed to high standards of clinical practice in the fields of anaesthesia and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of south-east Asia we believe in ongoing continuous improvement and strive to ensure our programs represent best practice and contribute to a high quality health system.

ANZCA welcomes the inquiry into overseas trained doctors and through this submission we aim to demonstrate that our approach to the assessment of overseas trained specialists, or international medical graduate specialists (IMGS) is robust, fair, accountable and transparent and, above all, designed to ensure patient safety in the health system.

*The decision as to whether or not an IMGS can register as a specialist does not lie solely with a specialist medical college.*

It is the Australian Medical Council (AMC) that forms a decision as to the suitability of the IMGS for registration as a specialist and the Medical Board of Australia (MBA) that registers them. However, in coming to its decision, the AMC relies on the information provided by ANZCA regarding its assessment of the IMGS.

The IMGS assessment process employed by ANZCA has evolved over the past nine years and is very comprehensive and highly supportive. It conforms to the requirements of the AMC and the MBA, while also acknowledging the difficulties and challenges that IMGS applicants face when adapting to a new country.

The ANZCA IMGS assessment process has evolved to:

- Improve the comparability assessment of applicants, acknowledging their skills, knowledge and experience.
- Remove the requirement to sit the final exam and replaced it with an on-site assessment for those candidates judged to be substantially comparable (SC).
- Enhance communication and support processes for IMGS applicants.

ANZCA believes the important challenges for the future are widely known and need to be addressed as follows:

- Identifying and establishing more placements by health jurisdictions for IMGSs to complete their eligibility requirements to achieve college fellowship.
- Improving orientation and support for IMGSs to assist their integration into the Australian community and healthcare system.
- Enhancing access to medical specialists (via incentives) in rural and regional areas to support and supervise IMGSs.
- Strengthening the level of support for colleges and related network groups by government.

**ANZCA**

*The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional medical body in Australia and New Zealand that conducts the education, training and continuing professional development of anaesthetists and pain medicine specialists. Details of these programs are available in appendix 1 and also on our website at [www.anzca.edu.au](http://www.anzca.edu.au).*

*ANZCA sets the standards of clinical practice for anaesthesia and pain medicine, in Australia and New Zealand. It includes the Faculty of Pain Medicine (FPM) which liaises with, and has input from, five specialist medical colleges. ANZCA and FPM are accredited by the Australian Medical Council (AMC) until 2012.*

*ANZCA has contributed to the work of the Australian Medical Workforce Advisory Committee<sup>1-2</sup> and reports annually to the Medical Training Review Panel<sup>3</sup>.*

*Until January 1, 2010 ANZCA had a second faculty, the Joint Faculty of Intensive Care Medicine (JFICM) run jointly with the Royal Australasian College of Physicians (RACP). JFICM now operates as an independent college – the College of Intensive Care Medicine (CICM) of Australia and New Zealand.*

## Introduction

ANZCA is committed to a safe, accessible healthcare system that delivers improved health outcomes for the Australian community. High quality health services are dependent on health system quality and safety, the development and maintenance of clinical standards and adequate resources, including appropriate medical, nursing, and allied health workforce training.

ANZCA ("the College") is committed to ensuring high standards of practice in anaesthesia and pain medicine which has resulted in Australia having one of the best patient safety records in the world and has contributed to high-level health outcomes enjoyed by most Australians. ANZCA's patient-centric and community-focused approach is reflected in our mission statement, "*To serve the community by fostering safety and quality patient care in anaesthesia, intensive care and pain medicine*".

ANZCA's series of professional documents demonstrate the College's commitment to professional standards and they are readily available at: <http://www.anzca.edu.au/resources/professional-documents/>. These standards are an important resource for supporting the quality and safety of patients undergoing anaesthesia for surgical and other procedures. They are used to define the College's requirements for training and for hospitals providing training, to provide guidance to College Fellows on standards of anaesthetic practice, to define the College's policies, and for other purposes that the College deems appropriate. Further, they are also referred to by government and other bodies, particularly with regard to accreditation of healthcare facilities. They are subject to review and are amended in accordance with changes in knowledge, practice and technology.

Over the years Australia has built up a world-class health system, delivered by a highly trained workforce. It is imperative that any changes to the system do not compromise this in any way. We welcome the inquiry into overseas trained doctors (OTD) more broadly and we are pleased to provide the following submission in relation to overseas trained specialists (OTS), that is, overseas doctors who are recognised specialist medical practitioners in their home country, reflecting ANZCA's area of primary interest and expertise. We aim to demonstrate that ANZCA's approach to the assessment of OTS is robust, fair, accountable and transparent and, above all, designed to ensure patient safety in the health system.

Our submission is structured around the terms of reference (ToR), as requested, and we have included additional information, where appropriate, about the College and its processes to assist interpretation. Sections one and two describe ANZCA and its assessment processes (ToR 1), followed by section three on the evolution of the ANZCA process, including the recent process review, orientation and support mechanisms (ToR2), concluding with section four on the challenges for the future (ToR3).

