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Background Paper:

ASSESSMENT OF TEMPORARY RESIDENT OVERSEAS TRAINED GENERAL PRACTITIONERS

April, 2005

DEPARTMENT OF HEALTH AND AGEING

CONTENTS

Note on Terminology

This paper uses the terminology "overseas trained doctor" (OTD) in referring to doctors whose undergraduate medical training was undertaken in a medical school in another country. Some jurisdictions prefer the use of an alternative term – "international medical graduates" (IMG).

It has been pointed out that the term OTD is used to describe a number of different and complex circumstances of doctors whose primarily medical training was overseas.

This paper continues the use of OTD, and TROTD for temporary resident OTDs, but recognises the alternative terminology of IMG.

Jurisdictions also vary in the term used to describe the type of registration granted to a TROTD which imposes practice conditions. Most states and territories use the term "conditional registration". Victoria uses the term "special registration" and Queensland uses the term "special purpose registration".

1 INTRODUCTION

This paper for the Forum on Developing National Consistency in the Assessment of Temporary Resident OTDs was written after a process of document review, telephone and face to face interviews with a range of people in the key stakeholder organizations. They included medical boards in each state and territory, departments of health, rural workforce agencies, the Australian Medical Association (AMA), the Australian Medical Council (AMC), the Australian College for Rural and Remote Medicine (ACRRM), the Royal Australian College of General Practitioners (RACGP), the Rural Doctors Association of Australia (RDAA) and other practitioner organisations and some private recruiters.

1.1 BACKGROUND

Numbers and Trends

Overseas trained doctors (OTDs) are an increasing important component of the Australian medical workforce. They comprised over 21% of the total medical workforce in 1998[1]. OTDs have helped meet the increasing demand for general practitioners, hospital medical officers and specialists in the community. This is especially so in general practice in rural and remote communities and in other areas of workforce need. OTDs comprised 35% of all general practitioners billing Medicare in RRMA[2] 3-7 locations[3] during 2003/04.

In recent years, most OTDs enter Australia on temporary resident visas[4], referred to in this paper as TROTDs. In 1992-93 there were 692 TROTDs in the Australian medical workforce. This has risen steadily to over 4000 TROTDs[5] in 2002/03. These figures include all TROTDs whether specialists, non-specialists or other medical categories.

An indication of the number and type of TROTDs (and Permanent Resident Overseas Trained Doctors or PROTDs) by medical category and jurisdiction in Australia during 2003/04 is given in Table 1.1. Various visa categories are involved. Totals by medical category and jurisdiction have been adjusted to remove multiple exemptions where a doctor holds several exemptions[6].

The data in Table 1.1 shows that 783 full time equivalent (FTE) TROTDs in general practice positions had been granted Section 19AB or 3GA exemptions in 2003-04, consistent with working in an area of need. It also shows the relative numbers of TROTDs and PROTDs in each jurisdiction, with Queensland having the greatest reliance on OTDs to fill general practice positions.

While some TROTDS come to Australia for short term work experience and travel,

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[2] Australian Institute of Health and Welfare data quoted in Medical Training Review Panel (MTRP), Overseas Trained Doctors Subcommittee Report, February, 2004, page 16

[2] RRMA is a seven category remoteness classification in which RRMAs 1 - 2 are city and urban areas

[3] Department of Health and Ageing data. The data includes OTDs who have been part of the Australian medical workforce for decades.

[4] Some OTDs enter Australia on permanent resident visas granted on the basis of family reunions, refugee status, etc...

[5] From data collated by Australian Institute of Health and Welfare data quoted in MTRP, Overseas Trained Doctors Subcommittee Report, February, 2004, page 16

[6] The figures for some jurisdictions therefore marginally overstate the number of doctors, as opposed to the number of exemptions granted, as some doctors work in two or more locations

before returning overseas, many intend to stay long term and settle[7]. There is no available data on this proportion, but it is likely to be at least 50% and possibly much higher for general practice positions. For many in this group, being a TROTD is seen as an interim step in becoming a permanent resident.

