

information and resources relating to education and training available to overseas trained doctors in australia

Confederation of Postgraduate Medical Education Councils (CPMEC)
A National Scoping Study

Commissioned by the Australian Government
Department of Health and Ageing

April 2004

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2 April 2004

Mr R W Wells
Chair
Medical Training Review Panel

Dear Mr Wells

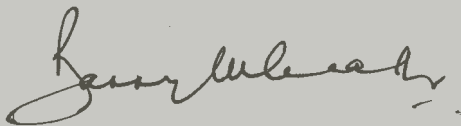
On behalf of the Confederation of Postgraduate Medical Education Councils, and the national Reference Group, I am pleased to submit the Report on Information and resources relating to education and training available to Overseas Trained Doctors in Australia.

This report draws on a literature review, an examination of international practices and trends, a comprehensive survey of existing resources within Australia and an extensive consultation process with key stakeholders involved in the education and training of overseas trained doctors. This report brings all this information together.

Members of the national Reference Group included representatives from each state/territory postgraduate medical council, the Australian Medical Council, the Australian Medical Workforce Advisory Committee, and the Medical Training Review Panel Secretariat.

I wish to thank all members of the national Reference Group who were active contributors during the project and particularly to Ms Kay Gunn, Project Officer. Ms Carol Jordon and Dr Anne Kanaris, Postgraduate Medical Council of Victoria, provided editorial assistance during the writing of the report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Barry McGrath', with a stylized flourish at the end.

Professor Barry McGrath
Chair
National Reference Group
National Scoping Study

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Contents

List of Appendices	5	
List of Tables	5	
List of Acronyms	6	
Chapter 1	Executive summary	8
Chapter 2	The scoping study	11
Chapter 3	Overseas Trained Doctors: An international perspective	15
Chapter 4	Literature review	35
Chapter 5	The AMC pathway and medical registration	43
Chapter 6	Enhancing the qualified medical workforce in rural and remote locations	49
Chapter 7	State and territory initiatives to support the training and professional development of Overseas Trained Doctors	63
Chapter 8	Australian Government initiatives to streamline processes for Overseas Trained Doctors	79
Chapter 9	New Zealand initiatives in relation to Overseas Trained Doctors	85
Chapter 10	Review of orientation and education programs for Overseas Trained Doctors	90
Chapter 11	Overseas Trained Doctors: Perceptions of their needs	98
Appendices		104
Bibliography		116

Appendices

Appendix A	List of organisations that contributed to the study	104
Appendix B	Indicative questions asked during the National Scoping Study Education and Support Survey	107
Appendix C	New Zealand Survey	108
Appendix D	New Zealand Survey Report	111
Appendix E	CPMEC website	115

Tables

Table 1	The steps required to practice medicine in Ontario, Canada	25
Table 2	Issues identified by state/territory forums/workshops	63
Table 3	Review of orientation and education programs survey responses	91

Acronyms

ACEM	Australasian College for Emergency Medicine
ACGME	Accreditation Council for Graduate Medical Education (United States)
ACRRM	Australian College of Rural and Remote Medicine
ACT	Australian Capital Territory
ADTOA	Australian Doctors Trained Overseas Association
AAMC	Association American Medical Colleges
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AHWOC	Australian Health Workforce Officials Committee
AMA (1)	American Medical Association
AMA (2)	Australian Medical Association
AMC	Australian Medical Council Inc.
AMWAC	Australian Medical Workforce Advisory Council
AMSA	Australian Medical Students Association
AON	Area of Need
ASMOF	Australian Salaried Medical Officers Federation
BOTPLS	Bridging for Overseas Trained Professional Loans Scheme
CDAMS	Committee of Deans of Australian Medical Schools
CEPTSA	Council for Early Postgraduate Training in South Australia
CFPC	College of Family Physicians of Canada (The)
CME	Continuing Medical Education
COGME	Council on Graduate Medical Education (United States)
CPMEC	Confederation of Postgraduate Medical Education Councils
CPMC	Committee of Presidents of Medical Colleges
DCT	Director of Clinical Training
DHA	Department of Health and Ageing (Australian Government)
DHAC	Department of Health and Aged Care (previously Health and Family Services)
DIMIA	Department of Immigration and Multicultural and Indigenous Affairs
ECFMG	Educational Commission for Foreign Medical Graduates
EEA	European Economic Area
FRACGP	Fellowship of Royal College of General Practitioners
FREIDA	Fellowship and Residency Electronic Interactive Database Access
GME	Graduate medical education
GP	General Practitioner
HMO	Hospital Medical Officer
IMG	International Medical Graduate
IELTS	International English Language Testing System
ITA	In Training Assessment
MCCEE	Medical Council of Canada Evaluating Examination
MCQ	Multiple Choice Question
MTRP	Medical Training Review Panel

