



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

Please refer to answers to questions two and three.

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

The 4 most common ways OTDs can gain support and assistance with meeting registration requirements (including Specialist Assessment) are as follows:

1. OTDs APPLY DIRECTLY WITH THE INDIVIDUAL REGULATORY BODIES (WITHOUT EXTERNAL ASSISTANCE)	
Issue/Situation	<p>From our knowledge todate there are no solely government funded (Federal, State or Territory) support programs available which offer assistance to overseas trained doctors in regard to offering support during or for the assessment and registration processes.</p> <p>Overseas Trained Doctors find the required regulatory processes confusing, time consuming and costly.</p> <p>One of the main sources of assistance available to OTDs at this time remains the regulatory bodies themselves (website, contact numbers, and occasionally email addresses). However as there are a number of steps involved, and the need to deal with a number of different organisations simultaneously, the processes are daunting to most.</p> <p>Unfortunately many doctors (especially specialists) who are initially excited and interested by the prospect of working in Australia, decide not to proceed with a contract after finding out the necessary processes they are required to undertake in order to practice as a specialist.</p>

<p>Current Status</p>	<ul style="list-style-type: none"> • No government funded support programs available to assist OTDs with the assessment and registration processes required for them to practice in Australia • No real assistance provided by any of the regulatory bodies undertaking the assessment and registration process other than instructions via websites • Phone contact, advice, instruction limited not only because 'contact'/help lines' is limited from regulatory bodies as overseas trained doctors are based overseas so office hours in Australia are not always conducive to the differing time zones • There seems to be a frequent turnover of personnel at most of the regulatory bodies which means that advice given can be sometimes incorrect due to lack of staff training/knowledge • Each regulatory body does not keep abreast of each other's changes which results in conflicting advice/instruction • No integration, or systems in place to link the differing organisations that carry out the necessary processes simultaneously • There are no dedicated support divisions available at any of the regulatory bodies to date • As doctors are given limited 'support' other than referring to the relevant websites many doctors are guided by friends/colleagues. Unfortunately the guidance given usually ends up being a series of guesstimations/Chinese whispers often equaling an expensive and time consuming series of mistakes <p><i>Please note: OTDs are also commonly directed to the government funded and run site, DoctorConnect.gov.au.</i></p> <p><i>DoctorConnect gives broad information and guidance to overseas trained doctors in regards to obtaining employment and the necessary steps required in gaining medical registration and visas. No other support or assistance is given apart from directing doctors to external websites (such as to state departments of health, DIAC and regulatory websites.)</i></p>
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<p>Recommendations (if applicable)</p>	<ul style="list-style-type: none"> • Encourage integration between regulatory bodies, and sharing of documentation from the OTD to avoid the excessive duplication which currently exists exists • Better flow of information: All regulatory bodies should alert all organizations (including but not limited to hospital/employers and/or state departments of health, corporate/private international medical recruitment companies etc) that deal in this sector of any changes to processes or policies • Provide additional funding so regulatory bodies can employ and train further staff to increase 'doctor support and assistance' • Give clearer instructions/an overview of the processes required, including approx. timelines on sites like DoctorConnect this will help give doctors a clear picture of what is required and thus assist in managing expectations etc. • Should organisations/centres for one-on-one assistance be established, doctors should be advised to contact these organisations so they are able to get a realistic overview of the processes required, realistic timelines, and step by step assistance to ensure they choose and undertake the correct category for assessment and registration processes • Clearly the assessment and registration process for bringing OTDs into Australia is very complex, and time consuming. It involves numerous parties, and is littered with potential roadblocks. Given this, we would always recommend that only experts in the field facilitate the process. We believe that outsourcing the recruitment of OTDs to dedicated agencies (such as Challis Recruitment) provides optimum efficiency and effectiveness. It frees up the other parties and provides an expert 'go-between' to liaise between the OTD and all other stakeholders. <p><i>Please note: Unfortunately not all agencies offering recruitment, medical registration and visa support are equipped to undertake the necessary procedures either due to lack of experience and knowledge and/or inadequate staffing to solely focus on supplying these services. So agencies offering support should be screened thoroughly.</i></p>
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2. HOSPITAL/EMPLOYER ASSISTANCE	
Issue/Situation	<p>When OTDs are directly recruited by Australian public hospitals, assistance is offered in regard to processes from departments such as medical staffing (and/or contacts in positions such as Manager Country Careers Program, Metropolitan Careers Facilitator etc). Unfortunately however from feedback from OTDs, support and assistance is usually very limited, and the timeline of successfully gaining registration when the OTD is working alone (or even with limited hospital/employer assistance) seems to be much longer than if an OTD is given assistance by a commercially independent organisation (such as Recruitment Agencies that specialise in the recruitment of OTDs).</p> <p><i>Please note: Private employers who recruit OTDs directly either employ recruitment agencies to deal with their OTDs registration and immigration processes or alternatively have the necessary internal structure to offer support directly.</i></p>
Current Status	<ul style="list-style-type: none"> • In the majority of cases there is no considerable support or assistance provided by employing hospitals for OTDs undertaking the assessment and registration process other than instructing OTDs to visit the relevant regulatory websites • Phone contact, advice, instruction is limited often due to differing time zones • Hospital staff within Medical Staffing departments can have limited information, and lack training/knowledge of the regulatory processes so are unable to give OTDs the support and guidance they require to successfully gain registration to practice in Australia • Regulatory bodies do not always alert employers/hospitals as to their policy/process changes which results in conflicting/old information being given to OTDs during the assessment and registration processes

