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Queensland Health

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EXECUTIVE SUPPORT UNIT

**A BRIEFING TO THE  
GENERAL MANAGER HEALTH SERVICES**

GMHS  
File

BRIEFING NOTE NO:

REQUESTED BY:

DATE: 28 August 2003

PREPARED BY: Denis Lennox, A/Principal Medical Adviser, 4699 8671

CONSULTATION WITH: Medical Superintendents, Medical Board of Queensland  
Prof Wayne Gibbon, Dr Jacinta Powell, Dr Robin Mortimer.

CLEARED BY:

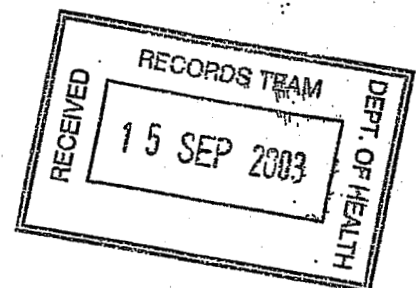
DEADLINE:

SUBMITTED THROUGH: Sue Norrie, A/State Manager, ODB, 41046 ....../....../....

SUBJECT: Integrated Management of OTDs

GMHS'S COMMENTS:

*Not signed*



(Dr) S Buckland  
General Manager Health Services

08/09/2003

## PL POSE:

To brief the GMHS on progress on proposal for integrated management of OTDs and to provide a draft invitation to the Medical Board of Queensland to commit to mandating the process.

## BACKGROUND:

- Submission on this subject dated 25 June 2003 refers.
- Upon discussion of this submission GHMS required:

Requirement	Action to date
1. Confirmation to COTD of funding of \$108,000 for full year	Pending (was forwarded to GMHS July 2003)
2. Sign-off by Medical Superintendents on proposal – particularly <i>user pays</i> financial commitment	Pending (by 29 Aug) using pilot analysis in one District of comparative costs of recruitment
3. Sign-off by DMs on proposal	Follows immediately upon Med Supers sign-off
4. Medical Board's commitment to mandate proposed processes	Board briefed and responded positively – draft letter attached
5. Business Case on post Global TRD management.	Partially prepared by pre-empted by urgency of required decision for Jan 2004 recruitment

## KEY ISSUES:

- Pilot analysis in West Moreton District of comparative costs of recruitment including proposed integrated OTD management demonstrates significant potential to reduce current costs.
- Anecdotal evidence points to growing dependence upon private recruitment agencies at very significant cost.
- Inter-dominion workshop in Wellington 6-8 Aug, confirms principles of proposal.
- National Scoping Study on OTDs, identifies Queensland proposals in market lead.
- Australian Department of Health and Ageing OTD Task Force is interested in Queensland proposals as possible national pilot.
- Significant proposal support from Prof Wayne Gibbon (Radiologists), Dr Robin Mortimer, (Physicans), Dr Jacinta Powell (Psychiatrists) with significant potential for early development of assessment of OTD specialists fitness to practice and intensive bridging courses towards specialist vocational recognition in Australia – a concept strongly supported by Department of Health and Ageing.
- Medical Board briefed on proposal in preparation for formal letter from GMHS – indicates it welcomes formal letter with enthusiasm for the proposal.
- A/PMA working with COTD (and others) to redesign bridging and preparation for employment courses to achieve OTD acceptance of BOTPLS (the Commonwealth HECS-type funding which OTDs will now not access, threatening future of COTD).

**RELATED ISSUES:**

Submission in preparation regarding application of growth funding to specialist training positions will address issue of dedicated positions for fast-tracked training of OTD specialists towards vocational recognition in Australia.

**BENEFITS AND COSTS:**

N/A

**ACTIONS TAKEN/ REQUIRED:**

Recommend the GHMS now formally requests the Medical Board of Queensland to commit to mandating the OTD management process as a condition of Special Purpose Registration.

**ATTACHMENTS:**

1. Letter to the Medical Board for signing
2. Integrated OTD Management Proposal for attachment to letter to Medical Board



Queensland  
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Queensland Health

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Our Ref: 4110-2002-001

Clinical Associate Professor L A Toft  
President  
Medical Board of Queensland  
GPO Box 2438  
Brisbane, Queensland 4001

Dear Associate Professor Toft

I write regarding a proposal for integrated management of overseas-trained doctors in Queensland. I understand you and members of your Board have recently discussed this proposal with the Acting Principal Medical Adviser. Attached for your reference is the most recent version of the proposal.

Collaborative commitment to specified action by Queensland Health, Australian Government and the Medical Board of Queensland is necessary to implement the proposal. It is therefore inappropriate for Queensland Health to progress the proposal further without the Board's commitment to act as proposed on page 16 of the attached document.

