Submission to the House of Representatives
Joint Standing Committee on Migration

INQUIRY INTO OVERSEAS SKILLS RECOGNITION, UPGRADING AND LICENSING

OVERVIEW

Australia, in common with a number of other developed countries, is dependent on importing skilled health workers to support the provision of health services, especially in rural and remote locations. It is estimated that over 21% of the total medical workforce in Australia were trained overseas and that 35% of all general practitioners billing Medicare in 2003/2004 in rural and remote locations (RRMA 3 – 7) were overseas trained doctors.[1]

Under the federal system of government in Australia, the regulation of the medical profession (and other licensed health professionals) is a State responsibility and is administered through the relevant State and Territory Medical (Practitioners) Acts. Similarly, the provision of health services in Australia involves a complex system of Commonwealth and State agencies, each with its own functions and responsibilities.

The "recognition" of medical qualifications is a very high stakes process and has been the subject of considerable controversy over the years. As a result, this issue has been the subject of numerous reviews, inquiries, working parties and task forces at both commonwealth and the state levels, ranging from the Commonwealth Fry Committee of (1983)[2] to the Medical Training and Review Panel (2004)[3]. It has also been the subject of two legal challenges to the (Commonwealth) Human Rights and Equal Opportunity Commission and an appeal to the Full Bench of the Federal Court.[4]

Despite being exhaustively reviewed, the "recognition" of medical qualifications in Australia over the last 25 years has been characterised by major reversals in government policy. In the 1970's the Commonwealth government initiated programs under the Committee on Overseas Professional Qualifications to implement nationally consistent objective assessments of medical and allied health

[1] Department of Health and Ageing Background Paper to national forum on the Assessment of Temporary Resident Overseas Trained General Practitioners, April, 2005 page 4.
[2] The Recognition of Overseas Qualifications in Australia, December 1982. Vol. 1, pages 186 – 209
[3] Overseas Trained Doctor Sub-Committee Report, February, 2004
[4] Human Rights and Equal Opportunity Commission H94/51 and H97/190, and Federal Court of Australia No.751 of 1995.

qualifications for the purposes of registration. However, by the 1990's the Commonwealth was imposing points penalties on medically qualified applicants for migrant entry, and a restrictive quota was approved by Health Ministers for the national examinations administered by the Australian Medical Council (AMC) because of concerns relating to increase healthcare costs. In its latest iteration Australian Government policy is focussed on increasing the medical workforce and new initiatives have been launched to actively recruit, assist and inform overseas trained doctors wishing to enter the medical workforce in Australia.

Unfortunately, as recent events in Queensland have highlighted, attempts to short circuit established assessment and monitoring processes for health professionals, who have not had their skills and competencies formally assessed, can have catastrophic results. Aside from the tragic and direct impact on the health and wellbeing of members of the community, a "systems" failure on this scale has significant financial implications and can seriously disrupt the efficient management of health services. However, one of the most unfortunate effects of this type of situation is the loss of confidence by the community in the skills and safety of overseas trained health professionals.

PERCEPTIONS AND REALITY

It is unfortunate, that in an area as important as the assessment of the qualifications and skills of the medical workforce, that the debate on recognition of overseas medical qualifications has often been characterised by reliance on "perceptions" rather than fact. This may explain why many of the initiatives to facilitate the recognition of overseas medical qualifications in the past, such as the early bridging courses in the 1990's, have been less than successful. Similarly, a preoccupation with workforce issues and staffing numbers has overshadowed critical areas needing attention, such as the need for ongoing support and training for overseas trained doctors in the health care system.[5] Fortunately, the situation appears to be changing with recent studies such as the MTRP Report of 2004 and the National Scoping Study of the Confederation of Postgraduate Medical Education Councils[6] providing governments with a solid evidence base from which to develop sound policies and procedures.

ASSESSMENT OF OVERSEAS MEDICAL QUALIFICATIONS IN AUSTRALIA

The recognition of medical qualifications for the purposes of registration in Australia is a complex issue. It may assist an understanding of this issue to review the stages in the development of the current assessment models.

CURRENT PATHWAYS TO REGISTRATION

There are currently a number of pathways by which an overseas trained doctor (OTD) may obtain registration in Australia. In summary these are;

[5] McGrath, B Integration of Overseas-trained Doctors into the Australian Medical Workforce. *Med J Aust* 2004; 181:640 - 642

[6] Confederation of Postgraduate Medical Education Councils (CPMEC) Information and Resources Relating to Education and Training Available to Overseas Trained Doctors in Australia. A National Scoping Study. Canberra: Australian Government Department of Health and Ageing. 2004.

A. Full (Non-Specialist) Registration: OTDs who are seeking full (non-specialist) registration must pass the AMC examination which consists of a two stages – a computer-administered multiple choice test of applied medical knowledge and a multi-station (Objective Structured Clinical Examination [OSCE]) format assessment of clinical skills. On completion of the AMC examination the OTD must complete 12 months supervised training at an internship level (unless exempted by the relevant Medical Board) to qualify for full registration

B. Conditional/Limited (Specialist) Registration: OTDs with postgraduate qualifications in a recognised specialist field of practice may apply through the AMC for assessment by the relevant Specialist Medical College. If assessed as equivalent to and Australian trained specialist in a specific field, the OTD may be granted registration limited to that field of specialty.

C. Area of Need (Non-specialist) Registration: An OTD who does not meet the agreed national standard for full (non-specialist) registration may be registered with conditions by the relevant State or Territory Medical Board to work in a designated area of need under prescribed supervision, where it is deemed in the public interest. In some cases, but not all, the OTD may be subject to assessment prior to registration.