Table 1.1: OTDs Granted Provider Number Exemptions by Medical and Visa Category Current in 2003-04 since 1997*

Medical Category	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Adjusted TOTAL
Specialists:									
- TROTDs	2	74	7	79	19	12	103	23	**258**
- PROTDS	10	61	6	58	19	10	52	26	**221**
- TOTAL	12	135	13	137	38	22	155	49	**479**
Assist at Ops									
- TROTDS	1	36	0	26	39	4	77	15	**193**
- PROTDS	0	0	0	3	6	0	0	2	**10**
- TOTAL	1	36	0	29	45	4	77	17	**203**
GPs:									
- TROTDs	2	69	26	407	56	20	103	118	**783**
- PROTDS	1	136	7	138	32	14	97	61	**471**
- TOTAL	3	205	33	545	88	34	200	179	**1254**
Total OTDS:									
- TROTDS	5	179	33	512	114	36	283	156	**1220**
- PROTDS	11	197	13	199	57	24	149	89	**675**
- TOTAL	16	376	46	711	171	60	432	245	
- **Adjusted TOTAL**	**16**	**367**	**45**	**698**	**166**	**59**	**374**	**241**	**1895**

* Source: Summary of OTDs in Department of Health and Ageing's database for 2003/2004 based on Section 3GA and 19AB exemptions granted. There are also thousands of OTDs practicing medicine without provider number restrictions registered before 1997 who are not included in these data.

OTDs entering Australia have medical qualifications gained in a variety of medical schools around the world and have varying types and lengths of postgraduate experience as medical practitioners. In the period December 2003 to January 2005, 3184 temporary resident medical practitioner visas (Type 422) were granted to OTDs who came from over 70 countries[8]. Some of these OTDs were already in Australia under other visas or were renewing their existing 422 visas. It is not possible to identify from these data how many OTDs were first time 422 visa recipients.

Temporary medical 422 visas are granted for up to four years[9] on the basis that the OTD is sponsored by an employer for a full time position in an identified area of need for which the employer has been unable to recruit an Australian resident doctor. TROTDs with these visas work as specialists, as non-specialists in hospitals or as general practitioners. DIMIA expects to provide an alternative visa category (Visa 457) in 2006, for most OTDs seeking temporary resident status under employer sponsorship. The 457 visa process will be more streamlined and applications can be submitted electronically. Process changes include the removal of the need for OTDs to have police reports and increased sponsor responsibilities[10].

A sample indication of the distribution of these TROTDs and other OTDs is given in the following data for Queensland – Table 1.2. Within Queensland there were 965

[7] There are exceptions to this. One Queensland Health officer estimated that less than 10% of hospital doctors (OTDs) working in QLD intend to stay.
[8] Data supplied by DIMIA for the period 19 December, 2003 to 28 January, 2005
[9] Recently extended from a maximum period of two years
[10] The 457 visa for medical practitioners is currently being trialed in a few countries. Further details can be accessed from DIMIA's web site – <www.immi.gov.au/allforms/books11.htm>

medical practitioners working in RRMA 4 to 7 locations as at 30 November, 2004. Of these, 559 (58%) are Australian trained doctors and 406 (42%) are OTDs. 189 or 47% of the OTDs are temporary residents. So, 20% of the medical practitioners working in Queensland in RRMAs 4-7 are TROTDs. Other jurisdictions may not share the same pattern as that for Queensland.

Table 1.2 also shows the number of the medical practitioners in Queensland by type of employment and visa status. It indicates the spread of TROTDs throughout the medical workforce in rural and remote areas for one jurisdiction. Over 70% of the TROTDs are working as general practitioners, of whom 13% are TROTDs.