Accordingly, I invite advice of the Board's preparedness to:

1. Accredited assessment of OTDs by Queensland Health and any other qualified organisation.
2. Mandate for each OTD registrant as a condition of their special purpose registration:
  - Accredited assessment (accredited by both the Board and a tertiary education supplier);
  - Accredited preparation for employment (accredited by a tertiary education supplier);
  - Standardised mentoring and practice oversight until vocational recognition in Australia;
  - Case management of status relating to security checking, registration, immigration and Medicare Provider number status and trailing spouse and family issues;
  - Professional/career advice;
  - Accredited bridging course (as appropriate) towards vocational recognition in Australia (accredited by either tertiary educational supplier and/or College.)

Thank you for your attention to this matter of considerable concern to both organisations.

Yours sincerely

(Dr) Steve Buckland  
General Manager Health Services  
08/09/2003

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22 August 2003

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August 2003

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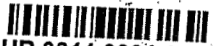
**Queensland Government**  
Queensland Health

# **MANAGEMENT OF INTERNATIONAL MEDICAL GRADUATES**

PROPOSAL FOR A STATE-COMMONWEALTH COLLABORATION  
TO FORMALISE AND ESTABLISH TO A STANDARD OF EXCELLENCE,  
THE MANAGEMENT OF ALL INTERNATIONAL MEDICAL GRADUATES  
IN QUEENSLAND



AUGUST 2003

  
QHB.0011.0001.00257

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# Executive Summary

## Background

Queensland lacks doctors in rural in regional communities in particular. Insufficient supply of Australian graduates contributes to this problem. Overseas-trained doctors (OTDs) recruited to complement Australian graduate supply now form a significant portion of medical workforce supply in Queensland. Dependence upon OTDs may extend beyond anticipated increased Australian graduate supply.

Evidence is increasing of increased risk of OTD recruits being insufficiently assessed and prepared for practice in Queensland under pressure of recruitment of such increasingly large numbers of OTDs.

Current experience (including learning from the Doctors for the Bush project, 'ten-year program', bridging and preparation for employment courses of the Centre for OTDs and Temporary Resident Doctor recruitment programs) identifies the value of:

1. Integrated management of all OTDs;
2. Registration of seekers in a data base;
  - Comprehensive screening and assessment processes;
3. Career advice to OTDs at each stage of screening and assessment process;
4. Integrated employment placement process incorporating:
  - Applicant-opportunity matching;
  - Professional mentoring in and oversight of clinical practice;
  - Case management OTDs;
  - Career advice;
  - Preparation for employment.
5. Bridging courses for:
  - Collaboration between State and Commonwealth jurisdictions to provide formal programs;
  - A second pathway via the FRACGP for suitably qualified overseas-trained doctors towards permanent resident practice in Queensland.

Current terminology relating to OTDs is imprecise, mutually inclusive and insufficiently refined, and itself constitutes a hindrance to better management of OTDs.

## Policy & Tactical Response

A new classification of OTDs is proposed – one that clarifies and aids the process of International Medical Workforce (IMG) management.

An integrated IMG management process is proposed with streams applicable to each IMG category including:

1. A single data base for listing IMG seekers of practice opportunities in Queensland;
2. A comprehensive assessment process;
3. A comprehensive placement process;
4. Bridging courses.

Accreditation of key elements of the IMG management process is proposed.



It is proposed to mandate the key elements of the IMG management process at the points of registration and Area of Need (AoN) approval.

The proposed management of IMGs clarifies two clear, mandated pathways to permanent resident practice for IMGs, namely:

- a) Australian Medical Council (AMC) examinations;
- b) College Fellowship.

It is proposed that mandated management process for IMGs seeking permanent general practice or hospital generalist practice opportunities occurs within two formal projects operating in parallel and defined by the ten year moratorium (on access to Medicare Provider Numbers) imposed upon IMGs by the *Health Insurance Act 1973*:

- a) Doctors for the Bush project – the ‘five-year program’;
- b) Queensland Country Doctors project – the ‘ten-year program’.

Within these projects, it is proposed that IMGs committing to attain the FRACGP within a prescribed period receive guarantee of AoN and District of Medical Workforce Shortage (DoMWS) status.

It is proposed that reference, advisory and appeal functions relating to IMG management be assigned to the Medical Workforce Advisory Committee of Queensland.

Queensland Health proposes to provide an integrated IMG management process through Medical Jobs @ Health providing for its own public service needs. It would also provide for the private sector, but not as a monopoly. The proposal enables the private sector to establish an accredited integrated IMG management process or at least accredited elements of it.