## 1. Current ANZCA processes

### Governance

ANZCA is a company limited by guarantee under Australian corporations' law (<http://www.anzca.edu.au/anzca1/about/constitution-mission/anzca-constitution-and-mission-statement>) with its own constitution and a governing council. The ANZCA Council, which consists of 14 elected Fellows, sets the overall direction of the College and ensures that its objectives are being achieved. There are 14 committees of council, covering the broad array of college activities including education and training, continuing professional development, research and quality and safety. Fellows contribute their time and expertise to the College largely in a *pro bono* capacity. The College is funded largely by membership fees from Fellows, and registration, training and examination fees from trainees.

The College is also host to the multidisciplinary Faculty of Pain Medicine (FPM) which, through a semi-autonomous board supported by ANZCA, is responsible for the education, training and continuing professional development of specialist pain medicine physicians. Fellowship of the Faculty is available only to specialists who already hold fellowship of an approved Australasian college. As such, the Faculty is dependent on the OTS assessment processes of ANZCA and of its other "parent" colleges - the Royal Australasian College of Physicians, the Australasian Faculty of Rehabilitation Medicine (AFRM RACP), the Royal Australasian College of Surgeons (RACS) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

The assessment of OTSs is governed by the International Medical Graduate Specialist (IMGS) Committee, which administers the assessment of IMGSSs, or OTSs, and monitors their progress towards specialist recognition and fellowship. From this point on we will adhere to the term IMGS as this is the accepted international term, noting that OTS and IMGS are interchangeable terms.

### The role of ANZCA

It is worth highlighting that ANZCA operates the IMGS assessment process in accordance with the guidelines determined by the Australian Medical Council (AMC), the accreditation body for medical education in Australia (and in New Zealand the equivalent body, the Medical Council of New Zealand) with the Joint Standing Committee on Overseas Trained Specialists (JSCOTS). JSCOTS was formed in 2004 by the AMC, with the Committee of Presidents of Medical Colleges (CPMC), to facilitate the assessment and registration of IMGSSs. The AMC is accountable to the Medical Board of Australia (MBA); the MBA is one of 10 professional health boards supported by the Australian Health Practitioners Regulation Authority (AHPRA).

Pursuant to the directive given by AHPRA on behalf of the MBA, ANZCA is responsible for undertaking an assessment as to whether a specialist meets the standards set by the college within that specialty. Based on that assessment, ANZCA is required to provide advice to the MBA about the results of that assessment. ANZCA provides this advice by making a recommendation via the AMC as to the comparability of the IMGS to an Australian trained specialist.

*It is important to appreciate that the decision as to whether or not an IMGS can register as a specialist does not lie solely with a specialist medical college.*

It is the MBA, via the AMC that forms a decision as to the suitability of the IMGS for registration as a specialist; however, in coming to its decision, the AMC relies on the information provided by ANZCA

regarding its assessment of the IMGs.

### **ANZCA IMGs Committee**

The IMGs committee of ANZCA comprises 12 members who are Fellows of the College with specific experience in this area. At least four are previous IMGs who successfully gained fellowship of ANZCA. The membership of this committee provides an eclectic mix of contributors each with their own personal experience, drawn from across Australia, as well as three from New Zealand, reflecting the bi-national structure of the College. Three members, each known as a Director of Professional Affairs (DPA), are highly experienced anaesthetists employed by ANZCA specifically to support College activities, and one of them is dedicated to the IMGs assessment process. The committee also includes a health jurisdictional representative from the Department of Health and Ageing (DOHA) as well as a community representative.

The overall administration of IMGs assessments is managed by the IMGs Accreditation Unit based at the Melbourne head office of ANZCA. The unit comprises 2.5 full-time equivalent (FTE) staff - a full-time manager and 1.5 FTE administrative staff – and a DPA dedicated to IMGs affairs. The unit forms part of, and is supported by, the Training and Assessments unit of ANZCA.

The functions of the IMGs Accreditation Unit include:

- Managing the assessment and processing of IMGs, including area of need (AON) applicants, interviews, follow-up and oversight arrangements.
- Providing guidance and advice to potential applicants, interpreting and explaining College procedures in response to enquiries.
- Providing information, advice and guidance to other key stakeholders such as health jurisdictions, the AMC, the MBA, hospitals and Fellows.
- Working within the policies of both state and federal governments and the different regulatory bodies to ensure that applicants are assessed equitably under the agreed principles of all relevant bodies.
- Ensuring accurate and up-to-date documentation of processes and communication of policies and processes via the College's website.
- Assisting and advising IMGs experiencing difficulties as identified by unsatisfactory assessment results or progression.
- Coordinating reconsideration, review or appeal against decisions made by the IMGs committee ([www.anzca.edu.au/resources/regulations](http://www.anzca.edu.au/resources/regulations)).