	<ul style="list-style-type: none"> Hospital staff within the department that is allocated to support OTDs with applications etc have multiple duties, and supporting and assisting OTDs with assessment and registration processes can often be the last of their priorities due to the fact that they daily face staffing crises, training responsibilities, and must keep up-to-date and cover general human resources practices to ensure the smooth running of hospital departments.
Recommendations (if applicable)	<ul style="list-style-type: none"> Encourage stronger relationships, and the flow of information between the regulatory bodies and employers/hospitals. Additional support and assistance should be made available to all OTDs

3. OTDs ALREADY IMMersed IN TRANSITIONAL/COLLEGE PROGRAMS	
Issue/Situation	<p>We are aware that the government has given grants to organizations/Colleges in regard to making further training and assistance available for OTDs, to assist getting OTDs into and working in the Australian Healthcare System faster.</p> <p>These programs focus on assisting OTDs (targeting Specialists) in acclimatising to the Australian Healthcare system and culture (i.e. RACGP – FRACGP mentoring to Overseas Trained Doctors).</p> <p><i>Please note: The majority of these candidates are AMC candidates so additional training, assessment, Australian clinical practice and College exams are usually required before these candidates are suitable to undertake unsupervised practice.</i></p>
Current Status	<ul style="list-style-type: none"> Even though these programs are usually part Government funded and College run, only very limited guidance is given in regard to undertaking assessment and registration processes
Recommendations (if applicable)	<ul style="list-style-type: none"> Additional support and assistance should be made available to all OTDs

4. GP FOCUSED RURAL WORKFORCE AUSTRALIA	
Issue/Situation	<p>Rural Health Workforce Australia</p> <p>Rural Health Workforce Australia, and its state based members are one 'support group' however they are very much GP focused. From our knowledge they do assist with finding positions for overseas trained general practitioners, however from a corporate point of view 'rural' for the majority of specialists (general practitioners included) can be daunting.</p> <p>Rural and outback seem to have the same connotation (remote, without support, desolate). Although we understand the huge need for a rural GP workforce, and do find that a number are open to location, in our experience location and especially the term 'rural' is something that needs to be addressed verbally so all questions, queries and concerns can be addressed.</p>
Current Status	<ul style="list-style-type: none"> From our experience even though guidance is given in regard to undergoing AMC, College and AHPRA assessment there is no one point of contact to coordinate the process. Unfortunately due to the number of steps with the multiple regulatory bodies, even though Australia sounds attractive for a career move, once the 'necessary processes' are unveiled many a Specialists/GP is deterred on that basis alone.
Recommendations (if applicable)	<ul style="list-style-type: none"> Additional support and assistance should be made available to all OTDs