A comprehensive longitudinal evaluation and research program is proposed to underpin the integrated IMG management process.

Finally jurisdictional decisions necessary to establish the proposed integrated IMG management process are nominated.

## Background

Queensland lacks doctors in remote, rural, and regional as well as metropolitan communities – general practitioners, generalists and specialists. Until increased supply of Australian graduates and of Australian vocationally trained specialists and general practitioners addresses this lack – perhaps progressively from five to ten years hence – overseas-trained doctors (OTDs) will form a significant portion of medical workforce supply in the State.

Rural and regional Queensland is heavily and increasingly dependent upon a supply of OTDs:

- Over 1600 applications for Area of Need (AoN) approval being approved in the twelve months May 2002 to June 2003;
- Of the more than 900 Resident Medical Offices employed by Queensland public hospitals, the number of OTDs approaches 50%

It is possible that the anticipated increased supply will remain insufficient for the growing demand (Queensland's population currently grows at 2.2%). Dependence upon overseas-trained doctors therefore may well extend beyond this period.

## CLINICAL SAFETY

Hawthorne and Birrell<sup>1</sup> recently raised concern regarding the qualifications of some overseas-trained doctors recruited in response to the chronic shortage of doctors in Australia. While the concern of these authors may have greater application in southern States than in Queensland, some recent experience of overseas-trained doctors without the competence or capability for medical practice in Queensland presages adverse outcomes for patients, employers, community and medical profession. The following relevant matters warrant attention:

1. Competition and excess demand in the international medical workforce market increases recruitment of overseas-trained doctors from non-English speaking backgrounds and from medical schools with less alignment to Australia's medical schools. Experience demonstrates greater variance of medical competence and capability in these recruits.
2. Over-seas trained doctors without vocational qualifications may practice indefinitely in Areas of Need (AoN)/Districts of Medical Workforce Shortage (DoMS) in the "ten-year" program:
  - Without contractual guarantee to the community of progress towards completing a vocational qualification;
  - Without security for themselves and their family of AoN/DoMS status;
  - As temporary residents with significant disadvantage to themselves and their families of this inferior residency status.
  - The former point represents a significant anomaly since Australian medical graduates without vocational qualifications generally cannot practice in the circumstances permitted to their overseas-trained colleagues.

<sup>1</sup> Hawthorne and Birrell (2002), Doctor shortages and their impact on the quality of medical care in Australia, People and Place, vol. 10, no.3, page 56

## OTD MANAGEMENT EXPERIENCE AND LEARNING

The "five-year" and "ten-year" Medicare provider number programs form critical elements of the medical workforce strategy to achieve greater equity in the distribution of doctors in Queensland. The Queensland "five-year" program, Doctors for the Bush (D4B), continues to supply and retain rural doctors for communities in the Very Remote and Remote categories of the Accessibility and Remoteness Index of Australia (ARIA) assessed<sup>2</sup> to need two or fewer general practitioners. The relatively small number of practice opportunities in these communities is an indicator of the success of D4B. It is subject to an evaluation.

In addition to its recruitment and retention benefits, the D4B project provides a valuable learning experience in OTD management. This project as well as the experience of the Centre for Overseas Trained Doctors, Queensland Health's TRD recruitment program, AoN approval and employment of large numbers of junior OTDs and specialists and the experience of other key stakeholders identifies the value and necessity of the following:

1. Integrated management of all OTDs entering practice in Queensland;
2. Registration of seekers in a data base for efficient management, assurance of quality and for research and evaluation purposes;
3. Comprehensive screening and assessment processes:
  - Establishing a high entry standard;
  - Preferably accredited by the Medical Board as well as by a tertiary education authority;
4. Career advice to OTDs at each stage of screening and assessment process;
5. Integrated employment placement process incorporating:
  - Applicant-opportunity matching;
  - Professional mentoring in and oversight of clinical practice until completion of training pathway (AMC or Fellowship);
  - Case management OTD status relating to security checking, registration, immigration and Medicare Provider number status and trailing spouse and family issues, standardised clinical practice mentoring and oversight and progress in pathway to permanent practice;
  - Career advice;
  - Preparation for employment preferably accredited by a tertiary education authority.
6. Bridging courses for:
  - Australian Medical Council Multiple Choice Question (AMC MCQ) examination preferably accredited by a tertiary education authority;
  - AMC Clinical Examination preferably accredited by a tertiary education authority;
  - Fellowship bridging courses preferably accredited by the respective College and/or tertiary education authority.
7. Collaboration between State and Commonwealth jurisdictions to provide formal programs (e.g. D4B) linking practice opportunity, vocational training progress, and Provider number status providing high certainty of outcome for communities and certainty and security for the doctors and their families.