D. Area of Need (Specialist) Registration: An OTD with some postgraduate training or experience may be registered to work in an area of need specialist position by the relevant State or Territory Medical Board with such conditions as may be deemed appropriate. [Although a formal assessment process was agreed and implemented in 2002, it appears that only 20% of area of need specialists have been assessed through the agreed process.]

E. Five Year General Practice Scheme: An OTD with postgraduate training in general practice, may be registered to work in a designated rural general practice position, subject to assessment by a National Reference Panel. The OTD is expected to complete the Fellowship of the Royal Australian College of General Practitioners within a 2 year period and, thereby, qualify for full registration.

Further details on the AMC examination for non-specialist registration, the AMC/Specialist College Assessment process and the Area of Need Assessment process can be seen on the AMC website [www.amc.org.au]. A summary of the AMC examination process for non-specialist registration is set out in TABLE 1(at the end of this submission).

HISTORY OF THE DEVELOPMENT OF ASSESSMENT PROCESSES IN AUSTRALIA

A National Approach to Recognition of Qualifications

Prior to 1978, each State and Territory Medical (Practitioners) Act included lists of medical qualifications that were recognised for the purposes of registration. By 1978 the recognised qualifications listed were the (then) 10 Medical Schools in Australia, the 2 New Zealand Medical Schools and the UK Medical Schools that had been accredited by the General Medical Council of the UK. (Tasmania also recognised graduates of South African medical Schools).

The assessment of overseas medical qualifications for registration in Australia varied between States. Attempts were made to develop objective and structured processes for assessment and, in 1972, Victoria established an independent examination [the Foreign Practitioners Qualifications Certificate (FPQC)] based on the final qualifying examination of the University of Melbourne.

In 1978, the State and Territory Medical Boards agreed to adopt the FPQC model as a national screening examination for overseas trained doctors (OTDs). The Australian Medical Examining Council (AMEC) was established under the auspices of the (Commonwealth) Committee on Overseas Professional Qualifications) to administer the national examination. Eligibility to sit the AMEC examination was restricted to Australian citizens, permanent residents and applicants for migrant entry to Australia. The examination was not prescribed by statute.

In August 1984 the Australian Health Ministers' Conference, following recommendations from the Standing Committee of the Health Ministers' Conference, agreed to establish the Australian Medical Council (AMC) to accredit medical schools and courses leading to basic medical qualifications and make recommendations to State and Territory Medical Boards concerning uniform approaches to registration of medical practitioners. The Council was also given the responsibility for administering the national examinations for OTDs (AMEC examination) The Council commenced operations in January 1985 and assumed responsibility for the examination in January 1986.

Separate Pathway for Overseas Trained Specialists

Prior to 1990, overseas trained specialists were required to pass the AMC (non-specialist/general practitioner) examination in order to obtain general registration to practise in Australia and then seek recognition of their specialist training though the Specialist Recognition Advisory Committees (SRACs), State-based recognition bodies established under the provisions of the (Commonwealth) Health Insurance Act to determine the recognition of individual specialists for the purposes of Medicare.

In 1989 the New South Wales Committee of Inquiry into Recognition of Overseas Qualifications (NSW 'Fry Report') recommended that a different pathway be provided for the assessment and registration overseas trained specialists from that for non-specialist registration.

In 1990, the New South Wales Medical Board approached the Specialist Medical Colleges individually for assistance with assessing overseas trained specialists. Where the specialist was assessed as equivalent or near-equivalent to Australian trained specialists in the relevant field of specialist practice, he or she was granted registration for independent practice limited to the assessed field of specialty.

Health Ministers Agree to National Standards for Assessment of OTDs

In March 1991, the Australian Health Ministers Conference, in anticipation of the implementation of the mutual recognition scheme, agreed to recommendations of an Australian Health Ministers Advisory Committee (AHMAC) Working Party (the Clark Committee) on a national standard for registration for independent practice. The two principal categories were:

General Registration (registration without conditions)

- Graduates of medical schools in Australia and New Zealand that had been accredited by the AMC; and
- Graduates of other medical schools who had passed the AMC examination

Registration for Specialist Practice (registration with conditions limited to the field of specialist practice)

- OTDs who had been assessed by the relevant Specialist Medical College as equivalent or near equivalent to an Australian trained specialist

Following the decision of the Health Ministers, legislation was amended in all but one State (South Australia) to formally prescribe the AMC examination for non-specialist registration and to withdraw the recognition of UK qualifications (and South African qualifications in the case of Tasmania). The relevant legislation was also amended to permit overseas trained specialist who had been assessed as equivalent to an Australian trained specialist to be granted "limited" registration for independent practice.

Growing Problem of Area of Need

Although a measure of national consistency had been achieved with the 1991 Health Ministers decision, each State and Territory retained discretionary provisions under their individual Acts, to grant registration with conditions to individual medical practitioners, who did not meet the agreed national standards for independent practice, in circumstances where it was deemed by the relevant Board to be "in the public interest". This category, which is also known as "area of need" registration, was to increase in significance as the numbers of area of need positions increased from some 600 in 1992 to over 4000 in 2002/2003.

In 1992, an AMC/Committee of Presidents of Medical Colleges (CPMC) Joint Workshop on Assessment and Registration of Overseas Trained Specialists identified (inter alia) the need for consistency in assessment processes. In 1993, a national process was adopted, with the AMC becoming the first point of contact for overseas trained specialists seeking registration in Australia and taking on the role of a 'clearing house' for the Specialist Medical Colleges (which set the standards of specialist medical practice in Australia) and the Medical Boards in relation to specialist assessment and registration.

After 1993, the specialist assessment processes developed in sophistication, but lacked a measure of consistency between the Colleges, as each College attempted to administer the processes within the context of its own philosophy, by-laws and governing regulations.