ENHANCMENT & INTEGRATION

1. Reduce the duplication of documentation	
Issue/Situation	<ul style="list-style-type: none"> • Currently significant duplication of documentation is required on the part of the OTD for the various organizations involved in the credentialing/assessment process towards registration in Australia • This is obviously seen as a very negative point when OTDs are considering Australia as a country of interest in regards to continuing their medial career. • It is not only time consuming and confusing but extremely costly as getting numerous documents certified adds up.
Current Status	<ul style="list-style-type: none"> • Currently organizations involved in the registration and credentialing process for OTDs require the same documentation in order to assess the OTDs eligibility to practice in Australia • OTDs are asked to supply documentation including detailing their basic training, advanced training, papers written, basic and advanced college exam results (not just evidence of the qualifications awarded when successfully passing an examination). Most specialist assessment submissions run into hundreds of pages (and most of those documents must be correctly certified, and duplicated at least 3 times which is hugely expensive) so that each individual regulating body (AMC, College, APHRA) receives a copy for their files.

<p>Recommendations (if applicable)</p>	<ul style="list-style-type: none"> • Decrease the multiple sets of the same documents required by AMC/College/AHPRA. Sharing of information among these organizations will reduce costs for the applicant and streamline processes • This could be achieved by developing a central database that can be viewed/accessed by all relevant parties (AMC, AHPRA & all Australian/New Zealand Colleges) if only for certified documents/medical degrees etc. As the AMC is usually the first port-of-call for applications/documentation it would be highly beneficial if the AMC could take the lead in scanning all candidate documents on to a central system. The AMC web portal system is currently accessed by AHPRA wherein the OTDs degree can be viewed/verified. Despite this being in place, AHPRA still requires an original notarized degree for the medical registration process. This portal system should store all relevant candidate documents (as provided to the AMC) and these should be accepted by the other assessing bodies providing they have met the requirements of the AMC. • This web portal system also displays whether a primary degree/specialist degree has been verified by the ECMFG and the current status of the verification
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<p>2. Reduce assessment of UK Trained Specialists CCT holders who are listed on the GMC Specialist Register</p>	
<p>Issue/Situation</p>	<p>Currently UK trained specialists who have documentary evidence that they have completed their specialists training, and are on the GMC Specialist Register, could be seen as being overly assessed (unnecessarily) to undertake specialist practice in Australia.</p> <p><i>Please note: A CCT (Certificate of Completion of Training) certificate is awarded to doctors who have completed a full GMC GP approved training program and have been assessed under Article 10 of the General and Specialist Medical Practice (education and qualifications) order.</i></p>