NHS	National Health Service (UK)
NRMP	National Residency Match Program (US, Canada)
NSW	New South Wales
NT	Northern Territory
NZREX	New Zealand Registration Examination
OTD	Overseas trained doctor
ODTS	Overseas Doctors Training Scheme (UK)
OMP	Other Medical Practitioner
OSCE	Objective Structured Clinical Examination
OTD	Overseas Trained Doctor
PMC	Postgraduate Medical Council
PGMIT	Postgraduate Medical Institute of Tasmania
PGY1	Postgraduate Year 1
PGY2	Postgraduate Year 2
PGY3	Postgraduate Year 3
PLAB	Professional and Linguistic Assessments Board
PMCNSW	Postgraduate Medical Council of New South Wales
PMCV	Postgraduate Medical Council of Victoria Inc.
PMEFQ	Postgraduate Medical Education Foundation of Queensland
PSA	Public Service Association
PTAC	Prevocational Training and Accreditation Committee
PROTD	Permanently Resident Overseas Trained Doctor
QLD	Queensland
QRMSA	Queensland Rural Medical Support Agency
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RACOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RACP	Royal Australasian College of Physicians
RACR	Royal Australasian College of Radiologists
RACS	Royal Australasian College of Surgeons
RARMS	Rural and Remote Medical Services
RPCA	Royal College of Pathologists of Australasia
RCPSC	Royal College of Physicians and Surgeons of Canada
RMO	Resident Medical Officer
RWAV	Rural Workforce Agency, Victoria
SA	South Australia
TAS	Tasmania
TRD	Temporary Resident Doctor
USACAS	United States of America Clinical Assessment Centre
USMLE	United States Medical Licensing Examination
UK	United Kingdom
USA	United States of America
VIC	Victoria
VMPF	Victorian Medical Postgraduate Foundation Inc
WA	Western Australia
WACRRM	Western Australian Centre for Remote and Rural Medicine

1 Executive summary

In May 2002 a meeting of the Confederation of Postgraduate Medical Education Councils was held in Melbourne, Victoria to consider issues identified by state Councils concerning the education and training needs of overseas trained doctors seeking to practise in Australia. It was recommended that a scoping study be undertaken with a view to developing a national approach. The proposal was supported by the Australian Government Department of Health and Ageing, a national Reference Group was established and a Project Officer appointed in March 2003. The study brief was to:

- undertake a comprehensive review of existing resources available to overseas trained doctors in Australia relating to education, training, employment opportunities and ongoing support in the workforce;
- analyse resources to identify gaps; and
- establish a CPMEC website that includes links to all state and territory postgraduate medical council websites.

The process of the study included a literature review, examination of international practices and trends, a comprehensive survey of existing resources within Australia, and an extensive consultation process with key stakeholders. This report brings all this information together. The development of a website was completed in December 2003 (www.cpmecc.org.au).

During the course of this Scoping Study, the Reference Group has liaised closely with the Medical Training Review Panel (MTRP) Sub-committee on overseas trained doctors through the MTRP secretariat, to inform the project and ensure consistency between the work of that Sub-committee and the project. The Reference Group has also had discussions with the Australian Government Department of Health and Ageing Overseas Trained Doctors Task Force established in August 2003.

What are the key messages to come out of this enquiry? These can be considered under 6 key domains: international perspective, information access, orientation, communication, assessment, education and training support.

Overseas and Australian trained doctors are all members of the international medical graduate community; there is a good deal of commonality of issues faced by international medical graduates overseas and in Australia. Much can be learned from approaches being taken in countries with similar medical training schemes and health care systems. New Zealand, Canada, United Kingdom and United States of America have clearly defined national policies relating to registration, assessment, education and training processes.

A common theme identified by stakeholders in this study was the complexity and lack of coordination of these processes within Australia. Access to national, consistent, authoritative and up-to-date information is essential. A consistency of registration processes and working towards a national registration system is strongly endorsed by the majority of stakeholders.

There are a number of orientation packages being developed in all states and territories but no guaranteed access to these, little consistency in their content, and most programs are not evaluated. A nationally consistent and evaluated orientation process needs to be developed, readily accessible to all, and encompassing the three key elements of orientation to the Australian health-care system, the state health system and with a particular focus on the local community in which the OTD is to practise.

Communication issues loom large and the importance of these is emphasised in the literature review (Chapter 4) and consistently reflected in state and territory reports (Chapter 7). Key recommendations of the Wellington, NZ Workshop on Education and Training for Permanent Resident Overseas Trained Doctors (August 2003) included: that there be a uniform minimum standard of English language assessment and that language and communication skills should be integrated into education, training and assessment processes.

Assessment is a critical issue. The AMC pathway is highly regarded but there are a number of alternative routes to registration and employment of doctors in Australia and thus no uniformity about the minimum standards of assessment for entry point for work, i.e. a comprehensive process of assessment for safe practice. There is general support for more streamlining of assessment processes, including international standard, self-testing and assessment prior to entry to Australia. The requirements for flexibility of an assessment scheme, tailoring it to the skills and needs of OTDs and the demands of the workplace are identified.

Education and training support needs of OTDs have been identified as a key issue by all stakeholders (Chapters 7, 10) and a review of those programs that exist in other countries (Chapter 3) is helpful in considering our future approaches to this neglected area. There has been a momentum shift towards a need for supervised training positions, and although some very positive efforts are being taken by state and territory rural workforce agencies, there are very limited resources to support this in the public hospital sector where large numbers of OTDs are employed. Moreover these programs need to be flexible, customised and accessible. Accredited training and upskilling programs need to be available before and during employment. The exciting developments in clinical skills laboratories provide a new avenue for training and assessment. The needs, training, accreditation and performance measures of medical educators supervising OTDs must be considered. Finally, there is a clear need to consider the capacity of our education and training support systems for OTDs in Australia.

Overseas trained doctors provide an invaluable service to Australian health care and enrich our multicultural society. This review has identified key areas for attention to facilitate their entry into our medical workforce. The review provides substantial background to, and strong support for the key recommendations of the Medical Training and Review Panel Sub-committee on Overseas Trained Doctors. There is a need for immigration, education and health care bodies to work together to achieve the necessary reforms.

The Reference Group wishes to acknowledge the general goodwill and support for this review by all stakeholders. A comprehensive list of contributors is given in Appendix A.