The Medical Boards, had their own individual approaches in responding to Colleges' requirements relating to – for example - examinations and their timing, and top-up training - in terms of the registration of individual overseas trained specialists.

Issues facing the Colleges and Boards included:

- the fact that the process was developed as a means of recognising fully trained overseas trained specialists rather than providing an alternative training pathway

- differing understanding of the purpose and philosophy of the specialist assessment process

- different local conditions and requirements that emerged over time.

Moves to Improve Assessment of Overseas Trained Specialists

In April 1999, a Joint AMC/CPMC Workshop on Assessment and Registration of Overseas Trained Specialists determined that a standard assessment process across all Colleges would assist all stakeholders in the process and provide a more consistent outcome. The result was the introduction, in April 2000, of pro forma reporting by the Colleges on the outcomes of their initial and final assessments of overseas trained specialists and the adoption across all Colleges of a *Template* for the procedures for assessing overseas trained specialists.

The *Template* covers aspects such as:

- documenting criteria for assessment and procedures for assessment
- establishing a committee to undertake assessments
- evidence used for assessment
- action to be taken by a College on receipt of an application
- interview arrangements and procedural fairness
- further assessments
- mediation and appeals process.

The adoption of the pro forma reports and the *Template* had the effect of streamlining communication between the Colleges, the AMC, applicants and the Medical Boards.[7] The templates have been widely accepted – particularly by applicants, who now receive their own copy of the results of College assessments as issued by the Colleges themselves. This documentation has also contributed to an improved procedural robustness and overall consistency of approach to specialist assessment in Australia.

Proposed National Approach to Area of Need Assessment

In December 1995, in response to growing concerns about the numbers of OTDs that were being placed in "area of need" positions, with little or no formal assessment, the AMC was asked by the Commonwealth Department of Health to provide advice on a national approach to assessment and registration of doctors for Area of Need positions. The AMC established, a Working Party, which after consultation with key stakeholders, prepared an options paper for AHMAC, entitled ***A Structured Approach for Area of Need Registration***. The paper proposed a structured approach to Area of Need registration which matched individual practitioners to the service needs of the Area of Need positions. It addressed aspects of Area of Need registration such as:

- definition/categorisation of Area of Need positions in terms clinical responsibility and available levels of supervision
- open processes for assessment and registration, including matching of the individual to the requirements of the position
- supervision issues and the ongoing monitoring of standards.

[7] From January 1993 to May 2005, the AMC has processed a total of 2802 applications for specialist assessment through the 'standard' pathway (that is, for overseas trained specialists seeking recognition for the purpose of registration for independent specialist practice in Australia).

The AMC's report was submitted to AHMAC in May 1996 but was not adopted. The AMC was informed at the time that the lack of support was due primarily to concerns about the potential negative impact of the proposed assessment process on the medical workforce.

In April 1999 a Joint AMC/CPMC Workshop on Assessment and Registration of Overseas Trained Specialists (referred to above) agreed that appointments to Area of Need specialist positions should not be assessed at a lesser standard than that applied to permanently resident overseas trained specialists. Following the Workshop, debate continued surrounding workforce issues and concerns about the practical difficulties involved in using the same assessment processes for Area of Need specialists as for permanent resident specialists.

"Five Year" GP Scheme

In 1998 new initiatives were announced by the Commonwealth Minister for Health and Aged Care for recruiting OTDs with postgraduate training and experience in general practice for positions in rural or remote areas. The new assessment process, known as the "Five Year Scheme", was formally approved by Health ministers in August 1999. Under this scheme, OTDs with appropriate GP training who were assessed as equivalent to the Fellowship of the Royal Australian College of General Practitioners (or within 2 years of completing the FRACGP) were granted limited registration to work in designated area of need general practice positions.

Under the "Five Year Scheme", if the OTDs completed the FRACGP they would be granted registration for "general practice" (in effect, registration without conditions). The practitioners were required to work in the designated positions for 5 years, after which they could move to any location in Australia and would be able to retain their Medicare provider number, by-passing the 10 year moratorium on access to Medicare provider numbers.

Alternative Approach to Area of Need Specialists

As the Five Year Scheme was being developed, the New South Wales Department of Health and the Medical Board of New South Wales approached a number of Specialist Medical Colleges to assist in the recruitment process by assessing overseas trained specialists for Area of Need positions – not to the same standard (or 'equivalence') as Australian trained specialists, but against the requirements of particular positions.

In August 1999, the newly established CPMC/AMC Joint Standing Committee on Overseas Trained Specialists considered a draft proposal for a fast-track assessment process for Area of Need positions. The proposal was circulated for consideration by the Specialist Medical Colleges.

In September 1999, the Royal Australasian College of Physicians (RACP) developed a proposal for an alternative model for the evaluation of overseas trained specialists for Area of Need positions based on a defined position description, matching qualifications and experience of the applicant to the position, and ongoing assessment and monitoring. The model was very similar to the AMC model developed for AHMAC in 1996. The CPMC's Working Group on Area of Need Assessment invited the AMC to review its model in line with the RACP proposals.

2000 Area of Need Specialist Forum

Against a background of continuing concern by governments for the implementation of solutions to the shortage of specialists in Areas of Need, a CPMC/AMC Forum was held on 1 December 2000 to bring together a wide range of stakeholders to develop a flexible and responsive model for fast-track assessment of overseas trained specialists selected to fill Area of Need positions. The model was to be an adjunct to the AMC/Specialist Medical College pathway for assessment of overseas trained specialists that was implemented in 1993.