The available resources provided by ANZCA have grown over the last two years; the IMGs Accreditation Unit has increased its staffing from 1.5 to 2.5 FTE, and the College has a dedicated DPA to oversee IMGs affairs (as of June 2009). Community representatives are utilised on all IMGs assessment interview panels and in 2009 ANZCA developed a new community representation policy for Australia ([www.anzca.edu.au/resources/guidelines/ANZCA%20Comm%20Rep%20Policy%20-%20Fees.pdf/view](http://www.anzca.edu.au/resources/guidelines/ANZCA%20Comm%20Rep%20Policy%20-%20Fees.pdf/view)). The engagement of community representatives is a valued means of supporting transparency and consistency in decision-making and this policy outlines ANZCA's commitment and expectations in this regard.

### **Overview of ANZCA IMGs Assessment Process**

ANZCA assesses overseas trained anaesthetists via three separate processes. These are the international medical graduate specialist (IMGs) assessment process, the area of need (AON) process and the specialist in training (SIT) process (<http://www.anzca.edu.au/imgs-aon/>).



Only the IMGS assessment process leads to recommendation for specialist recognition and eligibility for application for admission to fellowship of ANZCA. As with all other medical colleges, ANZCA charges IMGS applicants suitable fees to cover expenses associated with the assessment process – the fees are determined to ensure appropriate cost recovery for the college and are reviewed annually. No government funding or subsidy is provided to the College for these activities.

### The three processes:

#### A. IMGS assessment process

The IMGS assessment process describes the procedure for assessing an international medical graduate with a specialist qualification from his or her home country who wishes to practise as a specialist in anaesthesia in Australia or New Zealand. This is the category that will be of particular interest to the inquiry, as well as the area of need (AON) category (see below). The process, contained within regulation 23 *Advice Regarding Recognition as a Specialist in Anaesthesia*, has recently been revised (see summary and review process below), and is attached as appendix 2. To assist prospective applicants, a series of frequently asked questions (FAQs) with clearly documented answers has been prepared to aid communication and interpretation of the guidelines. The FAQs have been tailored specifically to IMGs and are based on the most commonly asked questions raised by IMG applicants with College staff and Fellows. They are readily accessible via <http://www.anzca.edu.au/imgs-aon/frequently-asked-questions.html> and attached as appendix 3.

#### B. Anaesthesia services for areas of need in Australia

The area of need (AON) process is used by the AMC and jurisdictions to address medical workforce shortages in designated areas.

*The AON process is not an ANZCA process and the assessments associated with AON appointments do not lead to fellowship of ANZCA or to specialist registration by the MBA.*

An IMG must apply to the MBA for, and be granted, limited general registration prior to commencing work in an area of need. Limited registration is site-specific and not transferrable to another site or position.

As applicants for AON posts are normally IMGs, ANZCA has a role in advising the jurisdictions on the suitability of the particular IMG for that particular position. ANZCA follows the processes described in “assessment process for AON Specialists User’s Guide” on the AMC website ([www.amc.org.au](http://www.amc.org.au)). For further information see Regulation 23.17 (<http://www.anzca.edu.au/resources/regulations/regulation-23.html>).

#### C. Short-term international medical graduate training positions

Doctors trained overseas may apply to work in Australia to undertake short term “top-up” training to complement training in their home country. College endorsement of the suitability of this training is required before the applicant can apply to the MBA for limited medical registration. Further information is available via: <http://www.anzca.edu.au/imgs-aon/three-areas-of-assessment/short-term-img-training-positions>

## 2. International medical graduate specialist assessment process

### Summary

The IMGS assessment process is not a specialist training program, but an evaluation of the ability of an IMGS to practise in Australia as an unsupervised specialist anaesthetist at a standard comparable to that required of a Fellow of ANZCA (FANZCA). The criteria (regulation 23.7.3) used in assessing an applicant are designed to cover the attributes expected of an Australian-trained anaesthetist and cover comparability of the training program, specialist qualifications, experience as an anaesthetist and commitment to CPD.

The assessment of documentation provided by the AMC or the MCNZ on behalf of the IMGS is undertaken to arrive at a decision as to whether the applicant has a sufficient degree of comparability to proceed to interview. A small number will be assessed as not comparable (NC) and are not considered further, and are so advised by the AMC or the MCNZ. The remainder are invited to a face-to-face interview.

The face-to-face interview (regulation 23.7) is conducted by an interview panel that comprises three ANZCA Fellows and one community and/or jurisdictional representative. Panel members undergo orientation and training and attend workshops conducted by ANZCA. Community representatives are sourced via an advertised process, often in consultation with the Consumer Health Forum and other consumer organisations.

Following the interview, applicants are then assessed as substantially comparable (SC) or partially comparable (PC). Occasionally they are assessed as not comparable (NC) despite the previous positive paper assessment.

Those confirmed as SC at interview will normally be required to spend 12 months in FTE clinical anaesthesia posts in Australia and/or New Zealand that have been approved in advance by ANZCA. During this time they will be required to undergo Clinical Practice Assessment (CPA) as specified by the College. The nominated overseer must be a Fellow of ANZCA and provide CPA reports back to the College on at least a six-monthly basis. In the past three months of their CPA they undertake a workplace-based assessment (WBA) (see below).