Members of reference group

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2 The scoping study

Background and methodology

In recognition that overseas trained doctors who had not yet completed their Australian Medical Council examinations formed a significant cohort of hospital doctors in prevocational training positions, several state members of the Confederation of Postgraduate Medical Education Councils (CPMEC) conducted state level workshops/symposiums to identify the particular needs of these doctors. A special meeting of Confederation members was held in Melbourne on 29 May 2002 to share ideas about the needs of overseas trained doctors. A proposal to the Australian Government Department of Health and Ageing for the appointment of a project officer to undertake a scoping study on a national approach to permanently resident overseas trained doctors (PROTD) was developed as an outcome of this meeting. In November 2002, the Australian Government advised that it was making available \$150,000 for the scoping project. A Project Officer, Ms Kay Gunn, commenced in March 2003.

Alongside this development, the Medical Training Review Panel established late in 2002 an OTD Sub-Committee, which subsequently developed its Terms of Reference to inform its work. Six sub-groups were formed (Data, Process, Information and Access, Orientation/Education and Training, Assessment and Support). The OTD Sub-Committee reported early in 2004.

The Australian Government Department of Health and Ageing established an Overseas Trained Doctors Task Force (OTD Taskforce) in August 2003. The work of the OTD Taskforce is in its early stages.

In August 2003, a Workshop on Education and Training for Permanent Resident Overseas Trained Doctors was held in Wellington. The recommendations from this workshop are reported in Chapter 9: New Zealand's initiatives in relation to Overseas Trained Doctors.

The most recent development regarding OTDs occurred in December 2003, when the MedicarePlus Package was announced. An outline of the main initiatives for overseas trained doctors is provided in Chapter 6: Enhancing the Qualified Medical Workforce in Rural and Remote Locations and Chapter 8: Australian Government initiatives to streamline processes for OTDs.

The National Scoping Project

Agreement

A proposal for the Confederation of Postgraduate Medical Education Councils (CPMEC) to undertake a national scoping study was signed in January 2003. The study aims to:

- undertake a comprehensive literature review;
- review current education, training and orientation programs that are available to permanently resident overseas trained doctors in each state;

- review existing resources relating to education, training, employment opportunities and ongoing support mechanisms within the workforce (where applicable) that are available in each state by relevant stakeholder groups;
- prepare a list of relevant articles and resources and comment on their potential as a resource for the target group;
- undertake an Internet based search to investigate resources available for overseas trained doctors seeking to work as a medical practitioner in different countries (for example, the USA, Canada, UK); and
- prepare a report describing the findings of the review.

For the purposes of the National Scoping Study, it was agreed that the study should include both 'temporary resident doctors' (TRDs) practising in Australia on temporary visas and 'permanently resident overseas trained doctors' (PROTDs) living in Australia on permanent resident visas or as citizens.

Formation of a reference group

A national Reference Group was established with membership broadly representative of the health sector including medicine at undergraduate and postgraduate levels, rural health, registration boards, workforce planning and the Australian Government Department of Health and Ageing. Professor Barry McGrath, Deputy Chair of the CPMEC, agreed to chair the Reference Group and provide leadership to the project. Ms Kay Gunn, the Project Officer, supported the Reference Group and was responsible for the range of activities required by the scoping study. Ms Carol Jordon, Executive Officer, PMCV provided management of the project on a day-to-day basis and assisted with editing of the report. Dr Anne Kanaris, Project Officer, PMCV, assisted with the literature review.

The Reference Group met by teleconference seven times during the project. A list of members is included in Chapter 1: Executive Summary.

Terminology

The term Overseas Trained Doctor has been used in this report in the Australian context. In other countries, such as Canada and the US, the alternate terminology International Medical Graduate is used. The terminology adopted in each specific country has been retained in this report.

Methodology

Literature review

The literature review was undertaken and a range of resources available for overseas trained doctors (OTDs)/ international medical graduates (IMGs) seeking work as medical practitioners in different countries identified. The results of the literature review are reported in Chapter 4.

The sources for and data are listed in the bibliography.

Alongside the literature and website searches, contact was made with national and international bodies and individuals who had oversight and/or responsibilities for overseas trained doctors in their own country. Chapter 3 summarises available information on processes and support programs for IMGs in Canada, United Kingdom and United States of America; Chapter 9 summarises New Zealand developments. These countries have similar medical training systems to those found in Australia.

Education and support survey

This survey was designed to capture current activities from agencies involved with education and professional development for overseas trained doctors across Australia, and was to complement the relevant terms of reference developed by the Medical Training Review Panel's OTDs Sub-Committee. The aim of the survey was to capture a snapshot of existing orientation and education programs available to OTDs. Specifically, the survey was designed to gather information regarding:

- existing and/or planned orientation programs for OTDs that organisations are participating in or supervising;
- existing and/or planned education and professional development programs for OTDs that organisations are participating in or supervising;
- any needs analysis in relation to orientation and initial, and ongoing education and support for OTDs;
- any study in the last three years to identify the gaps in existing orientation and education programs for OTDs; and
- an opinion on what the organisation considers to be the main support needs for OTDs and how these might be facilitated.

A summary is presented in Chapter 10 of this report and a copy of the survey is found in Appendix B.

Interviews

The Project Officer introduced the project on a personal note by contacting people by telephone or in brief face-to-face meetings. Interviewees were chosen because of their expertise or because they represented a special group. A semi-structured interview was prepared for each interviewee. Notes made at the interview were analysed to identify current issues in each state and territory. The range of interest groups that included the postgraduate medical councils, private organisations, state health departments, medical registration boards, rural workforce agencies and specialist medical colleges and hospitals represented by the interviewees is shown in Appendix A.