The model considered at the Forum focused on four discrete elements:

- a detailed position description for each Area of Need position, where possible developed with input from the relevant Specialist Medical College
- initial assessment by the relevant College of the preferred applicant, against the position description and selection criteria
- registration by the relevant Medical Board to reflect the requirements of both the position and the experience of the applicant
- provision for ongoing assessment and monitoring by the relevant College.

On the basis of the broad agreement reached at the Forum concerning a model for an assessment process for Area of Need practitioners, the CPMC/AMC Joint Standing Committee on Overseas Trained Specialists undertook extensive stakeholder consultations on a new national assessment process for Area of Need specialists.

Agreed National Process for Area of Need Specialists

In April 2001, as part of the consultative process, all State and Territory Health authorities were asked by the Commonwealth Department of Health and Aged Care to advise on implementation of the proposed Area of Need specialist assessment process, including possible timelines, and on specific material for inclusion in a User's Guide that would assist all parties to implement the new process. All the responses received were considered in the drafting of the ***User's Guide - Assessment Process for Area of Need Practitioners*** [later amended to ***Area of Need Specialists***, to distinguish the new process from the arrangements already in place for recruitment of rural or remote area general practitioners].

The AMC/CPMC Joint Standing Committee on Overseas Trained Specialists had responsibility for monitoring the Area of Need processes for assessment of overseas trained specialists (as well as assessments through the 'standard' pathway).

A flow-chart outlining the steps in the assessment process is set out at TABLE 2, and is reproduced from the ***User's Guide*** [pages ii and iii]. Copies of the ***User's Guide*** can be downloaded from the AMC's website at www.amc.org.au/aondocs.asp

The AMC's primary role is to participate in the process on behalf of the Colleges and Medical Boards by determining, on the basis of jointly agreed criteria, the eligibility of applicants to proceed to assessment. Medical Boards have sole responsibility for granting **conditional registration** to overseas trained specialists who have been selected as suitable for consideration for employment in designated Area of Need positions. The conditions attached to such registration usually include restrictions such as the location, duration, nature and extent of practice, and arrangements for supervision and ongoing assessment, reflecting the particular requirements of the practitioner and the Area of Need position, locality and population.

Despite the national agreement on the Area of Need assessment pathway, there appears to be a significant number of overseas trained specialists, particularly in Area of need positions, who have been registered but have never lodged an assessment application with the AMC .[8] Commonwealth recruitment data from the "strengthening Medicare" initiative indicates that 25% of doctors recruited under the scheme were specialists. If this is applied to the total number of temporary resident doctors (TRDs) who were granted visas in 2004, it would suggest that there were some 796 overseas trained specialists who entered Australia as TRDs in 2004. The total number of Area of Need specialist applications processed in 2004 by the AMC was 157.

ACCC Investigation of Royal Australasian College of Surgeons

In 2000 the Australian Consumer and Competition Commission (ACCC) initiated an inquiry into the activities of the Royal Australasian College of Surgeons (RACS), including the assessment of overseas trained surgeons. The College applied for authorization under the provisions of the Trade Practices Act, and as `a condition of authorization granted in 2003 was required to conduct an independent review of its assessment procedures. The final Report of the Review of the Assessment of Overseas Trained Surgeons was completed on 15 April 2005 and has now been circulated. The Report recommends (among other things) that:

- the AMC provide external oversight of the Royal Australasian College of Surgeons (RACS) by monitoring the effectiveness and performance of the College's overseas trained surgeons assessment process

- there should be consultative development (involving the AMC, College and jurisdictions) of appropriate structural, governance and funding arrangements, which should include consideration of arrangements for a review of the implementation, operation and effectiveness of the proposed AMC body once that body has been established for 12 months.

The assessment model proposed by the Review Committee will, if implemented, continue to involve the AMC in a 'clearing house' role. However, the model merges the currently separate 'standard' (AMC / Specialist College) pathway and the Area of Need specialist assessment pathways into one. It also provides for 'streaming' of applicants into three categories: those with recognised surgical qualifications; no currently recognised surgical qualification; and self-initiated applicants.

The AMC will now consult with the RACS and jurisdictions to clarify issues surrounding the proposed monitoring of the College and the associated resource requirements. The RACS Review has obvious implications for all other Australian or Australasian Specialist Medical Colleges.

[8] Although the Queensland Department of Health has signed off on the new procedures for area of need specialist assessment, the assessment process appears to have been by-passed in the case of Dr Jayant Patel.

CURRENT INITIATIVES AND POLICIES TO SUPPORT THE RECONGITION OF OTDS

Medicare / Medical Workforce Initiatives

On 18 November 2003, the Commonwealth Government announced a package of measures (Medicare Plus – now *Strengthening Medicare*), including reforms to increase the medical workforce by 'reducing red tape' and streamlining aspects of the assessment process for overseas trained doctors. One of the deliverables under the *Strengthening Medicare* package was the improved alignment of the State and Territory "area of need" determinations (for registration purposes) and the Australian Government's "district of workforce shortage" determinations (for Medicare purposes).

The AMC was asked by the Commonwealth to streamline its processes for the assessment of OTDs for non-specialist (general) registration. The major initiatives targeted for action by the AMC were:

- Streamlining of the AMC clinical examination with increased availability for assessment. [This was implemented in 2004 with the total number of clinical examination places increased from 450 to 900 per year. The output of the AMC examination has increased from 250 to approximately 500 per year.]

- Implementation of a computer-administered MCQ examination format and increased frequency of assessment. [This was implemented in March 2005 with the number of MCQ examinations increased from 2 to 5 per year.]

- Development of a computer-administered MCQ screening examination that could be available outside Australia at more frequent intervals than the then current MCQ examination. [This is being developed as a joint project with the Medical Council of Canada and is expected to be available from July 2006 with monthly administrations when fully developed.]