Those confirmed as PC at interview will normally be required to spend 12 to 24 months in FTE clinical anaesthesia posts in Australia and/or New Zealand that have been approved in advance by ANZCA. During this time they will be required to undergo CPA under supervision by a FANZCA and pass the IMGS structured performance assessment (if they choose, they may elect instead to sit the College's final examination as an alternative to the IMGS performance assessment).

The WBA (regulation 23.10) is normally a one- to two-day comprehensive assessment that is held during the final three months of CPA in a hospital in which the IMGS provides clinical anaesthesia. The WBA is conducted by two ANZCA Fellows that assess the performance of the applicant; it includes a preliminary interview, an assessment of anaesthesia records and observation of clinical practice, multi-source staff interviews, case-based discussions and an end-of-assessment interview.

All applicants must complete a suitable course on the management of emergencies in an accredited simulation centre to ensure they are up to date in crisis management.

Participation in the ANZCA continuing professional development (CPD) program is also an important mandatory requirement to demonstrate a commitment to their ongoing professional development.

Applicants may be required to address other specific deficiencies as assessed at the structured interview. For example, they may not have received sufficient training in particular areas of anaesthesia such as paediatric anaesthesia.

On completion of all requirements, applicants may apply for fellowship of ANZCA.

An IMGS applicant may request reconsideration and subsequent review of ANZCA's decision. This latter decision may be formally appealed in accordance with ANZCA's Reconsideration, Review and Appeals Process. This is covered under ANZCA Regulations 30 and 31, see:

<http://www.anzca.edu.au/resources/regulations/regulation-30.html>

<http://www.anzca.edu.au/resources/regulations/regulation-31.html>

### Number of IMGS applicants

As evidenced by data prepared by the ANZCA IMGS Accreditation Unit (see figure 1), the number of IMGS applicants over the past six years has varied each year with a marked increase in 2008 and 2009. We believe this increase coincided with a change in government immigration policy during 2007 and 2008. On January 1, 2009 the WBA replaced the IMGS examination for applicants considered SC. The number of WBAs increased from 16 per year in 2009 to 32 in 2010. This is expected to stabilise in 2011 at a rate of approximately 40 applications per year.

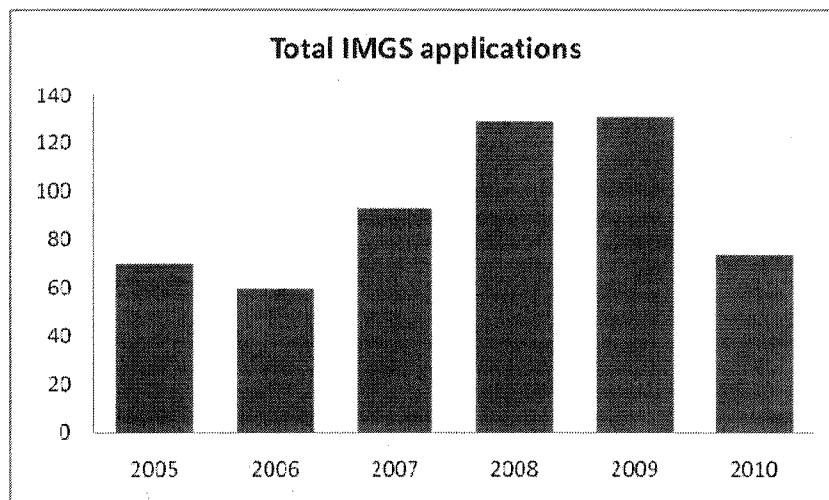


Figure 1: Total number of IMGS applications per annum.

The increasing admission of IMGS applicants to fellowship from 2007–2010 (see figure 2) is a flow-on from the increased numbers of applicants in previous years. Figure 2 is independent of figure 1, as the period of time taken to achieve fellowship is variable. That is, the number of applicants in one year cannot be meaningfully compared with numbers of completions in another year. Each application is assessed on its own merit as explained under “IMGS assessment process” on page 10.

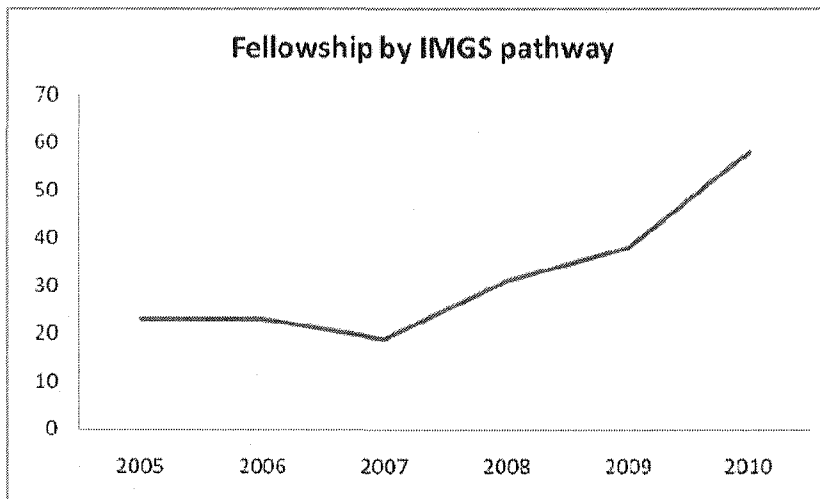


Figure 2: The number of IMGS who completed fellowship requirements in a given year.