Medical education officers

The Project Officer attended a meeting of Medical Education Officers in Victoria (March 2003). Support for OTDs was an item for discussion and problem areas were identified at the meeting including accessing vocational training and orientation to the Australian health-care system. The Postgraduate Medical Council of Victoria's Symposium Broadening Our Horizons: Showcasing

Victorian Prevocational Medical Education (May 2003) provided the opportunity to meet a range of persons involved in prevocational education and training and to hear about innovative projects in hospitals. Medical education officers from South Australia and Tasmania also attended.

New Zealand workshop

A questionnaire was prepared for the overseas trained doctors participating at the New Zealand OTD Workshop (6–8 August 2003) in Wellington. The group comprised overseas trained doctors selected by each state to attend the workshop. The survey was mailed out prior to the workshop for responses to be collated. A copy of this survey can be found at Appendix C. A summary of the responses is reported in Chapter 11: Overseas Trained Doctors: Perceptions of their needs and Appendix D: New Zealand Survey Report. Members of the reference group and the project officer were active participants in this workshop.

Online resources

A list of relevant articles and resources and their potential as a resource for the target group has been developed and is presented in the bibliography.

Website

A website for the Confederation of Postgraduate Medical Education Councils (CPMEC), which includes links to state and territory postgraduate medical education councils and key organisations, was launched in January 2004. The website can be viewed at: <http://www.cpmec.org.au>

3 Overseas trained doctors: An international perspective

Australia is not alone in its reliance on overseas trained doctors for a well trained skilled medical workforce to meet population requirements. The recruitment of health professionals from developing countries to wealthy countries is receiving increasing attention as they come to rely on overseas trained doctors to fill vacancies in public hospitals and private practice in rural areas where locally trained professionals are reluctant to work (Scott et al. 2004).

This chapter looks briefly at Canada, the United States of America and the United Kingdom which, together with Australia, have faced similar issues in relation to overseas trained doctors.

United States of America

The setting

The responsibility for producing the health workforce in the US is shared between the public and private sectors. The federal government provides direct financial assistance for the basic training of some health professions, and subsidises the graduate training of physicians through Medicare payments to teaching hospitals. The states, through their university and college systems, support the education and training of a wide range of health professionals. Private universities also educate and train the workforce (Gutzler and Kuta, 2003).

Foreign national physicians seeking entry into graduate medical education or training programs in the United States must obtain an appropriate visa that permits clinical training activities. The most frequently used visa is the J-1, a temporary non-immigrant visa reserved for participation in the Exchange Visitor program. The Educational Commission for Foreign Medical Graduates (ECFMG) is the visa sponsor for exchange visitor physicians participating in clinical training programs (Hallock 2003). In 1999, the American Congress passed pro-immigration law that was aimed at easing permanent residency restrictions for OTDs and addressing the shortage of medical specialists in many rural areas of the US (Greene, *AMNews*, 2001). More recently, President Bush signed a law that allowed for an expansion of a federal program that allows international medical graduates (IMGs) to practise in underserved areas after they finish their US residencies. This program titled the Conrad 30 program allows states to sponsor up to 30 applicants for J-1 visa waivers and in theory allows for up to 1500 OTDs to stay in the United States each year to practise in underserved areas.

According to recent data, approximately 2,400 IMGs are in residency programs in the United States under the J-1 visa each year and 1,400 of these graduates will receive a visa waiver to remain in the country upon completion of their residencies. About 925 of these waivers are recommended for underserved areas (Croasdale, *AMNews*, 2002).

Information access

The USA Clinical Assessment Centre (CAS) administers an online information registration and assessment process for both USA and Canada (2003). The Educational Commission for Foreign Medical Graduates in Philadelphia (US) provides information about programs and services to physicians educated abroad and other community members.

The American Medical Association (AMA) studies and evaluates medical education, recommends educational policies and standards to the American Medical Association House of Delegates and the medical education community (online). www.ama-assn.org/go/councilmed (accessed October 2003). The Association funds four e-newsletters a year for the 1,600 subscribers and the website receives over 9,000 hits per month (online). www.ama-assn.org (accessed October 2003)

The Council on Graduate Medical Education (COGME) is authorised by Congress to provide an ongoing assessment of physician workforce trends, training issues and financing policies, and recommends appropriate federal and private sector efforts on these issues. (online). <http://www.cogme.gov/> (accessed January 2004).

Requirements to practise medicine in the United States

There are four steps required for physicians who received their medical degree outside the United States or Canada to practice in the United States. First, they must obtain EFCFG certification. Second, after certification, they must complete an accredited residency training program. The resident will have to undertake a residency program regardless of the training they have received overseas. Graduates are placed in residency programs through the National Residency Match Program. (online). <http://www.nrmp.org> (accessed January 2004). Third, every medical graduate must apply for a licence in the state that they intend to practice. Finally, immigration requirements have to be met.

IMGs may also practice medicine under the "Fifth Pathway" program which is an academic year of supervised clinical education provided by an LCME-accredited medical school and is available to persons who meet all of the following conditions: completed undergraduate training (Bachelors degree) in the US or completed all their formal medical school requirements except the internship and/or social service obligation outside the US or Canada.

A small numbers of IMGs (eminent physicians and medical school physicians) are eligible for special consideration if they are working in a faculty of a medical school or teaching hospital any may be exempt from the licensure requirements.