As part of the development of the Off-shore screening examination, the AMC has initiated discussions with the Education Commission for Foreign Medical Graduates of the Untied States (ECFMG), to undertake primary source verification of medical qualifications. This process currently applies to all OTDs who lodge application to sit screening examinations conducted by the Medical Council of Canada and the United States licensing examinations. It is expected that primary source verifications for all AMC candidates will be implemented by the end of 2005.

A Joint Working Group on Overseas Trained Specialists (on which the AMC is represented) was convened by the Australian Department of Health and Ageing to progress the development of suitable proposals to 'reduce red tape'. The Department also convened a Stakeholder Workshop on 12 March 2004 on the Assessment of Overseas Trained Specialists for Employment in Area of Need Positions.

In relation to Area of Need assessment, the Stakeholder Workshop supported a multiple approach based on the extent of information and supporting evidence on the qualifications and relevant experience of the individual and specific requirements of the Area of Need position. It was proposed that there be three categories:

Category 1: Overseas trained specialists who fall within an agreed group of recognised/accredited qualifications/training, who would not require formal assessment through the Specialist College pathway.

Category 2: Overseas trained specialists, who did not fall within the first category, but had a strong track record and verifiable qualifications and experience. Individuals in this category would be assessed as part of the original selection/recruitment process, which would include input from the relevant Specialist College, but would not require formal assessment through the Specialist College pathway.

Category 3: Overseas trained specialists whose fitness-for-task for the specific Area of Need position is not clear and who will require formal assessment through the Specialist College pathway.

The Department of Health and Ageing continues to work with the Specialist Medical Colleges and other stakeholders to develop the Category 1 group of qualifications proposed by the Workshop.

As part of these activities, criteria have been developed for identifying overseas qualifications suitable for acceptance without College assessment (Category 1). The criteria – which will identify the minimum standard as a standard of quality that would be acceptable to the Australian community – require three aspects of qualifications to be assessed, namely:

- the training program (that is, goals, entry requirements, format and content/structure of training, training environment, accreditation)

- assessment and/or examination (through a systematic program of formative and summative assessments appropriate to the specialty)

- professional development program (qualification supported by access to a professional development program and/or peer review and audit programs).

Further work is proceeding in relation to the principles and process for assessing recency of practice for Category 1 applicants.

Other Commonwealth initiatives to facilitate the entry of OTDs into the medical workforce include:

- Funding of a special project through the Royal Australian College of General Practitioners to assess the knowledge and skills base of OTDs who have been unsuccessful in completing the AMC examination in order to develop individual learning plans to up-skill the individual OTDs and to enable them to complete the AMC requirements for registration.

- Provision of a limited scholarship program to assist OTDs who have been given individual learning plans to participate in bridging courses.

- Implementation of a Hub website in conjunction with key stakeholders to provide a single point of contact for OTDs and prospective employers with links to other relevant websites. This development is in line with the recommendations of the 2004 MTRP Report.

  [The website can be accessed at www.doctorconnect.gov.au]

2005 National Forum on Assessment of TRDs for General Practice Positions

On 20 April 2005 the Commonwealth Department of Health and Ageing hosted a national forum on the assessment of temporary resident doctors for general practice in Australia. The Forum agreed to adopt the key elements of a discussion paper that had been prepared by the Registrars Sub-Group of the AMC Joint Medical Boards Advisory Committee (JMBAC) as a framework for the development of a national strategy for TRD assessment. The key elements were:

- Verification of Qualifications – primary source verification [administered on a national basis]
- International Screening Examination (AMC/MCC model) [administered on a national basis]
- English language proficiency [agreed national standard]
- Assessment of TRD for specific position [administered on a local basis] (may include one or more of the following):
  - Review according to National Reference Panel categories
  - Assess fitness for defined area of need position
  - Clinical interview
  - Clinical exam
- Consideration by Medical Board – conditions set [local basis]
- Post-registration supervision / monitoring / reports [local basis]
- Participation in MOPS / CPD [national standard]
- Completion of FRACGP / AMC requirements for full registration within defined period [national standard]

A Steering Committee has been established by the Commonwealth to progress the further development of the assessment model and associated matters.

COMPARISON WITH OTHER COUNTRIES

The issue of recognition of medical qualifications and the reliance on imported skills is common to a number of countries, including the United Kingdom, the United States, Canada and New Zealand. Each of these countries has adopted a screening examination system to establish eligibility for licensure/registration. The key processes are summarised as follows:

Country	Assessment Process
United Kingdom	○ All EU medical graduates are recognised for the purposes of registration in the UK as part of the mutual recognition provisions that exist between EU countries. This does not provide recognition for the National Health Service, which is required for employment purposes in the UK. ○ Non-EU graduates, who are seeking to work in the UK, must complete the Professional and Linguistic Board (PLAB) examination conducted by the General Medical Council of the UK.
United State	All US graduates and graduates of medical schools outside the US must complete the 3 parts of the United States Medical Licensing Examination

	(USMLE) to be eligible for licensure by the State Medical Boards of the US.
Canada	○ All graduates of medical schools outside Canada or the United States must pass the Evaluating Examination as a prerequisite to completing the Licensing Examination of the Medical Council of Canada (MCCLE) ○ All Canadian medical graduates and non-Canadian medical graduates must pass the two parts of the MCCLE before being granted full registration. ○ Individual provinces may grant limited registration to OTDs who have not completed the full MCCLE.
New Zealand	○ All graduates of medical schools that have not been accredited by the AMC must attempt and pass stages 1 and 2 of the United States Medical Licensing Examination (USMLE) together with a test of clinical competence and safety before being eligible for registration.