<sup>2</sup> Assessed by application of Queensland Health's medical service audit tool, Medically Underserved Communities of Queensland.

8. The 1999 amendment to the *Medical Act 1939* (now the *Medical Practitioners Registration Act 2001*) providing a second pathway via the FRACGP for suitably qualified overseas-trained doctors towards permanent resident practice in Queensland – nearly 100 OTDs obtaining registration via the FRACGP since 1999.

### OTD TERMINOLOGY

An informal terminology currently describes the complex range of circumstances of doctors who were trained in countries other than Australia but now either resident and or practicing in Australia. It is unhelpful. It is imprecise, mutually inclusive and insufficiently refined, and itself constitutes a hindrance to better management of OTDs.

For example, "OTD" is used at times to refer to Australian permanent residents or citizens who are doctors trained overseas. At other times "OTD" is used generically to refer to every type of doctor trained overseas. "Temporary Resident Doctor" (TRD) identifies the temporary resident status of a doctor trained overseas but does not identify whether the doctor's intention is a short tenure of practice in Australia or a permanent resident practice.

## Policy & Tactical Response

The following policy and tactical response are proposed to best manage the process of recruitment and retention of overseas trained doctors:

### CATEGORISATION OF INTERNATIONAL MEDICAL GRADUATES

A new categorisation of OTD<sup>3</sup> is proposed (see Table 1) – beginning with the substitution of "International Medical Graduate" (IMG) for "Overseas Trained Doctor" (OTD) a categorisation offering a more precise, mutually exclusive and sufficiently refined but simple tool to aid the management of IMGs in Queensland. While each category is mutually exclusive, the categorisation is progressive in that in time IMGs may progress from one category to another.

<sup>3</sup> Developed for use by Medical Jobs @ Health, Office of the Principal Medical Advisor, Queensland Health.

Table 1

PROPOSED CATEGORIES of INTERNATIONAL MEDICAL GRADUATES	
<b>Category 1</b> Citizens and permanent and temporary residents who are graduates of an AMC accredited medical degree or AMC examination, and who are eligible for general registration by the Medical Board without Area of Need limitation.	
<b>Category 2</b> Citizens and permanent and temporary residents who are Fellows of or recognised by an Australian Medical College and eligible for registration by Medical Board without Area of Need limitation.	<b>2A</b> Section 111(2) Specialist Registration
	<b>2B</b> Section 138 Special Purpose Registration
<b>Category 3</b> Citizens, permanent residents and temporary residents who are progressing towards permanent resident practice, and eligible for registration by the Medical Board for practice limited to Areas of Need and for a limited period.	<b>3A</b> Progressing via AMC examination pathway
	<b>3B</b> Progressing via College recognition pathway
<b>Category 4</b> Temporary residents who are not progressing via either the AMC examination or College recognition pathways towards permanent resident practice, but eligible for registration by the Medical Board for practice limited to Areas of Need for a limited period.	<b>4A</b> Australian equivalent training in English language
	<b>4B</b> Non-English speaking training and/or unknown Australian equivalence
<b>Category 5</b> Citizens, permanent or temporary residents whose professional credentials are yet not assessed, who are not progressing on a pathway to permanent resident practice and not registered.	

## COMPREHENSIVE AND INTEGRATED IMG MANAGEMENT

**Table 2** depicts current status of the management of IMGs according to IMG category and the five essential management elements described in points 2 to 6 in above subsection **IMG Management Experience and Learning**.

This documentation:

- Identifies preferred integrated management elements for each category;
- Demonstrates the lack of integration in current practice;
- Identifies gaps in the process;

**Table 3** depicts proposed integrated management of IMGs in Queensland. Its key elements are:

**1. A single data base for listing IMG seekers of practice opportunities in Queensland to serve:**

- 1.1. Efficient marketing and recruitment;
- 1.2. Tracking of IMGs for improved management including quality assurance measures;
- 1.3. Workforce and program research and evaluation purposes.