Registration

In the United States and its territories, the individual licensing authority of the various jurisdictions grants a licence to practise medicine. Each medical licensing authority sets its own rules and regulations. These requirements include passing an appropriate examination, successful completion of approved postgraduate training and an assessment of an individual's fitness to practise medicine. Specific licensure requirements vary among the states. There is no 'automatic licensure'. Each applicant must satisfy the licensure requirements of the jurisdiction where licensure is sought (Hallock 2003). Results of the United States Medical Licensing Examination (USMLE) are reported to these authorities for use in granting the initial licence to practise medicine. The USMLE

provides them with a common evaluation system for applicants for medical licensure. International Medical Graduates who have completed postgraduate training and achieved licensure are not subject to any practice restrictions or other limitations.

The Educational Commission for Foreign Medical Graduates

The Educational Commission for Foreign Medical Graduates (ECFMG) has the responsibility for evaluating the qualifications of the international medical graduate entering into graduate medical education in the United States. Before entering a graduate medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME), a graduate of a medical school located outside the United States or Canada must be certified by the ECFMG. ECFMG has established comprehensive examination and medical education requirements for certification. Currently these include passing the medical science examination (that is, Step 1 and Step 2 of the USMLE), passing an English language proficiency test (which remains valid for two years), and satisfying the ECFMG medical education credentials requirement, including the primary source verification of the final medical degree. (online). <http://www.ecfm.org> (accessed January 2004).

United States Medical Licensing Examination

The United States Medical Licensing Examination (USMLE™) is sponsored by the Federation of State Medical Boards (FSMB) of the United States, Inc., and the National Board of Medical Examiners (NBME). Results of the USMLE are reported to medical licensing authorities in the United States and its territories for use in granting the initial licence to practise medicine.

The *USMLE Bulletin of Information* includes information on all aspects of USMLE, such as eligibility requirements, scheduling test dates, testing, and score reporting. The USMLE website has detailed information about the Examination; including latest news via the Bulletin, application forms, sample test items, and dates of examinations (online) <http://www.usmle.org> (accessed January 2004).

The USMLE has three Steps:

- **Step 1** assesses a candidate's understanding and application of important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy
- **Step 2** assesses whether a candidate's ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention.
- **Step 3** assesses whether a candidate can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings.

A clinical skills examination was part of the original design of USMLE and will be implemented in the second or third quarter of 2004. The clinical skills examination will be a separate component of Step 2, and will be referred to as Step 2 Clinical Skills, or Step 2 CS. The current Step 2 will be referred to as the Clinical Knowledge Component, or Step 2 CK.

When Step 2 CS is implemented, it will replace the Clinical Skills Assessment (CSA) as the exam that satisfies the clinical skills requirement for ECFMG Certification.

In order to be eligible to register for USMLE Step 3, students and graduates will be required to not only meet current examination requirements (i.e., passing Step 1 and passing Step 2 CK) but also passing Step 2 CS if they: (a) have graduation dates in 2005 or later, or (b) have graduation dates prior to 2005 and have not passed the CK component of Step 2 taken on or before 30 June 2005. Individuals who successfully complete the 'Fifth Pathway' program may also be required to pass Step 2 CS. (online) <http://www.usmle.org/bulletin/2004/TOC.htm> (accessed January 2004).

GME Track

GME Track is a resident database and tracking system that was introduced in March 2000 to assist GME Administrators and program directors in the collection and management of GME data. GME Track contains the National General Medical Education Census which is jointly conducted by the Association of American Medical Colleges and the American Medical Association. All programs accredited by the ACGME and combined specialty programs approved by their respective boards complete an online census (online). <http://www.aamc.org/programs/gmetrack/start.htm> (accessed October 2003).

Language proficiency

Despite there not being a general language proficiency requirement to enter the US, foreign nationals are required to be fluent in English if they are involved in employment or student activities. The online *Cross-Cultural Adaptability Inventory* helps individuals identify strengths within four critical areas important for effective cross-cultural communication and interaction.

These include:

- emotional resilience;
- flexibility/openness;
- perceptual acuity;
- personal autonomy (Kelley and Myers, 2001).

(online). <http://www.pearsonassessments.com>
(accessed January 2004)

In-training support: IMG/resident medical education

The following resources are available in the United States:

- extensive information is available in the 115 page Guidebook for General Medical Education Program Directors 2003 (online) <http://www.ama-assn.org/ama/pub/category/10365.html> (accessed October 2003);
- American Medical Association (online). <http://www.ama-assn.org> (accessed October 2003); Includes an Information Pack that describes the AMAs Medical Education Group and the role of the AMA in the continuum of medical education

- Fellowship and Residency Electronic Interactive Database Access (FREIDA). This is one of the most visited sections of the Association website. In March 2003 FREIDA's home page was viewed 124,905 times; (online). <http://www.ama-assn.org/ama/pub/category/2997.html> (accessed January 2004).
- GME Track incorporating the National GME Census (online). <http://www.aamc.org/programs/gmetrack/start.htm> (accessed October 2003);
- *Graduate Medical Education Directory* listing the 7,800 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (online) <http://www.ama-assn.org/ama/pub/category/10365.html> (accessed October 2003); pp.5-16
- GME Library on CD ROM combines information from the text version of the Directory (see above) with advanced search functions;
- *GMED Companion: An Insider's Guide to Selecting a Residency Program* produced by the American Medical Association, includes key data on 4,100 speciality programs. (online). <http://www.amazon.com/exec/obidos/ASIN/1579472745/inktomi-bkasin-20/ref%3Dnosim/103-4680422-0755052> (accessed December 2003)

Test preparation and other US educational resources can be purchased from a number of US Educational Advising Centres located in Perth, Melbourne, Brisbane, and Sydney. The Australian-American Fulbright Commission promotes and supports educational and cultural exchange between Australia and America and provides educational information on study and research in the United States. (online). <http://www.fulbright.com.au/home.htm> (accessed January 2004).