	<p><i>Candidates who hold CCT qualifications are also eligible to be added to the GMC Specialist Register. To be added to the Specialist Register the OTDs have been through a comparable screening process to that which is again undertaken by the AMC, College and AHPRA.</i></p> <p><i>The GMC maintains a Specialist Register. Since 1 January 1997 it has been a legal requirement that, to take up a consultant post (other than a locum consultant appointment) in a medical or surgical specialty in the NHS a doctor must be included on the Specialist Register.</i></p>
<p>Current Status</p>	<p>UK trained specialists currently have to supply documentation detailing their basic training, advanced training, papers written, basic and advanced college exam results, evidence of the all qualifications awarded. Most specialist assessment submissions run into hundreds of pages (and are required to be certified and duplicated at least 3 times to fulfill the assessment and registration processes.</p>
<p>Recommendations (if applicable)</p>	<p>As the UK College structure and training is seen to be equivalent to that of Australian specialist College standards and requirements, OTDs holding this qualification should be seen as comparable and not be required to provide evidence of their entire career via paper.</p> <p>We should be able to deem candidates holding the CCT (and who are listed on the GMC Specialist Register) as comparable to that of Australian specialists given the extremely comprehensive training undertaken in a country where we deem to hold equivalent training and assessment to that of Australia. A process whereby the GMC could provide the AMC/Specialist College with a detailed report regarding the OTDs qualifications and experience leading toward the award of the CCT in order to decrease the paper process requirements and time taken to undergo a full assessment.</p> <p>The OTD would still need to complete various requirements such as ECFMG, criminal history checks, Certificates of Good Standing, detailed CV etc.</p> <p>This would still ensure all Australian Regulatory bodies are receiving all up-to-date information to make sure all OTDs entering Australia are at the highest standard.</p>

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

1. AHPRA INCONSISTENCIES & IMPEDIMENTS	
Issue/Situation	Despite AHPRA being a national organization, the requirements are different for each State when lodging applications. While the concept of a national body is sensible, there are many areas of inconsistency among States which need to be addressed (below).
Current Status	<p>1. In-principle approval letters are different in SA compared to NSW/QLD and in SA additional documents are required for the ID check process</p> <p>2. In Queensland, the Queensland Health Registration Team (QHRT) is still insisting on bound originals/translations of medical degree and other documents and translation still required by NAATI whereas NSW (and other states) will accept documents unbound and not necessarily translated by a NAATI translator.</p> <p>3. Inconsistency in the receipt of IELTS results. Some jurisdictions will accept a notarised copy but others insist that it must be sent directly from the test centre. The electronic process whereby AHPRA has on-line access to both IELTS and OET results should have been implemented to streamline this requirement</p> <p>4. Processing times in each jurisdiction for new applications vary from 3-8+ weeks and in some jurisdictions, routine applications require the review of the Registration Committee which delays the process further</p> <p>5. Some jurisdictions require an appointment for the ID check process whereas others are not required. It is often difficult reaching the appropriate state medical office in order to make the necessary appointment</p> <p>6. Communication with AHPRA is still very difficult via the 1300 #. There have been a number of technical issues with this telephone line and even when operational, it is very difficult reaching a member of the appropriate state medical team. Often the call is screened by the operator (who often cannot assist with the query or gives incorrect advice)</p> <p>7. The turnover of staff at the various State offices has been quite significant therefore there is inconsistency in the application requirements</p> <p>8. There are insufficient policies/guidelines/templates to assist and guide OTDs through the assessment and registration processes.</p>

	<p>For example there is only one 'manual' to assist overseas trained specialists in applying for any of the specialist registration categories available to them. Although the AMC now includes the Specialist categories in their website, many overseas trained doctors (specialists especially) are not familiar with online application processes so revert to the paper application process which is even more time consuming</p> <p>9. There is inconsistency in AHPRA's requirements when an OTD is moving from one state to another. Some states require minimal documentation whereas others require a full complete application again</p> <p>10. AHPRA QLD insists on dealing directly with QHRT (once the application has gone from QHRT to AHPRA QLD) only, and not the nominated Authority (e.g. application assisting, coordinating Recruitment Agency personnel) indicated in the registration application form. This has caused delays with the registration process for some candidates</p>
<p>Recommendations (if applicable)</p>	<p>The following recommendations are numbered to correlate with the 'Current Status' listed numbers above.</p> <ol style="list-style-type: none"> 1. A standard letter (used by all jurisdictions) outlining the requirements for the ID check process should be developed and applied for all states 2. Consistency between all states regarding the translations of medical degrees and other documentation 3. Consistency between all states regarding IELTS results and how they are accepted (directly from IELTS or accredited). An electronic process whereby AHPRA has access to both IELTS and OET results is possible and should be implemented 4. AHPRA State Office Managers should compare 'notes' in regard to their processes to ensure the best and fastest practices are made available and followed in all AHPRA offices. This will only help to ensure the smoothest of application processes and best application assessment/approval are used consistently across Australia 5. Consistency in all states in regards to whether 'confirmed appointment times' are required for the ID check process