**2. A comprehensive assessment process:**

2.1. In three phases:

- 2.1.1. Screening of professional credentials;
- 2.1.2. Primary assessment in an interview (including telephone interview)
- 2.1.3. Secondary assessment of clinical competence and capability<sup>4</sup> on a case by case basis in a simulation and/or practical assessment setting;

2.2. Assessing in four domains:

- 2.2.1. English language competence and capability in Australian application;
- 2.2.2. Cultural safety – Australian culture generally, rural and indigenous cultures specifically;
- 2.2.3. Clinical competence and capability – in diagnosis and management of illness and injury, preventive health and public health management;
- 2.2.4. Understanding of the Australian and Queensland health care settings;

2.3. Preferably accredited by the Medical Board of Queensland;

2.4. Preferably accredited by a tertiary education authority (perhaps through the Skills Development Centre);

2.5. Interfacing for Category 3(B) IMGs with the IMG Specialist AoN pathway assessment by respective colleges, including the Royal Australian College of General Practitioners, and for Doctors for the Bush candidates, the Australian College of Rural and Remote Medicine.

**3. A comprehensive placement process incorporating:**

3.1. A preparation for employment course appropriate to each category;

<sup>4</sup> Fraser SW, Greenhalgh T. *Complexity science* Coping with complexity: educating for capability, *BMJ* 2001; 323:799-803. In this article, Fraser and Greenhalgh define competence and capability as follows:

**Competence:** What individuals know or are able to do in terms of knowledge, skills, attitude;

**Capability:** Extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance.

Medical Jobs @ Health applies these definitions.

3.2. IMG – opportunity/employer matching;

3.3. Mentoring and oversight of practice until general registration or vocational status achieved;

3.4. Case management of:

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3.4.1. Security checking;

3.4.2. Training;

3.4.3. Registration status;

3.4.4. Immigration status (where applicable);

3.4.5. Medicare Provider Number status (where applicable);

3.4.6. Mentoring and practice oversight – standardised for effectiveness and reliability;

3.4.7. Trailing spouse and family circumstances and needs;

3.5. Career/professional advice.

**4. Bridging courses including:**

4.1. Existing AMC Multiple Choice Question Bridging Course;

4.2. Existing AMC Clinical Bridging Course;

4.3. Existing Bridging Courses for FRACGP (GPEA and Tropical Medical Training);

4.4. Bridging Courses towards Fellowship of Specialist Colleges (not currently available) and preferably accredited by the respective college.

Table 2 Current Management of IMGs

Incomplete Operation Of Medical Jobs @ Health

From July 2003  
CENTRE FOR OTDS

Some Private Sector

Some Private Sector

INTERNAL MEDICAL GRADUATE CATEGORY

Category 1 Citizens and permanent residents who are graduates of AMC accredited medical degrees or AMC examination and eligible for general registration by the Medical Board without Area of Need limitation.														Required Case Case	If prev.	Yes	No practice opp.	N/A	Yes	N/A	N/A	N/A
Category 2 Citizens and permanent residents who are Fellows of or recognised by an Australian Medical College and eligible for registration by Medical Board without Area of Need limitation.														Required Case Case	Yes	Yes	Yes	N/A	Required	N/A	N/A	N/A
Category 3 <sup>5</sup> Citizens, permanent residents and temporary residents progressing towards permanent resident practice, and eligible for registration by the Medical Board for practice limited to Areas of Need and for a limited period.														Required Case Case	Yes	Yes	Yes	Yes	Required	Yes	Yes	N/A
Category 4 <sup>6</sup> Temporary residents not progressing via either the AMC examination or College recognition pathways towards permanent resident practice, but eligible for registration by the Medical Board for practice limited to Areas of Need for a limited period.														Required Case Case	Yes	Yes	Yes	Yes	Required	Yes	Yes	N/A
Category 5 Citizens, permanent or temporary residents whose professional credentials are yet not assessed, who are not progressing on a pathway to permanent resident practice and not registered.														Required Case Case	Yes	Yes	Yes	Yes	Required	Yes	Yes	N/A

<sup>5</sup> Upon attaining AMC Examination or College Fellowship, proceed to Categories 1 and 2 respectively.

<sup>6</sup> May proceed to Category 3 if seeking permanent resident practice.