Although comparative data is not easy to obtain, it appears that each of these countries draws medical graduates from a similar source pool. As a result, the performance in the screening examinations is often similar, as the following comparison between Australia and Canada shows:

AMC MCQ Examination				**MCC (MCQ) Evaluating Examination**			
Year/ Session	**No. Sitting**	**No. Passing**	**% Pass Rate**	**Year/ Session**	**No. Sitting**	**No. Passing**	**% Pass Rate**
1998 A	222	88	39.6%	1998 1	705	353	50.0%
1998 B	318	175	55.0%	1998 2	737	372	50.5%
1999 A	351	196	55.8%	1999 1	833	414	49.7%
1999 B	335	129	38.5%	1999 2	866	501	57.9%
2000 A	434	175	40.3%	2000 1	925	431	46.6%
2000 B	517	344	66.5%	2000 2	1,195	751	62.8%
2001 A	531	280	52.7%	2001 1	1,108	679	61.3%
2001 B	450	268	59.8%	2001 2	1,239	768	62.0%
				2001 3	227	119	52.4%
2002 A	434	231	53.2%	2002 1	390	288	73.9%
2002B	437	259	59.2%	2002 2	1,038	598	58.1%
				2002 3	606	419	69.1%
				2002 4	43	35	81.4%
				2002 5	935	583	62.4%
				1998 1	705	353	50.0%

Both sets of screening examinations demonstrate fluctuations in pass rates between individual test administrations. This reflects the diverse nature of the candidate cohorts, in terms of their qualifications, relevant experience and knowledge of the local health care system.

The challenges of ensuring an open and transparent assessment process to evaluate overseas trained medical graduates and to facilitate their integration into the medical workforce is also common to a number of the countries with large migration programs. In 2002 a Canadian Taskforce on Licensure of International Medical Graduates was established by the Federal and Provincial authorities to review and make recommendations on strategies to address these issues. The Taskforce arrived at the following 6 key recommendations:

1. Ensure adequate capacity and funding for assessment and training of IMGs. This will require new funding to support the expansion of IMG assessment and training programs.

2. Work toward standardization of the evaluation process for IMGs applying for licensure in Canada.

a) Develop a central credential verification service, which would result in a more consistent verification process.

b) Identify and promote adoption of common licensure screening criteria and tools. A consortium of key medical stakeholder organizations and governments will work on developing common screening criteria and oversee work on standards for assessing the language proficiency of IMGs.

c) Work toward adoption of common terms and definitions in licensure regulation.

3. Expand or develop supports/programs to assist IMGs with the requirements and process for medical licensure in Canada.

a) Develop a central on-line site where IMGs, living in Canada or abroad, may access information critical to licensure and employment in Canada.

b) Develop an on-line self-assessment tool for IMGs to determine their readiness to immigrate and/or apply for licensure in Canada. This would allow them to assess their likelihood of meeting licensure requirements and direct them to preparatory programs.

c) Increase access to the Medical Council of Canada Evaluating Exam (MCCEE) by putting it on-line, and by offering it more frequently and in more countries.

d) Develop orientation programs to the Canadian health care system and the cultural, legal and ethical organization of medicine in Canada.

e) Develop an educational program to help IMGs understand communication and cultural aspects of the practice of medicine in Canada.

f) Offer provincial/regional orientation programs in each jurisdiction.

g) Implement regional policies to address the exceptional financial barriers faced by IMGs seeking licensure.

- Governments should pay IMGs during any assessment period lasting more than three days and any IMG entering a training program should receive remuneration and benefits commensurate with Canadian medical graduates.
- Since medical education is expensive, provincial and territorial governments should consider strategies to assist IMGs in accessing loan/bursary programs.

4. Develop an orientation program to support medical faculty and physicians working with IMGs.

5. Develop capacity to track and recruit IMGs through the creation of a national database.

6.Establish a research agenda that would evaluate the IMG licensure recommendations and the impact of the strategy on Canada's physician supply.

These recommendations echo many of the findings of the Australian Medical Training and Review OTD Sub-committee report.[9]

STRATEGIES TO ADDRESS THE NEEDS OF OTDS AND TO FACILITATE THE RECOGNITION OF MEDICAL QUALIFICATIONS IN AUSTRALIA

Profile of OTDs

In order to develop suitable strategies to facilitate the assessment, registration and ultimate integration into the medical workforce of medically qualified migrants, it may be useful to consider the profile of candidates who present for assessment.

The following points are relevant:

- Since national screening examinations for OTDs were implemented in 1978, some **8921** doctors have presented for assessment. Of these **7136** (79.99% of those who commenced) have passed the MCQ examination and qualified to proceed to the clinical examination.

- Of the total number who passed the MCQ **5723** doctors have commenced the clinical examination, of whom **4888** (85.41% of those who commenced) have passed and qualified for registration in Australia.

- These doctors represent 114 countries of training. A breakdown by country of training is set out in TABLE 3.

- The age profile of candidates ranges from 24 years to 65+ years with a mean of 30-34 years.

- The age distribution by performance at the AMC MCQ and clinical examinations is set out in TABLE 4.[10]

- The gender mix of candidates indicates that of those candidates who pass the examination 52% are female and 48% are male.

- Although there are no attempt limits on the two components of the AMC examination, the performance data of AMC examinations confirms that 80+ of candidates who are successful at the AMC pass in their first two attempts. [82.24% of MCQ candidates and 84.18% of clinical candidates.] This has implications for bridging and retraining programs.