6. A direct telephone line to the specific medical registration State team would be extremely helpful in resolving issues quickly
7. While this staff turnover is somewhat inevitable, it is essential that new staff are trained appropriately
8. Additional policies/guidelines/templates need to be developed to assist applicants through all assessment and registration processes
9. AHPRA needs to address the reasoning behind asking for a new and full application be lodged when moving from State to State (surely it could be reasoned that it is not conducive with the sentiment of a 'National' Registration body, and would be more appropriate to request the completion of a simple 'transfer' application)
10. The 'two-step' registration process in Queensland does not appear to be facilitating the process as applications which have been 'screened' by QHRT still appear to be 'incomplete' when they are assessed by AHPRA QLD. In addition as AHPRA QLD will not deal directly with any 'authorised authority' as requested by many overseas candidates this again delays the processing of applications

Please note: A large number of overseas trained doctors move from state to state to enable them to gain training necessary to meet Australian College requirements, so they are able to work towards their Australian fellowship. As things stand due to inconsistency between states, OTDs are finding it confusing and difficult to move easily between states for training due to the non-national processes currently in place.

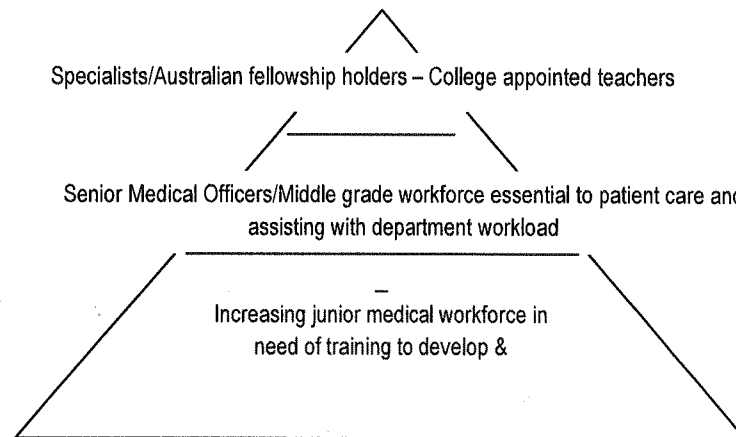
We therefore feel that having consistency in all AHPRA offices in regards to processes to gain registration (and subsequently transfer registration between states) is paramount to ensure the smooth, and fast transition for OTDs doctors to continue their training, and to gain general registration.

2. OTD HOSPITAL/CLINICAL ROTATIONAL PLACEMENT LIMITATION	
Issue/Situation	The requirement of all OTDs seeking the AMC Certificate and General Registration with AHPRA having to complete rotations in Australia is problematic.
Current Status	<p>As it stands, with the increasing number of local Interns, it is very difficult for OTDs to obtain rotations in order to satisfy this requirement.</p> <p>If OTDs are not able to gain hospital based assessment rotations they are unable to proceed to general registration. (OTDs under the Standard Pathway must sit the AMC MCQ and clinical + complete 12 months of rotational supervised practice before being eligible for General registration)</p>
Recommendations (if applicable)	<ul style="list-style-type: none"> • Increase number of hospital based rotational assessment placements.