Closer inspection of 2008 data reveals that of 129 IMGS applications, 38 individuals subsequently achieved fellowship. It is important to note that 11 individuals from the original pool of applicants were considered not comparable and eight withdrew from the process. Reasons for withdrawal included decisions to return to their home country for personal reasons, difficulty in obtaining the relevant visa, inability to gain suitable employment, difficulties adapting to the Australian culture as well as wide variations in skills, knowledge and experience of the applicant to the accepted Australian standard. The majority of the remaining individuals are part-way through completing the eligibility requirements (three years out of five), that include the required period of upskilling, awaiting a WBA for those who are SC or, preparing for the examination for those who are PC.

With regard to AON applications, it is interesting to note that these have decreased substantially, from an average of 33 per annum during 2005–2009, to 15 in 2010. The overwhelming majority of 2010 applications (44%) were in Queensland. The development of the Queensland rotational upskilling program was motivated by the much greater need for these programs in Queensland compared with other states and territories. The geographic distribution of AON for the period 2005–2010 is shown in figure 3.

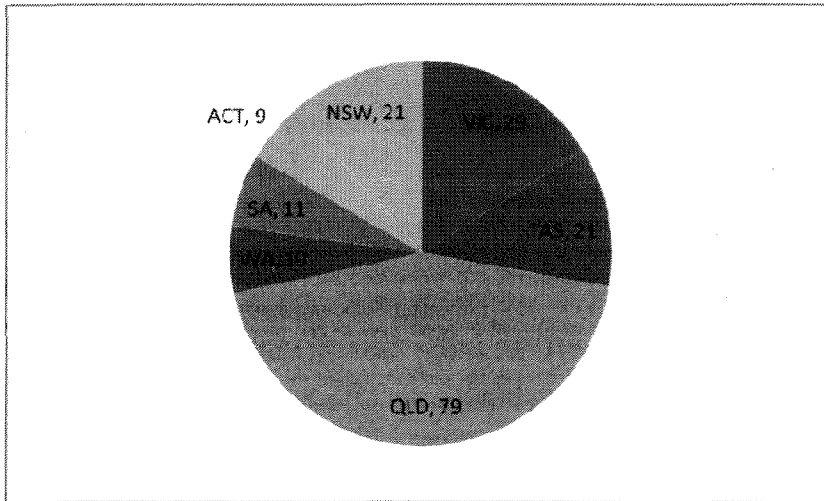


Figure 3: Total area of need applications 2005-2010, across states and territories.

### 3. Evolution of the ANZCA process for assessment of IMGs

Prior to 1996, non-specialists could apply to ANZCA for support for specialist recognition and, if considered "equivalent" in their training, would be eligible to apply for election to fellowship of ANZCA following five years of residency in Australia. This process complied with ANZCA regulations applicable at that time but was not as structured as what has been developed in subsequent years.

There have been many changes to the IMGs assessment process since 1996, mainly directed at ensuring a more robust process. The criteria used to assess comparability have been modified several times to assist the assessment task.

In 2002, IMGs assessment was separated from the training and examination process that applies to Australian and New Zealand trainees and regulation 23 was written to specifically define the IMGs pathway to specialist recognition. Throughout this time, consideration has been given to the examination of overseas anaesthesia training programs, although details of some programs are not readily accessible. The number of IMGs applying for assessment has increased steadily over recent years (although it appears to have reached a plateau in 2010), necessitating process changes to facilitate more efficient turnover while maintaining a fair and transparent system that facilitates the provision of safe anaesthesia services. In 2006, specialist recognition was automatically granted to United Kingdom and Irish specialist anaesthetists who were up to date with their practice and CPD, but applicants from all countries were still required to pass an examination to be eligible for fellowship of ANZCA.

In 2007 the AMC and the CPMC, via JSCOTS (see page 7) produced a framework for IMGs assessment applicable to all Australian specialist medical colleges. On the basis of this framework there have been some major changes to the ANZCA process:

- Based on the information obtained at the initial face-to-face interview (as described above) IMGs applicants are now assessed as "substantially comparable (SC)", "partially comparable (PC)" or "non-comparable (NC)".
- Those designated as NC are not considered further on the pathway to specialist registration as they will not achieve comparability within the allowed 24-month period of clinical practice assessment allowed by the AMC. However, such doctors may pursue general medical registration via the standard pathway and may subsequently become trainees in anaesthesia.
- Those designated as PC are required to complete an examination, the extent of which will depend on an assessment of the criteria outlined in regulation 23. A period of clinical practice assessment of 12 to 24 months is required. If more than 24 months is considered necessary, the IMGs is normally redesignated as NC.
- Those designated as SC are not required to sit the final examination but are subjected to a comprehensive on-site assessment in their normal workplace known as the WBA. This involves a 360-degree assessment of the IMGs's practice. While still challenging, the WBA is much less onerous than the examination, as is appropriate for this group of IMGs.
- The preference given to United Kingdom and Irish anaesthetists for specialist recognition has been abolished and all IMGs are assessed using the same process.