The recognition of the diversity of OTDs presenting for assessment in Australia is not new. In 1982 the Commonwealth Fry Committee inquiry[11], barely five years after the national screening examination process for medical qualifications was implemented

[9] MTRP OTD Sub-committee Report February, 2004 pages 11 – 12.
[10] It is worth noting that 57% of candidates who pass the AMC examination are less than 35 years of age.
[11] Committee of Inquiry into The Recognition of Overseas Qualifications in Australia (Commonwealth Fry Committee) page 189.

the first comprehensive review of the performance of OTDs identified four categories based on training and experience, as follows:

1. Countries of training with similar medical training and practice backgrounds – high pass rates

2. High ability candidates from countries of training with moderately different backgrounds but candidates – high pass rates

3. Countries of training with different practice backgrounds – candidates require short period of orientation to reach pass standard

4. Countries of training with significantly different practice background – need substantial re-training and orientation pf skills to enter medical workforce in Australia.

Subsequent reviews and studies were able to quantify with greater precision the diversity of OTDs and the impact of this diversity on performance in the screening examination. The most accurate analysis to date was a review of the performance of over 2,114 candidates at the AMC clinical examination by consultants engaged by the (Commonwealth) Department of Health and Aged Care in 1999[12]. The study identified 5 categories of OTD by performance as follows:

Candidate Cohort/Group	**Proportion of Total AMC Candidates**
1. Minimal Assistance Pass clinical examination at first attempt without undertaking a bridging course	**37%**
2. Skills Refresh and Orientation Pass clinical examination at first attempt after undertaking a bridging course	**21%**
3. Significant Skills Refresh and Orientation or Gap Remediation Pass clinical examination at second attempt	**20%**
4. Major Assistance Pass clinical examination at third or fourth attempt	**10%**
5. Re-training Yet to pass clinical examination after four or more attempts	**12%**

The ARTD study indicated that the Minimal Assistance category of candidates were:

[12] ARTD Management and Research Consultants Research Study on Bridging Courses for Overseas Trained Doctors Canberra, 2000. p.46

- 2.7 times more likely to be trained in a countries with similar training systems
- 2.3 times more likely to have gained an exemption from the English language proficiency requirement
- 1.6 times more likely to be under 35 years of age
- 1.3 times more likely to have MCQ scores greater than 65% correct.

By comparison the Re-training category were found to be:

- 12 times more likely to be trained in countries with dissimilar training systems
- 6 times more likely not to have an exemption from the English language proficiency requirement
- All candidates in the group were 35 years of age and over
- Over half the candidates had undertaken a bridging course.

Bridging Courses – Myths and Reality

Scale of the Problem

As indicated above, the need for bridging courses for OTDs had been identified from the very beginning of national screening examinations in Australia. Almost every major review that has examined the recognition of overseas medical qualifications in Australia has stressed the need to provide some orientation to the Australian healthcare system prior to registration. A typical example is the following recommendation in the landmark Doherty Report of 1987:

> *"Applicants for the Australian Medical Council clinical examination complete a bridging course before being allowed to sit the examination…"*
>
> *[Rec. 11(xx)*[13]

This recommendation highlights the dilemma with bridging courses in Australia. In 1987 when this recommendation was made, the AMC conducted approximately 140 clinical examinations in any one year. Over the intervening years the numbers of candidates increased steadily and the AMC now conducts 900 clinical examinations a year. In addition, there is a pool of 2,200 candidates who have qualified for the clinical examination but not yet sat or passed the examination. Clearly, the scale of resources necessary to support comprehensive bridging courses as envisaged by Doherty and others , whilst manageable with 140 candidates per year, becomes more of a problem with 900 candidates per year.

Outcomes and Track Record of Bridging Courses

The notion of bridging courses for OTDs (and the expected success of these courses) is almost a given in the vast body of literature on this topic. The reality is somewhat different.

Over the years successive governments, Commonwealth and State, have committed resources to supporting bridging courses. Unfortunately, the funding support for these programs has been intermittent and the programs themselves poorly focussed on the specific needs of the individual OTD. Some programs, such as the Victorian Medical Postgraduate Foundation in the mid-1980s and more recently the General Practice Education Australia (GPEA), the Southwest Sydney Area Health Service and a number of the Queensland programs have focussed on the medical knowledge

[13] Report of the Committee of Inquiry into Medical Education and the Medical Workforce (Doherty Report), 1988 p.483

and clinical skills of the OTDs. As a result these programs have had some success at improving pass rates in the AMC examinations. Others bridging courses, such as a number of the National Office of Overseas Skills Recognition funded programs of the early 1990s, had focussed on support services for OTDs and were less successful in their outcomes, although they provided a very necessary support function for OTDs .

A fundamental flaw in the early government funded bridging courses was the emphasis on successful outcomes. As a result, many of these programs pre-screened their applicants and only selected those candidates who were most likely to succeed. As the 1999 ARTD study (reported above) indicates, these candidates were not the ones most in need of bridging courses. A more effective solution in the long term would have been to select candidates who had narrowly failed at their first attempt in order to maximise their chances of passing at their next attempt.

The ARTD Report found that:

> *"…bridging courses primarily benefit those candidates who need to refresh skills and gain an orientation to the Australia health system. Bridging courses have limited success in accelerating progress in the exam process of candidates with significant skills deficits or gaps."*[14]

The ARTD study also found that the net effect of bridging courses in pass rates in the sample of 2114 examination records studied was not significantly higher than the pass rates of candidates who had not attended bridging programs. [See TABLE 5.]

More recent studies by the AMC have shown that well constructed clinical bridging programs can result in a significant increase in pass rates, provided the AMC examination can be linked directly to the end of the bridging course, so that the newly acquired knowledge and skills of the OTD does not deteriorate over time.