New projects

The Task Force on Integrating Education and Patient Care was set up by the Association of American Medical Colleges (AAMC) in 2000 and examined among other things, how AAMC member institutions and others could develop new ways to integrate education and patient care. The Task Force agreed that the existing model of medical education is outdated and fails to reflect the current situation. Within this context, IMGs have been recruited and employed in the public hospital system and rural areas. The Task Force reviewed pertinent literature concerning re-engineering service and education in graduate medical education with a view to decreasing residents' work hours, with fewer service-related activities and more time for education.

The Task Force has identified the following problems:

- increase in the number of residents and a corresponding increase in their use as 'cheap labour';
- too much non-educational work for residents along with a decline in the overall educational content of their work;
- imbalance between curricular needs and educational opportunities (i.e. the kinds of patients residents encounter often are misaligned with what they need to learn);

- increase in patient care "throughput" with faculty workloads in the past 20 years growing by as much as 200 per cent;
- decrease in direct faculty teaching of residents and general erosion of the learning environment;
- increases in patient acuity and decreased lengths of stay, making conditions of house staff more frenetic than in the past, with less time for residents to reflect on and learn from their experiences. Also there is less opportunity for residents to see the natural history of disease and the impact on their interventions;
- duplication of effort because of billing rules, leading to lower revenues per doctor-hour;
- workload shifts to nurses and other ancillary personnel who are in short supply, resulting in low morale and high turnover among those staff. (Association of American Medical Colleges, Integrating Education and Patient Care, Observations from the GME Task Force, 2000, p.2)

The Task Force recommended trialling the following:

- implementation of night float teams;
- addition of other providers for hospital services, including nurse practitioners and physician assistants;
- using attending physician services that are separate from resident services;
- provision of new technologies to facilitate education and encouraging the adoption of competence based instruction to improve education and training (GME Task Force, 2000).

Accomplishing these tasks will require reorienting residency programs to have an essential and well-integrated education program, rather than a service only function. This is an ongoing challenge for medical educators and employers in the United States as well as in Australia.

Individual and family needs

The IMG Council and the IMG Section of the American Medical Association represent and promote the interests of physicians who graduated from medical schools outside the United States. (online). <http://www.ama-assn.org/ama/pub/category/17.html> (accessed February 2004) IMGs have been a slow but consistent growth in the membership of the AMA to approximately 17 per cent of the total AMA membership. In 1995, 31 per cent of the active physician IMG population were AMA members. Today over 17,000 or 39 per cent IMGs are AMA direct members.

Summary

Key features of resources and services in the United States include:

- current federal government has responded to US medical workforce shortages by expanding programs that allow IMGs to work in underserved areas;
- over 20 per cent of the US medical workforce is drawn from a far-reaching international community;
- assessment processes that focuses on candidates' understanding of medical concepts and knowledge and ability to work unsupervised in patient management have become increasingly important;

- US requires that foreign nationals are fluent in English if they are involved in employment or student activities; an online *Cross Cultural Adaptability Inventory* assists identifying strengths in cross-cultural communication;
- A central agency with online application; clinical skills assessment information and resources; and which streamlines administrative processes and preemployment requirements; and
- The American Medical Colleges Task Force 2000 has identified issues related to service delivery and medical education of interest to other countries.

Canada

The setting

Canada has a predominantly publicly funded health-care system with a national health insurance program achieved through thirteen provincial and territorial health insurance plans. Under the principles of the *Canadian Health Act 2003* (CHA) the federal government provides financial support to provincial and territorial governments through the Canada Health and Social Transfer (CHST). The aim of the Act is to ensure that all eligible residents have reasonable access to medically necessary insured services. The planning, delivering and implementation of health services falls under state or territory jurisdiction in all provinces except Ontario where regional authorities are responsible for service delivery (Dauphinee 2003). Providing adequate health care to rural and remote Canadians is a great challenge. A history of policies that restricted the immigration of doctors to Canada, reluctance of Canadian trained graduates to practise in remote areas and cuts to medical schools and residency positions have all influenced the current situation.

There are 16 government funded medical schools in Canada with one planned to begin taking students in 2004. The Committee on Accreditation of Canadian Medical Schools (CACMS) (online) http://www.acmc.ca/comitt_acred.htm (accessed February 2004) and the Liaison Committee on Medical Education (LCME) (online) <http://www.lcme.org/> (accessed February 2004) accredit all medical schools graduating physicians in Canada. Planning for reviewing health care and postgraduate training in either family medicine or in one of the 59 specialties is the responsibility of the medical schools and these programs are accredited by The College of Family Physicians (CFPC) and The Royal College of Physicians and Surgeons of Canada (RCPSC). These colleges have Maintenance of Certification programs for the continuing medical education of members.

Over the last 25 years the country origin of IMGs coming to Canada has changed from Commonwealth countries and Ireland to a much wider international community including India and Pakistan, the Philippines and Korea, Eastern Europe and the Middle East (Egypt and Iran). Today, medical workforce policy changes have seen IMGs currently make up 23 per cent of the practising physicians in Canada. (Canadian Taskforce, 2004, p.1)

Canadian action plan for renewing health care

In September 2000 a shared 8-point action plan for renewing health care with a federal government commitment to invest \$46 billion over five years set the scene for changes to the Canadian health-care system. The aim of this plan, due for completion in 2004, has been to ensure that all eligible residents of Canada have reasonable access to medically necessary insured services on a prepaid basis, without direct charges at the point of service. Resources have been provided to fast track IMGs into the Canadian health-care system as part of the plan (Dauphinee 2003).