Table 1.2: Medical Practitioners in Queensland by Employment Type and Visa Status For RRMAs 4 to 7 - at 30 November, 2004*

Employment Type	Rural and Remote Classification					*Aust. Citizen*	*Perm. Visa*	*Temp. Visa*
	4	5	6	7	TOTAL			
Aboriginal Community Controlled Health Service	0	10	4	1	15 *1.5%*	*7*	*1*	*7*
General Practitioner**	273	337	50	26	686 *71.1%*	*489*	*110*	*87*
Hospital Positions with Rights of Private Practice	1	34	7	24	66 *6.9%*	*48*	*9*	*9*
Other Hospital Positions	70	50	40	20	180 *18.6%*	*86*	*10*	*84*
Royal Flying Doctor Service	0	0	5	13	18 *1.9%*	*12*	*4*	*2*
All Medical Practitioners	**344**	**431**	**106**	**84**	**965** ***100.0%***	***642***	***134***	***189***

* Adapted from Health Workforce Queensland Minimum Data Set Report as at 30 November, 2004 with additional analysis by Col White (Health Workforce Queensland)

** Include small numbers of academic or company doctors in RRMAs 5 and 6, and a number of TROTDs employed as Locums. For example, Health Workforce Queensland report they employed 18 bona fide Locums during 1-3-04 to 28-2-05, all were TROTDs mostly from USA, UK and Canada.

Registration Requirements

All OTDs must all be registered with the relevant medical registration board in the state or territory they plan to practice in before they can start medical practice. Apart from New Zealand trained doctors, all OTDs must have their qualifications, postgraduate experience, medical knowledge, clinical competence, English language proficiency and communications skills assessed before a decision on their medical registration can be made.

The assessment processes involved vary according to such factors as:

- Whether the doctor is a specialist or general practitioner;
- Which state or territory the doctor plans to practice in;
- The doctor's prior registration status and whether equivalency of status exists;
- The type of medical program or position the OTD intends to work in; and
- Whether the OTD seeks permanent or temporary resident visa status.

Assessment processes and procedures for permanent resident OTDs (PROTDs) and temporary resident (TROTDs) seeking general or full medical registration involve the Australian Medical Council (AMC), and others, through examinations, clinical assessments and other assessment processes. These pathways are not the subject of this paper. However, TROTDs may adopt one of these pathways in order to gain a vocational accreditation and permanent residency.

Most OTDs seeking to work or study in Australia as TROTDs can only be granted conditional, special or special purpose medical registrations by the respective state or territory medical board. Under this type of registration, conditions are imposed such as supervision requirements, time limits (up to 12 months) and sometimes attendance at orientation, training or short term work experience programs.

A TROTD may be granted conditional medical registration to work in a particular certified area of need position in a particular location in a hospital or in a general practice position. They may re-apply for conditional registration when their conditional registration expires providing they remain in the original area of need position. They are also subject to satisfactory supervisors' reports.

To facilitate the placement of the TROTDs in area of need general practice positions, the assessment processes do not require the involvement of the RACGP or the AMC assessment processes directly. Instead, a set of assessment processes are used in each state and territory that provide the basis of each medical board's decision to register (or not) the TROTD applicant, and to determine the conditions that should apply.

The processes are not the same in each state of territory, but there is a generic set of steps each TROTD has to undertake in achieving temporary resident status and conditional registration as a general practitioner. They are:

- Connect with an 'employer' (or employer's agent) willing to sponsor them for an approved area of need position to which they can (potentially) be appointed – this involves some assessment of the OTD by the recruiter or employer from their perspective;

- Have DIMIA approve the proposed sponsorship and, subsequently, the temporary visa application in the appropriate category (ie a 422 visa) if registration is approved;

- Be assessed by the relevant state or territory medical board for registration and determination of conditions on registration (if granted); and