Table 3 Proposed Integrated Management of

Medical Jobs @ Health Incorporating Centre for IMG					PLACEMENT					BRIDGING COURSES		
Private Sector					Prep for Employment & Post Assessment	Employment	Mentoring & Supervision	Case Management	Career Advise	AMC MCQ	AMC Clinical	Fellowship <sup>a</sup>
INTERNATIONAL MEDICAL GRADUATE CATEGORY					1 <sup>st</sup> ASSESSMENT <sup>a</sup> , REFEREE CHECK CAREER ADVISE	2 <sup>nd</sup> ASSESS <sup>a</sup> , (Fitness to Practice) & CAREER ADVISE						
Category 1 Citizens and permanent and temporary residents who are graduates of an AMC accredited medical degree or AMC examination, eligible for general registration by the Medical Board without Area of Need limitation.					Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A
					Possibly	Possibly	N/A	N/A	Possibly	FEE: ~\$2,000 (inc. \$500 PFE fee to employee)		
Category 2 Citizens and permanent and temporary residents who are Fellows of or recognised by an Australian Medical College and eligible for registration by Medical Board without Area of Need limitation.					Yes	Yes	Case x	Case x	Yes	N/A	N/A	N/A
					2 A Section 111(2) Specialist Registration	Case x	Case x	N/A	N/A	N/A	N/A	N/A
					2 B Section 138 Special Purpose Registration	Case x	Case x	N/A	N/A	N/A	N/A	N/A
Category 3 Citizens, permanent residents and temporary residents progressing towards permanent resident practice, and eligible for registration by the Medical Board for practice limited to Areas of Need and for a limited period.					Yes	Yes	Yes, if not previous	Yes	Yes	Yes	Yes	N/A
					3A Progressing via the AMC examination pathway	Yes	Yes	Yes	Yes	Yes	Yes	N/A
					3B Progressing via the College recognition pathway	Yes	Yes	Yes	Yes	Yes	Yes	Yes
					Possibly	Possibly	Possibly	Possibly	Possibly	FEE: ~\$7,000 (inc. \$500 to employee)		
Category 4 Temporary residents not progressing via either the AMC examination or College recognition pathways towards permanent resident practice, but eligible for registration by the Medical Board for practice limited to Areas of Need for a limited period.					Yes	Yes	Yes	N/A	Yes	N/A	N/A	N/A
					4 A Australian equivalent training in English language	Possibly	Possibly	Possibly	Possibly	Possibly	Possibly	Possibly
					4B Non-English speaking training, unknown Australian equivalence	Yes	Yes	Yes	Yes	Yes	Yes	Yes
					Possibly	Possibly	Possibly	Possibly	Possibly	FEE: \$5,000 (inc. \$500 to employee)		
Category 5 Citizens, permanent or temporary residents whose professional credentials are not assessed, who are not progressing on a pathway to permanent resident practice and not registered.					Yes	Yes	Yes	Yes	Yes	Category 5 IMG proceeds into category 1-4 following assessment or is deemed unsuitable for medical practice in Australia		

<sup>a</sup> Preferably accredited by Medical Board of Queensland and by the Skills Development Centre.<sup>a</sup> Preferably accredited by the Skills Development Centre.<sup>a</sup> Preferably College accredited.

## MANDATED IMG MANAGEMENT

It is proposed that these elements (accredited where appropriate) be mandatory for IMG management in Queensland. Either the Medical Board of Queensland or the Queensland Minister for Health or both (preferably) may mandate accredited assessment, accredited preparation for employment, mentoring and practice oversight, case management, professional / career advice, personal support and accredited bridging courses as follows:

- Medical Board of Queensland as a condition of special purpose registration under the *Medical Practitioners Registration Act 2001*;
- Queensland Minister for Health as a condition of Area of Need approval under Ministerial Policy on Area of Need implementing Section 135 of the *Medical Practitioners Registration Act 2001*.

## TWO ONLY MANDATED PATHWAYS FOR IMGs

In particular, the proposed management of IMGs clarifies two clear pathways to permanent resident practice for IMGs, namely:

- a) Australian Medical Council (AMC) examinations followed by vocational training as for Australian graduates; and
- b) Fellowship of a Specialist College or Fellowship of the Royal Australian College of General Practitioners (FRACGP) or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) if and when the latter college achieves accreditation of its fellowship program by the AMC.

Mandating these as the only pathways to permanent resident practice ensures IMGs are appropriately qualified for practice in Queensland, achieve vocational status equivalent to Australian graduates and cannot be abused as medical practice 'cannon fodder' in inappropriate practice and without opportunity to progress to general or vocationally-based special purpose registration status. It also protects the community from incompetent medical practice and consequent adverse outcomes and removes the anomalous differential in access to Medicare provider numbers between Australian graduates and overseas-trained doctors referred to in the Background.

## DOCTORS FOR THE BUSH AND QUEENSLAND COUNTRY DOCTORS

For IMGs seeking permanent general practice or hospital generalist practice opportunities in Queensland, the proposed mandated management process occurs within two formal projects operating in parallel and defined by the ten year moratorium (on access to Medicare Provider Numbers) imposed upon IMGs by the *Health Insurance Act 1973*:

- a) **Doctors for the Bush project** – the 'five-year program' – recruiting general practitioner/generalist practice IMGs who obtain the FRACGP within two years of entering the project and who are contracted to provide five-years service in a community of need (CoM)<sup>7</sup>;
- b) **Queensland Country Doctors project** – the 'ten-year program' recruiting general practitioner/generalist practice IMGs to all remaining AoN in rural and regional Queensland.