3. PROMOTE AND FACILITATE THE REGISTRATION OF NON-COMPETENT COMPETENT AUTHORITY CANDIDATES THAT HAVE SIMILAR HEALTH CARE EXPERIENCE	
Issue/Situation	Due to the implementation of the competent authority pathways Australia has excluded many middle grade OTD (Senior Medical Officers) which means these middle grade/senior doctors are now required to sit the AMC. In all honesty from our experience most middle grade OTD's that have similar healthcare experience rule Australia out as a career destination as they refuse to sit the AMC (basically taking their final medical exam again) – extremely hard to swallow for a doctor with 10+ years experience.
Current Status	<p>Unfortunately this limitation will have a dramatic effect on the long term development of Australia's healthcare system. Prior to the implementation of the competent authority pathways OTDs from a number of countries (OTDs now unable to gain registration primarily because of the country they gained their primary qualification) were able to gain registration without having to sit the AMC (countries including South Africa, Singapore etc, countries with training and experience Australia has benefited greatly from).</p> <p>However should an OTD decide he/she are willing to undertake the AMC and then realises that without undertaking the necessary rotations that they are unable to gain general registration in Australia (which also rules our permanent residency, i.e. Australia as a long migration term option) then once again this becomes another stumbling block.</p>

In addition to requiring middle grade and senior practitioners to treat our current and aging population, if Australia is unable to increase its senior medical workforce, not only will patient care suffer, but the system in itself will be stifled due to the increase of the junior medical workforce which will struggle to train/specialise because of a lack of training/college trainee positions (specialists).

Looking forward, the Australian Medical System is going to become extremely bottom heavy, i.e. the recruitment of senior practitioners is critical to ensure our training for current and future junior doctors:



If OTDs are not able to gain hospital based assessment rotations they are unable to proceed to general registration (through the standard/AMC pathway).

Please note: Our organisation agrees that for the protection, development and to strengthen Australia's healthcare system the need for a standardised national assessment criteria such as the competent authority pathway/national assessment processes was necessary to introduce. However we felt it necessary to point out the not all AMC doctors are unsuitable to work straight off the back in Australia without bridging/transitional programs and assessment (i.e. AMC doctors that have similar healthcare experience).

Recommendations (if applicable)

- Build an assessment process so that OTDs who are required to sit the AMC, but have comprehensive similar healthcare experience from overseas, can be exempt from undertaking rotational placements (that are already extremely limited and are better put to use by filling with Australian graduates or OTDs who are AMC graduates with no similar healthcare experience).
- Encourage/facilitate the employment/registration of Senior Middle grade OTDs with similar healthcare experience (those not able to proceed through the Competent Authority Pathway).
- This will help ensure safety as by successfully passing the AMC we can be assured the OTD has the comparable medical knowledge of an Australian graduate, and then by assessing their previous similar healthcare experience we can fast track their placement into senior middle grade positions where there is currently and will continue to be a huge need.
- If assessment (a similar AMC assessment currently available for specialists) of previous experience can remove a major hurdle, then OTDs who successfully pass the AMC clinical, and thus are assessed as suitable to enter the workforce (without undertaking hospital based rotations), then after 12 months of supervised Australian clinical practice those OTDs should be eligible to apply for general registration (or at the very least be granted a type of general registration allowing them to work in their specific area i.e. Emergency Medicine), which should then enable the practitioner to apply for permanent residency.
- To always ensure public safety if one of these OTDs wanted to move specialties i.e. from Emergency to Surgery then they should then be required to undertake hospital based rotational assessment.
- This would once again make Australia an attractive career destination for OTDs currently excluded from the Competent Authority Pathway registration processes but who have similar healthcare experience.

Please note:

Hospital non-specialist doctors are also known as Senior Medical Officers in Australia, Staff Grade in the UK and MOSS {Medical Officer Special Scale} in New Zealand.



Doctors that are recruited into these Hospital non-specialist positions have sufficient training to act in a senior role but lack formal completion of training which would allow registration as Specialist.

The definition of a hospital non-specialist as per the doctorconnect.com.au website is:

'A hospital non-specialist is a doctor without postgraduate qualifications, who receives a government salary for the delivery of non-specialist healthcare services in a public hospital to public (Medicare) patients.'