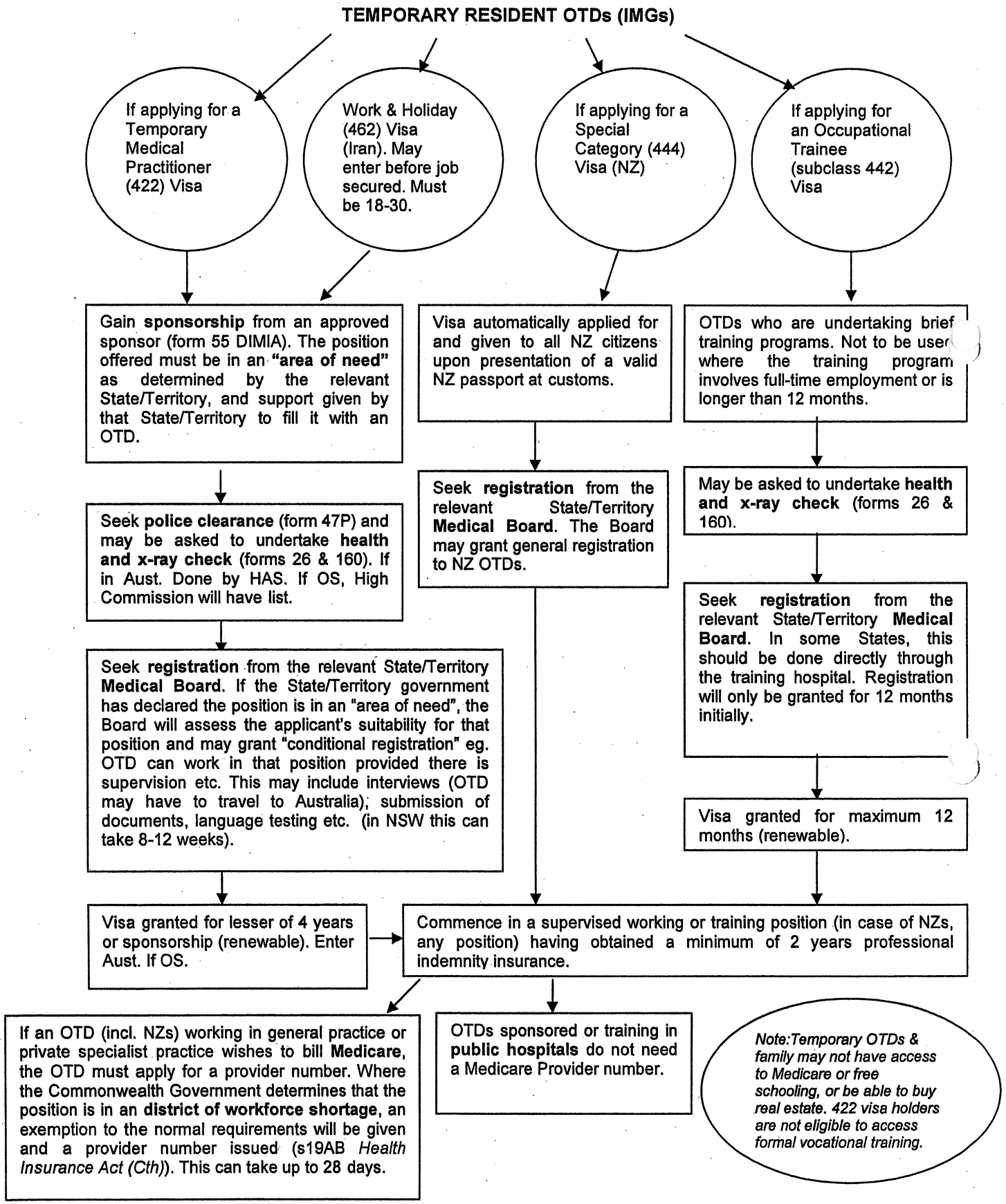
- Successfully comply with and meet all set conditions attached to the conditional registration in the position for the registration period.

The processes controlled by the Department of Immigration and Indigenous Affairs (DIMIA) are more or less the same across the country. It is the other processes that show variations in each state or territory. Figure 1.1 provides a generic map of these processes.