	Pass Rates Bridging Course Participants	Pass Rates AMC Candidates Overall
Clinical examination **NOT** linked to bridging course		
Bridging course participants examined up to 12 months after completion of the course	37.5%	36%
Clinical examination **LINKED** to bridging courses		
1998 Qld. Course	71%	35%
1999 Qld. Course	62.5%	41%

The important point in relation to bridging courses is to recognise that there is a clear distinction between:

- **Orientation**: Introduction to the Australian healthcare system, explanation of processes and clinical culture.

[14] ARTD Report. Page iv

- **Bridging**: Up-skilling of individual OTDs to cover minor gaps in knowledge, clinical skills or clinical practice.

- **Re-training**: Substantial and detailed training in key areas of medical knowledge and/or clinical skills and practice.

There is a significant body of evidence to indicate that candidates who have substantial gaps in their medical knowledge and who have been trained in health systems that a very different to that in Australia are unlikely to benefit from "bridging" as distinct from "re-training" programs.[15]

The recent initiative by the Commonwealth to fund a major project through the Royal Australian College of General Practitioners (RACGP) to assess the learning needs of OTDs is a major advance. The RACGP has extensive expertise in the development of learning programs for medical practitioners and has been successfully involved with bridging courses for OTDs for some years. The project, which focuses on OTDs who have not been able to pass the AMC examination, targeted some 711 OTDs who for assessment to determine whether appropriate learning plans could be developed. At the time of preparing this submission some 415 OTDS are being progressed through to the development of individual learning programs, tailored to meet their specific needs. The Commonwealth has also indicated that it will provide a limited number of scholarships to assist these OTDs participate in bridging courses. The AMC will work with the bridging course coordinators to link the AMC examinations to the relevant courses, so that OTDs participating in these courses have the optimum chance of completing the requirements of the AMC examination and therefore being eligible for registration.

Provision of Information to OTDs

One of the most common "myths" about the recognition of medical qualifications concerns the access to relevant information about the assessment and registration process, and in particular, the format and content of the assessments. There is no doubt that when the screening examinations were introduced on a national basis in 1978, intending applicants received very little in the way of information about the assessment process or registration requirements. However, over the last 25 years there has bee a significant change in the quantity and quality of information available to OTDs in Australia.

Currently, OTDs intending to apply for registration in Australia have the following information available to them:

- Non-specialist registration (AMC examination):

    - AMC Preliminary Application Form (information leaflet) concerning registration and assessment requirements in Australia
    - Information Booklet setting out detailed application procedures to determine eligibility to sit the AMC examination and application procedures for the examinations
    - Examination Specifications Booklet setting out the detailed assessment procedures and performance requirements, including examples of candidate mark sheets and performance feedback
    - A video on the AMC clinical examination which illustrates the format and scoring of clinical examinations

[15] ARTD Report. Pages 46-47

- A major publication Annotated Multiple Choice Questions which contains over 600 questions drawn from AMC examinations with explanatory commentaries explaining the correct responses and best clinical practice
- A major publication The Anthology of Medical Conditions which is a reference text of presenting clinical conditions and a handbook of clinical problem solving. This text is in effect a blue-print for the AMC examination, as every MCQ question and clinical examination scenario is referenced back to a presenting condition in the Anthology.
- A comprehensive website with relevant information of the AMC examination process and links to relevant publications and other useful sites. [www.amc.org.au]]
- A web-based practice computer-administered MCQ examination to enable OTDs to familiarise themselves with the new computer-format MCQ examination.

➢ Specialist registration (AMC/Specialist College pathway):

- General information contained in the AMC Preliminary Application Form concerning specialist medical practice, assessment and registration in Australia.
- A Specialist Information Booklet with detailed information concerning the procedures for assessment of overseas trained specialists through the AMC/Specialist College pathway for full (specialist) registration.
- The AMC website contains summary information on the assessment process and links to other sources of information.

➢ Area of Need Specialist registration:

- Comprehensive information on the nationally agreed process for the assessment and registration of overseas trained specialists for area of need positions is set out on the AMC website, including all necessary application forms.

Since 1988 OTDs have not been able to obtain the necessary application forms to complete their applications for the AMC examination or specialist assessment without first obtaining the Preliminary Application Form, which summarises the assessment and registration requirements for Australia. In other words, no candidate who has commenced the AMC process since 1988 could state that they were not aware of the assessment or registration requirements for overseas qualified medical practitioners.

Recently, the provision of information for OTDs intending to migrate to Australia received a significant boost, when the Commonwealth launched its new Hub website – Doctor Connect – on 18 May 2005. This site provides linkages to comprehensive sources of information concerning medical practice, regulatory and assessment requirements, support services and valuable general information about Australia. As a single point of contact, this site will be an important new resource for OTDs in Australia and is to be commended.

CONCLUSION

Australia will continue to be reliant on importing key elements of its medical workforce for some years to come. Experience has shown that in times of medical workforce shortage there is a tension between SUPPLY and QUALITY, as a result of which

issues of quality and standards become secondary to the need to satisfy the demand for a workforce supply. There is a major danger when recognition of medical qualifications is driven by concerns of numbers rather than quality and safety. This is well illustrated in the current Patel case in Queensland, where established procedures to ensure appropriate scrutiny of qualifications, assessment of competence and ongoing monitoring were bypassed.

At the same time governments and employers must recognise that a reasonable investment is needed to facilitate the entry and, more importantly, the integration of OTDs into the Australian medical workforce. If OTDs continue to be regarded as a "cheap alternative" medical workforce, a serious disservice will be done to the Australian community and to the OTDs themselves. The challenge is to develop effective, evidence based assessment processes combined with ongoing training and support mechanisms.

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