- The separation of specialist recognition and fellowship of ANZCA has also been removed. Recognition as a specialist and eligibility for fellowship of ANZCA has the same requirement and occurs simultaneously.

### **ANZCA IMGS process review 2009-2010**

Recognising the evolutionary nature of the IMGS assessment process over the past 10 years, the IMGS committee, supported by ANZCA Council, decided that a wide-ranging review of all aspects of the process would be beneficial. The twin aims of the review were to ensure that specialists from other countries can be assessed in a fair, timely and transparent manner and can contribute to a safe anaesthesia workforce at a standard similar to Australian trained specialists.

The review took place between late-2009 and late-2010 and was managed by a smaller working party with experience in all the issues relevant to IMGS. These issues included: assessment processes, policy development, recruitment, employment, IMGS support, administration, communication, medical board requirements, clinical anaesthesia and help from practising specialists who have successfully completed the IMGS assessment process. A great amount of useful information was gathered, much of which was discussed at a large workshop with multi-jurisdictional representation in October 2010.

In addition to this, insights and ideas were obtained when the ANZCA Director of Professional Affairs with responsibility for the IMGS process attended IMGS interviews undertaken by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Though both ANZCA and RANZCOG are compliant with the AMC framework there is some variation in its detailed application.

The working party decided that the first and most important task was to ensure that all significant matters or changes must be embodied in an updated ANZCA regulation 23. This was completed in December 2010 with implementation on February 1, 2011.

The duration of the review has coincided with the implementation on July 1, 2010 of the new national legislation that has established the national MBA. To some degree this has complicated the ANZCA review as there are issues relevant to the assessment and registration of IMGS that have remained unclear for most of the review duration and some that at the time of submitting this report have still not been totally resolved.

Nevertheless, ANZCA believes that it is useful to itemise some of the detail that has been changed or at least modified as a result of this recent review. These brief comments are grouped under the following headings: Face to face interview; Clinical practice assessment period; Communication and support processes; Management of poorly performing IMGs.

#### **Face-to-face interview**

- Increased number of interview panels to minimise the interval from application to interview.
- Increased number of workshops for training of interviewers.
- Increased duration of interview.
- Greater consistency ensured by using a limited number of chairs of interview panels.
- Use of structured referee reports and curriculum vitae.
- Enhanced interview tool that provides weighting criteria to responses.

- Development of a portfolio of country-specific anaesthesia training information to assist with the assessment of comparability of the many and varied programs from around the world with that of ANZCA. A part-time project officer has assisted with this challenging task yet progress has been slow.
- Revised weightings for the criteria used for assessment as outlined in regulation 23.
- Better confirmation of specialist status in country of origin.
- Better confirmation of clinical anaesthesia experience.
- Greater focus on the Canadian Medical Education Directions for Specialists (CanMEDS) framework which outlines the attributes of a specialist ([rcpsc.medical.org/canmeds/index.php](http://rcpsc.medical.org/canmeds/index.php)).
- More demanding assessment of continuing professional development (CPD), particularly for those IMGs who completed their specialist training many years prior to commencing the IMGs assessment process.

#### Clinical Practice Assessment (CPA)

This period of up to 24 months in a position approved by ANZCA has a dual purpose. It enables the appointed supervisor to assess the knowledge, skills and attitudes of the IMGs in the routine practice of anaesthesia and pain medicine, as well as introduce the IMGs to the understanding of the broad structure and function of the health system in this country. Changes in this area have been dictated by the requirements of the MBA. The reporting system used by clinical supervisors is more robust with the introduction of a detailed assessment document by the MBA that ANZCA will also employ, thereby improving the assessment process and eliminating duplication. Supervision and/or oversight requirements have also been upgraded but that has been less relevant in the specialty of anaesthesia because the nature of anaesthesia practice and the possibility of the sudden onset of life-threatening events and complications have demanded that supervision of junior anaesthetists be much closer than in most other areas of medicine.

#### Communication and support processes

ANZCA recognises that from the IMGs perspective the process of assessment may appear complex and confusing, particularly for those who do not speak English as a first language. While the definitive information regarding IMGs assessment is present in ANZCA regulations, such documents are sometimes difficult to read. In order to address this problem, ANZCA has replaced some of its older information on its website with a series of frequently asked questions and answers written in plain language. Ongoing changes will be made to this document as necessary. The information available in this document is supplemented by the availability of the three IMGs office staff in the Melbourne headquarters of ANZCA who can answer more detailed questions. The DPA for IMGs is also normally available via the office staff for challenging queries. Regional offices of ANZCA are present in all states and territories and individual hospitals have at least one supervisor of training, all of whom are able to provide direction and advice to IMGs. Having entered the assessment process, an IMGs will have a specific supervisor from whom further help can be obtained or who can at least be able to recommend a personal mentor.