1.2 KEY STAKEHOLDERS

There are a complex range of stakeholders involved in, or with an interest in, the assessment and registration of OTDs working in general practice positions. Some bodies have a national focus, but most have roles focused within a particular state or territory. There are eight separate state or territory jurisdictions.

Figure 1.1: Interim Assessment Flowchart of Temporary Resident OTDs



Some of the key roles and objectives relevant to the various stakeholders include:

- Maintenance of public safety and standards in medical practice and healthcare;
- Medical education, training and professional development (CME/CPD);
- Recruitment, assessment and selection of OTDs for relevant medical vacancies;
- Workforce planning and management;
- Immigration and visa application and processing;
- Representation of general practitioner and medical practitioner interests;
- Representation of OTDs needs and that of their families; and
- Meeting community needs for adequate and appropriate medical services, particularly general practitioner services in rural and remote locations.

1.3 PROJECT AIMS AND OBJECTIVES

The National TROTD Assessment Project aims to ensure that current procedures used for the assessment of temporary resident OTDs entering general practice in Australia are appropriate to maintain the quality of doctors required by the Australian public. The project focus has been on the transparency, quality and national consistency of current processes. The specific objectives are to:

- Document the existing processes that apply to the assessment and registration of TROTDs entering Australia seeking to work as general practitioners or in non-specialist practitioner roles outside the hospital system;
- Clarify the roles and functions of key stakeholder organizations;
- Report on issues and needs in the assessment and registration processes in each state and territory, and nationally in relation to these TROTDs; and
- Identify options that will enhance and improve the national consistency of the assessment processes for each jurisdiction and nationally.

2. ASSESSMENT PROCESSES AND ISSUES

2.1 CURRENT ASSESSMENT PROCESSES

Assessment Processes and Variations

All jurisdictions select and assess TROTDs using information about an applicant's:

- Undergraduate and postgraduate qualifications;
- Medical knowledge and clinical competence;
- General practice experience equivalent to practice in Australia;
- Current standing with relevant professional bodies;
- English language proficiency and general communication skills;
- Cultural awareness, orientation and attitude; and
- Individual intentions and motivation for the position proposed.

This information is assessed in relation to the documented requirements of the medical vacancy in an approved area of need, in order to determine the TROTDs capacity to perform successfully in the job.

The degree to which employers, recruitment agents, rural workforce agencies (RWAs) and medical registration boards in the various jurisdictions collect, check and assess this information varies. For example, some medical boards rely solely on the IELTS language performance of the applicant to assess their English language proficiency, while another board may regard the IELTS pass as a screening test, and still assess the applicant's language and communication skills in a face-to-face interview process to better assess the competence of the OTD and his or her suitability to the area of need position.

The various organisations in any one jurisdiction, will also give varying attention to this information according to their respective role and priorities. A RWA, for example, will generally be more interested in using the assessment data collected from an applicant to identify longer term development and support needs after registration than most medical boards.

All states and territories follow a generic process, but there are significant variations in the way they approach the tasks involved. Key variations include:

- Ways in which an OTD's supporting documentation is prescribed and assessed;
- Whether a medical board conducts key assessment processes itself, delegates them to other agencies or relies on those done by employers or recruiters;
- The level of reliance on a face-to-face, telephone or video based interviews with applicant doctors;
- Approaches used in formal clinical assessment processes and interviews;
- Intensity of supervision of conditionally registered TROTDS; and
- Extent to which assessment processes are used to identify a doctor's training and support needs as a TROTD in general practice.

The jurisdictions also vary in regard to the numbers of OTDs seeking conditional registration in their state or territory, from the ACT with one in 2004 to QLD with around 200 OTDs per month[11].

Assessing the Assessment System

A question raised by these differences and the operations of the assessment systems in each jurisdiction is, "Do they all work effectively, efficiently and safely?"