In addition to the assessment, placement and bridging course elements of the proposed IMG management process, each of these projects obtains the contractual commitment of:

<sup>7</sup> Communities in the Very Remote and Remote categories of the Accessibility and Remoteness Index of Australia (ARIA) assessed by Medically Underserved Communities of Queensland to need two or fewer general practitioners.

- a) Each IMG recruit on a pathway to permanent resident practice and to obtain the FRACGP<sup>8</sup> within a prescribed period.
- b) The State and Commonwealth jurisdictions to each recruit (and family) to provide security and certainty of AoN/DoMWS status for registration and Medicare provider number purposes.

For the Queensland community and for IMGs and their families these vital contacts provide safety and security.

## Reference, Advisory & Appeal Functions

The Medical Workforce Advisory Committee of Queensland (MWAC-Q) is the peak medical workforce stakeholder forum and clearing-house in Queensland. It has been a key instrument of consultation with relevant organisations regarding the content of this proposal. It is proposed that this body be requested to accept reference, advisory and appeal functions for the management of IMGs. The Office of the Principal Medical Advisor now provides secretariat support for these functions of MWAC-Q.

MWAC-Q is establishing a Rural and Remote Medical Workforce Advisory Subcommittee. It is proposed that this subcommittee be requested to accept reference, advisory and appeal functions for QCD and D4B. Both State and Commonwealth jurisdictions may refer project related issues to the Subcommittee and receive advice from it.

With the exception of the RACGP and ACRRM assessment process from which applicants may appeal decisions to the National Reference Panel, it is proposed the Subcommittee be requested to accept all other appeals regarding decisions affecting applicants.

## Management

The Queensland Government has jurisdictional responsibility for the management of IMGs in association with the Commonwealth Government. Since Queensland Health employs 69% of the AoN approved doctors (May 2002 to June 2003) Queensland Health has a responsibility to shoulder the burden of IMG management. Queensland Health commits its Medical Jobs @ Health<sup>9</sup> infrastructure and resources to the task including management of Queensland Country Doctors and Doctors for the Bush.

The proposal does not establish a Queensland Health monopoly on IMG management, though it will obviously manage at least its own IMG recruits. The proposal enables the private sector to consider opportunities in IMG assessment, placement and bridging courses for IMGs employed in the private sector providing accreditation and mandated standards are achieved. However, a viable private sector involvement in all elements of IMG management and for all IMG categories may not be viable for reasons of volume and integration. Medical Jobs @ Health would therefore provide the service to both public and private sectors as it currently does.

<sup>8</sup> Or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) if and when the latter college achieves accreditation of its fellowship program by the AMC.

<sup>9</sup> Includes the Office of the Principal Medical Advisor, Staff Search Data Services, and the Rural Coordinating Units at the Royal Brisbane and Townsville Hospitals.

## Evaluation

The Doctors for the Bush experience indicates that longitudinal evaluation offers much greater value than occasional snapshot evaluations. The State jurisdiction expects evaluation of Doctors for the Bush *inter alia*, to identify indicators and benchmarks of successful workforce recruitment and retention as well as to identify tools that provide efficient means of longitudinal assessment of the rural and remote medical workforce.

It is vital that IMG management is evaluated in a broad and longitudinal evaluation and research program. Evaluation and research of IMG management is required in a number of dimensions *inter alia*:

1. Effectiveness of IMG management and its value for money:
  - 1.1. Assessment;
  - 1.2. Practice preparation;
  - 1.3. Bridging courses;
  - 1.4. Applicant-opportunity matching;
  - 1.5. Case Management;
  - 1.6. Mentoring and practice oversight;
2. Outcomes for IMG patients and for Queensland AoN communities;
3. Outcomes for IMGs, their spouses and families;
4. Outcomes for employers;
5. The longer-term dynamics of medical workforce recruitment and retention for AoN/DoMWS;
6. Trends in supply, recruitment and retention of rural doctors generally and IMGs in particular;
7. Impact of IMG recruitment programs on number and vocational status of the rural medical workforce;
8. AoN/DoMWS satisfaction with supply, recruitment and retention of rural doctors generally and of IMGs specifically;
9. Impact upon practice opportunities for local graduates;
10. Success of IMGs in obtaining general and special purpose registration status;
11. Effectiveness
12. Value for money of the mentoring and practice oversight process.

It is proposed that the State and Commonwealth jurisdictions collaborate to determine a program of evaluation and research in association with all relevant organisations.