Support is provided by OTSAN (Overseas Trained Specialists Anaesthesia Network), a support body established in 2006 by IMGs to help other IMGs who are undergoing the assessment process. This network has been a very successful innovation that has assisted many IMGs both at a personal level and in examination preparation through peer support and educational activities (see page 18 for more information about OTSAN).



The progress along the pathway towards specialist registration and fellowship of ANZCA is tracked at regional level, centrally in the IMGs office and via the six-monthly CPA reports. A small number of IMGs experience difficulty in maintaining progress along this pathway and identifying them is possible due to poor performance either in the clinical setting or at the examination. Such IMGs are offered advice at several levels as outlined above but they are also invited to attend a "re-interview" with a small panel in Melbourne, at no cost other than travel, which aims to identify the specific difficulties they are experiencing. This is in no sense disciplinary but simply seeks to provide advice, remove barriers and identify possible solutions.

### **Orientation and support**

Should ANZCA identify at interview an IMG who is considered PC and requires additional support, the College may stipulate a minimum time that must be spent in an ANZCA-approved training hospital. This is intended to ensure that the IMG is exposed to the most suitable and supportive environment.

#### **IMGs upskilling program**

The majority of funding for IMGs upskilling is provided by state and territory governments. The federal government through the Specialist Training Program (STP) also contributes funding and in 2009 provided funding for seven posts for anaesthesia out of a total of 36 posts across all specialist areas. The STP program is governed by the Enhanced Medical Education Advisory Committee (EMEAC) which has representatives from all the colleges and other key bodies.

EMEAC convened an IMGs upskilling working group in February 2010 attended by college, health jurisdictions and DOHA representatives. This initiative sought to explore the perceived barriers to IMGs gaining college fellowship and identify the support mechanisms required. The DPA (IMGs) from ANZCA, who is the College representative on EMEAC, was a key contributor to the working group. A report was forwarded to EMEAC in May 2010. A short summary of key insights follows.

#### **Perceived barriers to IMGs gaining college fellowship:**

- IMGs are not considered trainees of the college and are therefore poorly integrated into college trainee activities.
- The lack of access to the required specific training experiences including access to supervisors and mentors.
- The financial costs of training and supervision for IMGs.
- The financial burden to employers of releasing an employed IMG from one site to receive training.
- The availability of locums to backfill those IMGs released to attend training.
- The requirement for IMGs to be permanent residents to access some specialist training programs.

#### **Mechanisms to support IMGs to achieve college fellowship:**

- An individual training plan for IMGs developed in conjunction with the IMGs, the employer and the college supervisor.

- Improved orientation of IMGs in area of need posts and the provision of dedicated networks to support rotation to other centres to provide required training.
- Increased numbers of dedicated IMG upskilling posts as part of regional rotational schemes.
- Financial support for backfilling to enable an IMG to access training in another site.
- Support for supervisors and trainers who accept IMGs for periods of direct upskilling.
- Financial support for IMGs to access training outside employer posts.
- Financial support from Commonwealth and state/territory governments.
- Funding to colleges to develop IMG training programs.

ANZCA, along with other stakeholders, is attempting to address some of the above issues raised by EMEAC.

#### Queensland IMG Upskilling Program

In 2009 six IMG upskilling registrar positions were fully funded on a recurrent basis from Queensland Health; two positions were partly funded by DOHA's specialist training program. The Queensland program provides a supervised training position for IMGs deemed PC in the IMG assessment process and normally requires two years of supervised work. The aim is to achieve both exam success and the attainment of performance including:

- Training in components of the ANZCA training program that were not available to the same degree in the overseas training.
- Upgrading the currency of knowledge that may not have been maintained due to selective specialisation while in practice.
- Upgrading the skills that have not been maintained.
- Gaining an understanding of the culture, outlook and norms of Australian anaesthesia. This includes the organisation of the theatre environment, ethical standards, expected roles, regulations and scope of practice.

Adapting to the Australian environment can be difficult given cultural (country and medical), language and communication problems. The Queensland IMG Upskilling Program now runs over three years to incorporate adequate orientation, including adequate consideration of cultural and communication issues. Applicants are rotated through central and regional centres and have access to a supervised academic program consisting of tutorials, video conferences and weekend update meetings co-ordinated by OTSAN (see below).

#### Overseas Trained Specialist Anaesthetists' Network (OTSAN)

OTSAN describes itself as a developing support organisation designed to assist overseas trained specialist anaesthetists to start a successful new life in Australia. It consists of ANZCA Fellows who went through the process of College professional accreditation and wish to help overseas trained colleagues with their education and providing broader support. Further information is available via: <http://www.otsan.org/>. Although Queensland-based, OTSAN also provides support to IMGs residing outside the state.

The network began with a strong bias towards education, as obtaining the ANZCA fellowship was the key priority. OTSAN is diversifying to encompass other facets affecting members such as:

- Immigration (visas etc).
- Jobs and industrial relations.
- Liaison with national and local organisations (for example, ANZCA, the MBA).
- Social networking.