In understanding how the 'assessment system' works in each jurisdiction, it is important to look at all the processes together. There can be several 'decision points', when:

- An OTD applies to DIMIA for a visa - health and criminal history checks;
- The recruiter or employer assesses and selects an OTD to support;
- An OTD's credentials and documents are verified, and referees followed up;
- Clinical assessments and formal interviews are conducted and results reported;
- Final registration decisions are made and conditions are determined; and
- Supervision arrangements implemented, with reporting as per conditions.

[11] The figure for Queensland covers all OTDs, including those going to hospital positions and Specialists.

It is also useful to consider how robust the whole system is. If a check or assessment fails at one point in the system will it be picked up at another point?

2.2 ASSESSMENT ISSUES

Assessment for Public Safety

The role of medical boards is commonly stated in terms of public safety. For example, the Medical Board of the ACT states its primary role as:

... to regulate the medical profession in the interests of public safety through firstly the registration of medical practitioners and secondly the promotion and maintenance of high standards of medical practice...[12]

It is important to note here that:

- Some overseas trained doctors will have levels of competence and capacity well above the threshold level required to achieve registration. This will be critical to employers in seeking and assessing the 'best matched candidate' for an area of need position, but not necessarily as important to the registering board;

- Public safety manifests in the actual performance of 'high standards of medical practice' under the practical conditions and pressures of each doctor's professional workplace, and a doctor's ability to pass an exam is not a full or automatic measure of this capacity to perform safely;

- A doctor's 'safe performance' in one workplace environment may be unsafe in a different workplace, for example, one with less supervision, different health issues or greater work pressure; and

- 'Safe performance' in a doctor is the result of a number of important factors, one of which is the doctor knowing his or her limits of knowledge or experience, and being willing to seek external help or support.

It is, therefore, very important that an effective understanding of what determines the capacity to perform safely in a general practitioner, and how it can be properly assessed, is available to and informs each jurisdiction's assessment process. This seems particularly relevant when we are seeking to place OTDs from different countries, work environments and cultures in demanding, responsible and commonly isolated area of need positions.

What needs to be clear here is that the prime role of medical boards is to ensure public safety in the practice of medicine in their particular jurisdiction for TROTDs destined for GP positions in areas of need.

[12] Medical Board of the ACT, Annual Report – 2003-2004

What Constitutes Effective Assessment?

The assessment of an OTD seeking to work in general practice in Australia under a temporary visa involves an evaluation of a range of information about the doctor (noted earlier) and their match to the position for which they are proposed. These assessments may be done in part or in whole by employers, recruitment agents, RWAs and/or the medical boards themselves.

The main methods used include documenting the requirements of the area of need position, verifying qualifications and documents of work experience and professional standing, using telephone, video or face-to-face interviews with applicant doctors, conducting clinical assessment and collecting referee data from nominated medical referees, who satisfy prescribed criteria.

These methods are used by medical boards or their agents in most jurisdictions, but not uniformly or consistently. For example, interview and clinical assessment approaches are generally specific to each state or territory. Further, most methods used do not follow any national standard or template[13], other than that that may be implicit within the medical practice profession. An exception is the proposal by the medical boards to use a common performance standard in the IELTS for English language proficiency.

For national consistency in the assessment processes there needs to be an explicit agreed model. It can be a broad model with substantial room for adaptation by each jurisdiction or it can be more detailed. One step might be to identify key process tasks in the following four stage framework (see Table 2.1). Typical process tasks for each stage are indicated. They are not necessarily sequential.

Within this framework it is possible to add or remove tasks depending on whether or not they are judged as essential. Essential tasks can then be considered in terms of how they can best be conducted, and who should be responsible for them.

These and other possible essential tasks need to be the focus of discussion and review about achieving enhanced national consistency. Is there an approach to an essential task in one or more jurisdictions that could provide a 'best practice' template if shared and adopted beneficially in other jurisdictions?