Registration and licensure

Each provincial and territorial government is responsible for licensing physicians within its boundaries. The provincial and territorial governments have mandated this responsibility to the medical licensing authorities (International Medical Workforce Collaborative 7th Annual Conference: Oxford, England 2003 (online).

<http://www.healthworkforce.health.nsw.gov.au/amwac/amwac/7conf.html> (accessed October 2003).

The Medical Council of Canada (MCC) facilitates portability and reciprocity between different provinces through its administration of the Qualifying Examination Part 1 (QE Part 1) and the QE Part 11 examinations leading to a standard qualification in Medicine, the Licentiate of the Medical Council of Canada (LMCC). The LMCC is one of the requirements of the medical licensing authorities for a licence to practise medicine in Canada. Current information, pamphlets and forms are available on the Medical Council's website. (online). <http://www.mcc.ca> (accessed 8 December 2003).

Once the LMCC has been obtained, IMGs are eligible to sit the Certification in Family Medicine or a specialty that involves a training program and College certification examination.

Information access

In Canada, collaboration between the American Medical Association and the Association of Medical Colleges has led to the Electronic Interactive Database, FREIDA Online (Fellowship and Residency Electronic Interactive Database Access) used both in Canada and the United States. This is a free internet database of approximately 7,800 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education. This database also lists over 200 combined specialty programs approved by the American Board of Medical Specialties.

Language proficiency

Canadian licensure requires an advanced level of either English or French to meet the language requirements. In order to complete the requirements related to English language fluency and communication set by the Medical Council of Canada Evaluating Examination (MCCEE), candidates are required to undertake the Test of English as a Foreign Language or Test of Spoken English or meet other exemption criteria such as both primary and secondary education in English. (online). <http://www.library.utoronto.ca/medicine/oimg> (accessed November 2003).

Those with limited English or French ability are unlikely to be able to acquire the necessary level of language proficiency to be able to integrate into the profession. Federally funded language programs are available to immigrants with low levels of English proficiency, IMGs with intermediate and advanced knowledge of French or English are ineligible for educational programs. Places in

provincially funded language programs are restricted to those receiving unemployment benefits. Those who have language difficulties and have been out of practice for a sustained period will have less chance of entering employment.

Communication skills

Researchers have heightened awareness around assisting teachers in their understanding of their own ethno-cultural backgrounds, values, attitudes and beliefs (Watt et al 2003). The notion of 'cultural humility' (Hixon 2003) has also been identified as part of life-long learning, flexibility, openness and humility (Steinert unpublished notes 2003). A cross-cultural handbook *Developing Intercultural Awareness* (Kohls and Knight, 1994) outlines exercises to develop intercultural awareness and sensitivity.

Case study: Ontario Canada

Recruitment drive and training increase

The Province of Ontario has been active in recruiting strategies to meet the medical workforce shortfall and has boosted medical school enrolments adding 160 new spaces for medical students (1999 to 2002) and by 2007 it expects almost 700 new medical students will graduate each year. A new medical school is expected to open in 2005. The number of training assessment spaces for foreign doctors has tripled from 24 to 90 between 1999 and 2002. Barriers to certification have been reported to have been reduced and up to 650 new positions have been created for physicians over the next five years. (online). www.hc-sc.gc.ca/hppb/healthcare/pdf/steady_state.pdf (accessed 27 August 2003).

Pathways for Licensing IMGs

There are two pathways for licensing in Ontario for internationally trained physicians: the Ontario International Medical Graduate Program (OIMGP) and the Assessment Program for IMGs (APIMG).

The Ontario International Medical Graduate Program

The Ontario International Medical Graduate Program (OIMGP) is an intensive academic program with a minimum of 36 weeks training in medicine, surgery, obstetrics and gynaecology, paediatrics, psychology, family and community medicine and an elective. There is an evaluation at the end of each rotation and candidates must pass the OSCE exam to complete the IMG program. IMGs in the program are equivalent to a senior medical student with the responsibilities of a supervised resident. Introduced in the mid-1980s for graduates of international medical schools, the program accepts up to 50 graduates per year and provides pre-residency training to evaluate and upgrade their qualifications: Ontario IMG Program: (online). <http://www.library.utoronto.ca/medicine/oimg/> (accessed November 2003). Those that successfully complete the program can apply to a restricted residency match to do a full residency in Family Medicine or Royal College programs. There is a tuition fee of \$US1,000.00

Assessment Program for IMGs

Assessment Programs available to IMGs in Ontario provide fully certified medical specialists who have been in recent practice in Ontario for at least one year, assessment of their skills at one of the five Ontario medical schools. The assessment period is 6 months.

Many other provinces do have specific upgrade programs for IMGs but the capacity appears very limited: Assessment Program for IMGs: (online). <http://www.aipso.ca/ontario%20licensing.htm> (accessed November 2003)

Repatriation program

The Ministry of Health and Long Term Care's Repatriation Program offers up to 15 funded positions (plus 30 new positions starting in 2003/2004) to Canadian citizens or landed immigrants who have completed postgraduate training outside Canada and require up to two years additional training to meet certification requirements of the Royal College of Physicians and Surgeons of Canada.