# Jurisdictional Action Necessary

## QUEENSLAND

### Queensland Minister for Health

The following decisions of the Queensland Minister for Health implements this proposal:

1. Authorisation of the proposed system of IMG management, and specifically:
  - 1.1. Queensland Health's responsibility to manage the prescribed system of IMG management within Medical Jobs @ Health (the Queensland Government's medical marketing and recruitment program) for the public sector as well as for the private sector;
  - 1.2. Enabling development of a private sector IMG management service where this is feasible;
  - 1.3. Continued operation by Medical Jobs @ Health of the five-year program, Doctors for the Bush in collaboration with the Commonwealth;
  - 1.4. A formal ten-year program, Queensland Country Doctors as described in an attachment to this document, operated by Medical Jobs @ Health in parallel to Doctors for the Bush in collaboration with the Commonwealth.
2. Authorisation of Area of Need Policy (according to the powers conferred upon the Minister by Section 135 of the *Medical Practitioners Registration Act 2001*) that:
  - 2.1. Mandates for each nominated IMG as a condition of AoN approval:
    - 2.1.1. Accredited assessment;
    - 2.1.2. Accredited preparation for employment;
    - 2.1.3. Mentoring and practice oversight;
    - 2.1.4. Case management;
    - 2.1.5. Professional/career advice; and
    - 2.1.6. An appropriate accredited bridging course.
  - 2.2. Until registered by the Medical Board of Queensland under a section of the *Medical Practitioners Registration Act 2001* other than Section 135:
    - 2.2.1. Guarantee Area of Need status to IMGs contracted in terms of either Doctors for the Bush or Queensland Country Doctors, subject to satisfactory discharge of the obligations of the contracted doctors; and
    - 2.2.2. Requires as a condition of guaranteed Area of Need status for each doctor in either Doctors for the Bush or Queensland Country Doctors attainment of the Fellowship of the Royal Australian College of General Practitioners (or similar accredited vocational qualification) within the period prescribed by the respective project.
3. Proposal to the Commonwealth Minister for Health and Ageing of jurisdictional collaboration in IMG management and specifically in Doctors for the Bush and Queensland Country Doctors.

### Medical Board of Queensland

The following decisions of the Medical Board of Queensland implements this proposal:

1. Accreditation of IMG assessment nominated by Queensland Health or by a private sector organization;
2. Mandating for each registrant as a condition of special purpose registration under Section 135 of the *Medical Practitioners Registration Act 2001*:
  - 2.1. Accredited assessment;
  - 2.2. Accredited preparation for employment;
  - 2.3. Mentoring and practice oversight;

- 2. Case management;
- 2.5. Professional/career advice; and
- 2.6. An appropriate accredited bridging course.

## COMMONWEALTH

### Minister for Health and Ageing

The following decisions of the Commonwealth Minister for Health and Ageing implements this proposal:

1. Acceptance of the State Minister's invitation to collaborate on IMG management in Queensland; and specifically:
2. Authorise continued operation of the five-year program in Queensland (Doctors for the Bush) in collaboration with the State of Queensland.
3. Authorise a formal a ten-year program as described in an attachment to this document (Queensland Country Doctors) to operate in parallel to Doctors for the Bush and in collaboration with the State of Queensland;
4. Authorise guarantee of District of Medical Workforce Shortage status and therefore exemption from the ten-year moratorium under section 19AB(3) of the *Health Insurance Act 1973* subject to continued satisfactory service in the terms of the respective project and until the completion of five years (Doctors for the Bush) or ten years (Queensland Country Doctors) of satisfactory service.
  - 4.1. Authorise as a condition of guaranteed District of Medical Workforce Shortage status for each doctor in either Doctors for the Bush or Queensland Country Doctors and until their attainment of registration by the Medical Board of Queensland other than under Section 135 of the *Queensland Medical Practitioners Registration Act 2001*;
  - 4.2. Attainment of the Fellowship of the Royal Australian College of General Practitioners (or similar accredited vocational qualification) within the period prescribed by the respective project;
  - 4.3. Mentoring and practice oversight;
  - 4.4. Case management.
5. Authorise a guaranteed reduction in the 10-year moratorium on provider numbers under section 19AB of the *Health Insurance Act 1973* to five years for each doctor completing five years of satisfactory services in the five-year program (Doctors for the Bush).
6. Authorise a guarantee for each doctor completing five years (Doctors for the Bush) or ten years (Queensland Country Doctors) satisfactory service in the terms of the respective project, no restriction of his or her provision of professional services that attract a Medicare benefit.