[13] It is noted that there are a number of templates used by the AMC, RACGP and ACRRM in other assessment processes, but not in this instance for processes that apply to TROTDs going to area of need GP positions

Table 2.1 An Assessment Process Framework

Process Stage	GP/Area of Need Position Requirements	Preliminary Assessment of OTD	Full Assessment of OTD for Position	Post Registration Supervision
Process Tasks	- Detailed profile of GP vacancy and community/practice context - Application for Area of Need certification - Profile of suitable doctor attributes	- Qualifications and experience - Professional standing - English language proficiency - Health check - Criminal history check - Referees' feedback data - ID and document certification - Employer sponsorship application to DIMIA - Applicant's visa application	- Medical knowledge - Clinical application and competence - Communication skills - Cultural awareness and sensitivity -OTD's motivation and intentions - OTD's awareness of practice realities - Fitness for proposed GP position - Medical Board decision and letter - Complete visa application	- Supervision process and arrangements - Post-registration training/orientation - Supervision reporting process and frequency

Who Provides the Assessment?

The range of current assessment tasks may be performed by an employer, a recruitment agent, the RWA, the medical boards, or a combination of them in any one jurisdiction.

Any assessments of medical knowledge and clinical competence for a medical board must serve the medical board's objectives (ie ensuring public safety). If the board relies on another organisation to carry out the assessment then they need to ensure themselves that their agent is competent and the assessment process used appropriate and robust.

Third party agents, such as, the AMC, the RACGP, ACRRM, university medical schools and independent training and assessment organisations could play a role in undertaking some assessment process to an agreed standard. Ultimately, there needs to be clarity of interests and clear objectives.

Appropriate Standards and the Level of Supervision

There is usually a much wider 'scope of practice' for general practitioners in rural and remote positions than their urban GP counterparts, together with high levels of clinical responsibility. This may require a greater involvement in primary care activities through to expectations to work competently in one or more medical procedural areas.

Therefore, employers, recruitment agents and RWAs generally prefer to recruit OTDs with substantial qualifications and relevant experience for GP positions in areas of need, as with NRP[14] category 1 and 2 doctors. These doctors are likely to be best suited to the positions and locations, and require less support and supervision than other doctors with fewer qualifications and less experience. As NRP category 1 and 2 doctors are increasing hard to recruit, employers are forced to seek suitable doctors in other NRP categories requiring greater levels of supervision and support.

[14] NRP – National Reference Panel, a scaled system of classifying doctors' qualifications and experience for the Australian environment.

Providing effective supervision in rural and remote locations is difficult. Medical boards take this into account in their registration decisions for TROTDs. Thus an OTD may be conditionally registered to work in a hospital, whereas the same OTD may not be conditionally registered for a general practice position.

Conditional registration requires a supervision arrangement to be in place for the TROTD and for periodic supervisory reports to be sent to the registering medical board. These can vary from monthly (for the first three months in NSW) to one at the end of one year. In setting the supervision and other conditions, the medical board takes into account the doctor's level of competence and experience.

Decisions about supervision are made on a case-by-case basis. There are explicit standards provided by RACGP and ACRRM for use in selecting supervisors and arranging supervision for the Australian General Practice Training Program (AGPTP). These supervisors do have a wide on-going educational role, and are paid for their contributions, so are not strictly comparable to supervisors of TROTDS in area of need positions.

Orientation and Induction of TROTDs

Nearly all TROTDs, regardless of their background require some orientation and familiarization training before commencing work, particularly in general practice positions.

To assist the OTD in this, there needs to be training or briefing that provides an effective understanding of the:

- Australian healthcare system, including the operation of Medicare and the Pharmaceuticals Benefits Scheme and specific terminology and language common used in medical practice;
- Typical disease profiles dealt with in a practice location and 'best practice' treatments used in the Australian context;
- Communication styles and cultural attitudes likely to be encountered in medical practice in rural and remote locations or in indigenous communities; and
- Wider non-medical structures, culture and processes in Australia and the particular jurisdiction that provide the context for the TROTD's work.