OTSAN conducts three educational weekend workshops per year. In 2009 those meetings were held in Brisbane, Melbourne and Adelaide with an average of 30 participants and 10 presenters. Exam-focused lectures and clinical vivas, identifying resources as well as building study groups and social networks are components of these meetings.

Other valuable resources offered to OTSAN members include educational meetings in the form of "trial exams" and regular themed sessions. An interactive small group tutorial program via videoconference links IMGs and local trainees. The videoconferences are part of a PhD study that seeks to motivate people to actively manage their own education and to create networking opportunities.

OTSAN has proven to be an important support group offering mentoring and educational online resources and weekend workshops. These are all designed to assist the IMGs satisfy the eligibility requirements as well as facilitate overall orientation into the Australian workforce. IMGs who are members of OTSAN have a higher documented success rate at the final FANZCA examination. OTSAN participants now have a pass rate range of 73% to 81% which is comparable to Australian candidates. This compares to a pass rate of fewer than 50% for those not typically associated with OTSAN.

OTSAN receives partial sponsorship from the healthcare industry to run the educational weekend workshops. Otherwise it is largely self-funded and resourced via the members of the network. ANZCA is normally represented at the weekend workshops to assist members with the interpretation of the IMGs assessment process and to respond to related queries.

The OTSAN model is supported by both ANZCA and Queensland Health.

## **4. Challenges for the future**

### **Access to medical specialists in rural and regional areas**

The shortage of medical practitioners, particularly in rural and regional locations throughout Australia remains a challenge, and the use of IMGs to address this shortfall and the reliance on them poses some difficulties. A recent article highlights the workforce education issues for IMGs in anaesthesia<sup>4</sup>. Key problems relate to the marked differences between local Australian trainees and IMGs, which include differences in Australian and overseas training programs, examination pass rates and the geography of placements which can result in difficulties with supervision and isolation for IMGs.

IMG applicants from countries where the anaesthesia training programs are less comparable and therefore requiring higher levels of support to achieve fellowship pose the greatest challenges for ANZCA. While these applicants, given sufficient training time and dedicated support, may become very good anaesthetists and excellent contributors to the community, they are very time-consuming for colleges – particularly when assessing comparability and overseeing their period of upskilling – and also time consuming for public hospitals. Further government support is urgently needed to assist these applicants.

Orientation to the Australian health system as well as at a local level is also vital to assist IMGs in adapting to the Australian culture at a community level along with in the hospital and local medical practice. The Queensland model takes this into account and is being refined to ensure orientation is improved.

On a broader note, greater incentives are required for city specialists to work in rural centres as part of a “hub and spoke” model to ensure access to appropriate expertise is available to both patients and trainee specialists as well as for the benefit of IMGs who often end up in remote facilities with limited supervisory arrangements and collegial support available to them.

### **IMG upskilling**

Specialist training programs are generally highly competitive among local graduates creating limited opportunities for IMGs to gain entry into these programs. Also, IMG upskilling needs are different to registrar training (local candidates) and vary according to the individual’s educational and training requirements, and are determined based on the college assessment and individual supervisor assessment. In addition to the specific period of upskilling training, IMGs require access to College educational activities to assist with college examinations.

### **Availability of suitable hospital placements**

In order to complete their eligibility requirements for ANZCA fellowship, a period of suitable upskilling in a teaching hospital is essential for the IMGs to be supervised and assessed as required. Due to the overall lack of available hospital placements the existing placements favour the higher performing applicants at the expense of those IMGs who require further support and would benefit from a placement in a large facility with extensive resources to draw on. Those IMGs who are

unsuccessful tend to be placed in the more remote (and isolated) settings where supervision may be too remote to be optimal. These doctors would benefit from further support and the availability of more suitable placements such as those provided in Queensland where a rotational system for IMGs orientation and upskilling has been developed.

It is important to highlight the fact that ANZCA has no control over the placements of IMGs applicants. *This is a matter for health jurisdictions to manage*, in the same way that ANZCA is not involved in the employment of trainee specialists. The College's responsibility lies squarely in the assessment of IMGs, their suitability to practise in Australia, and the oversight of their upskilling period which typically ranges from 12 to 24 months, and is sometimes longer, depending on their comparability. A suitable placement is, however, essential for the IMGs to complete the eligibility requirements of College fellowship. ANZCA is well aware of the difficulties faced by this particular group of IMGs and often tries to assist with suitable placements, with inconsistent results.

The College is familiar with the impediments to IMGs achieving specialist recognition and ANZCA has highlighted the relevant issues, along with other medical colleges and key stakeholders in many fora, including government advisory committees and associated working groups. ANZCA is represented on the Medical Training Review Panel (MTRP) and EMEAC. EMEAC, in particular, oversees the funding of IMGs upskilling placements as part of the STP and we are pleased to see increasing funding directed to these roles – ANZCA understands numbers of IMGs posts increased from 36 to 65 over 2009/2010 (note that this number covers all specialty groups). For anaesthesia, there were seven posts in 2009 rising to eight posts in 2010. Queensland Health has also contributed funding (six posts) to bring the total number to eight posts.

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