Employers, recruitment agents, RWAs, as well as medical boards provide access to orientation programs and training. However, there is a cost and the level to which these programs are provided varies within jurisdictions, between programs and across the jurisdictions nationally.

Examples of a Field Approach to Orientation

A field approach to orientation and induction is reflected in the following practices:

- One rural practice in South Australia regularly hosts an OTD for three to four weeks initial work experience before going to his or her appointed position in the same region. This relatively short experience provides a valuable orientation to rural general practice for the OTD at the start of their appointment, as well as establishing professional contacts. In the practice there are a number of other doctors to call on for support. Time is invested by the other doctors in supporting the OTD, but this is balanced by the chargeable consultations done by the OTD.

- An established general practitioner in WA has recruited an OTD, but rather than immediately locate him in a remote area where the GP vacancy is, the GP has first given him experience of working in a larger practice, followed by a series of short work visits (with the GP) to remote townships where the GP has a fly-in-fly-out practice. Gradually, the OTD spends more and more time in the remote location and eventually does so without the GP being present. From time to time the OTD is also able to take two or three week breaks to undertake further medical education and training.

These examples illustrate approaches that can provide better supervision, support, mentoring and progressive independence for the OTD as he (or she) learns and adapts to the conditions and context of the new general practice.

The Five Year Scheme

The Five Year Scheme for OTDs was established about six years ago and has placed nearly 300 general practitioners in remote areas of need positions. Last year it was up-graded with enhanced incentives and support for the Scheme doctors and families in the field. The OTDs on the Scheme were selected for their professional qualifications and extensive general practice experience.

The Scheme provides a clear career pathway for a select group of TROTDs to full registration, fellowship with the RACGP and freedom to practice with an unrestricted Medicare provider number.

3. SUMMARY

Overseas trained doctors (OTDs), or international medical graduates (IMGs), are an increasingly important part of Australia's medical workforce and will continue to be so for the foreseeable future. OTDs come to Australia via many routes. One method of entry of growing importance is for the OTDs to enter as a temporary resident OTDs to fill approved area of need general practice positions in rural and remote locations. 3,184 temporary resident medical practitioner visas (422 visas) were granted between December 2003 and January 2005 to doctors from over 70 countries.

This method of entry as temporary resident OTDs (TROTDs) requires the doctor to:

- Have sponsorship from an employer for a specific medical vacancy approved as an area of need position by the state of territory government;
- Be assessed by the relevant state or territory medical board as competent to practice medicine safely in the specific position and location; and
- Be registered to practice in this position only, subject to specific conditions including supervision.

This means of entry to Australia facilitates the flow of OTDs to hard to fill general practice vacancies in areas of workforce shortage.

The responsibility for assessing the competence and safety of these OTDs to practice as GPs in the sponsored position is held by the medical board or council in each state and territory. While the boards all share the same generic process for conditionally registering the OTDs, each board varies in its approach and methods. In addition, various other roles are played by other stakeholders such as employers, recruitment agents, rural workforce agencies, doctor support groups and the state departments of health. This makes a complex operating environment.

Key issues include:

- Adequately describing the vacant area of need positions and profiling the requirements to fill it - including communication skills, cultural sensitivity as well as clinical competencies, so a proper matching with the OTD can occur;

- Ensuring comprehensive and accurate information is collected and submitted - by the applicant OTD as a basis for an informed assessment;

- Deciding how best to assess an OTD's clinical competence and capacity to perform safely in the area of need position - including whether or not a face-to-face clinical assessment or structured interview type process is needed;

- Ensuring effective and practical supervision and support processes - for conditionally registered TROTDs in the field.

- Lengthy and unclear delays in assessment processes - assessments must be completely in a timely fashion in order to prevent an assessment 'bottle-neck' occurring, or discourage overseas trained doctors in seeking employment in the Australian medical workforce.