Following graduation, successful candidates practice in an underserved area for a duration equal to the length of the Ontario training received. (online).

http://www.aipso.ca/Program%20contact%20details%20dec%2016%2002_.htm (accessed February 2004).

New Clearinghouse for IMGs

From 2004 the Ontario IMG Clearinghouse (OIMGC) will administer assessment and retraining programs for IMGs. The current Ontario IMG Program (OIMGP) and the Assessment Program for IMGs (APIMG) will be amalgamated under the new OIMGC. A transition phase leading to full implementation of all OIMGC programs has been established. The following programs will be administered by the Clearing House:

- Clerkship/ Full Post Graduate Training
- Full Post Graduate Training
- Advanced Level Postgraduate Training Program
- Six-month Specialist Assessment Program

(online) <http://www.oimgc.utoronto.ca/> (accessed March 2004). The steps for registration to practise is summarised in Table 1 on the following page.

Table 1: Steps required to practise medicine in Ontario

Education / Licensing Steps	International Medical Graduate
Step 1. Undergraduate Medical School In order to practice medicine in Ontario, a physician trained in Canada or in another country requires an Undergraduate medical degree.	An acceptable medical degree equivalent to the undergraduate Medical Doctor (MD) degree conferred by accredited medical schools in Canada.
Step 2. Equivalency Examinations Medical Knowledge and Language/Communications In addition to an acceptable medical degree, IMGs are required to demonstrate equivalency of medical knowledge and English language/communications ability.	<ul style="list-style-type: none"> • Pass the Medical Council of Canada Evaluation Exam (MCCEE) in order to demonstrate equivalent general medical knowledge • Test of English as a Foreign Language (TOEFL) • Test of Spoken English (TSE)
Step 3. Post-Graduate Training All medical graduates must complete an accredited Postgraduate training program (often referred to as "residency training") as a prerequisite for completing their medical training. Postgraduate medical training is undertaken through a Canadian-accredited medical school. <ul style="list-style-type: none"> • Family medicine: 2-3 years • Other specialties: 4 -5 years Postgraduate students, called Residents, practice under an "educational license" and are not licensed to practice independently.	Apply through Clearinghouse. Must complete supervised clinical training or assessment to meet licensure educational requirements. Possible entry points include: <ul style="list-style-type: none"> • Pre-residency/clerkship • First-year residency • Advanced Year residency • Six-month clinical assessment for entry directly into practice Selection process generally includes: <ul style="list-style-type: none"> • written multiple choice exams • objective structured clinical exams (communications skills emphasis) • interviews
Step 4. Licentiate of the Medical Council of Canada To obtain an independent practice license, Residents must pass the Medical Council of Canada Qualifying Exams Part 1 (MCCQE Part 1) and Part 2 (MCCQE Part 2).	Many IMGs take the MCCQE Part 1 and 2 (where permitted) before applying to the Clearinghouse
Step 5. Specialty Certification All physicians are specialized in either Family Medicine (not General Practice) or a Specialty. Upon completion of residency training: <ul style="list-style-type: none"> • Family physicians must pass the College of Family Physicians of Canada Certification Exam. • Other specialists must pass the Royal College of Physicians and Surgeons of Canada Certification Exam specific to their specialty. 	
Step 6. Ontario Registration Registration to practice medicine in Ontario is done by the College of Physicians and Surgeons of Ontario.	

(online). <http://www.aipso.ca/> (accessed March 2004)

Study resources

The IMG written entrance examination program tests candidates at the clerkship level, which is the equivalent to the 3rd and 4th years of medical school in Canada. Resources include:

- The Curriculum Directory for the University of Toronto Medical School;
- Gerstein Science Information Centre and access to the medical library;
- University of Toronto Bookstore;
- Preparation for the Clinical (Objective Structured Clinical Exam OSCE);
- Mastering the Objective Structured Clinical Examination (OSCE) and Clinical Skills Assessment (CSA), Reteguiz (1999), McGraw-Hill; and
- IMG Booklist. (online). <http://www.library.utoronto.ca/medicine/oimg/study.htm> (accessed February 2004)

National agendas and meetings

Overall interest in integrating IMGs into the Canadian workforce has been at the forefront of national agendas of the Association of Canadian Medical Colleges Annual meetings. One of the themes of the 2002 Annual meeting was: *Welcome to Canada? Integrating International Medical Graduates into the Canadian Physician Workforce*. Issues identified included:

- access to adequate orientation to the Canadian system of medical assessment, practice and the Canadian health-care system;
- assessment based on objectively measured competencies;
- access to postgraduate training;
- elimination of Medical Council of Canada Evaluating Examinations (MCEE);
- elimination of restrictions which applicants have no reasonable opportunity to fill; and
- establishment by regulatory bodies of licensing equity plans to monitor and ensure accountability, transparency and elimination of barriers.

The *IMG National Symposium* held in Calgary (April - May 2002) addressed many issues related to education and training of IMGs. The meeting called for solutions, and outlined clearly defined steps that could resolve the issues of IMGs and better integrate them into health care (*Proceedings: International Medical Graduates National Symposium 2002*). A Task Force was established in June 2002 to develop recommendations on:

- Integration of physicians trained outside North America into the physician supply strategy for Canada;
- Adoption of a fair, equitable and transparent process for medical licensure of qualified international medical graduates in Canada; and
- Common guidelines for the assessment of credentials and competencies for these individuals. (online). <http://www.aipso.ca/INTEGRATING%20April%202002.htm> (accessed March 2004)

The Report of the Task Force set up following the 2002 Symposium has recently been released.

Other developments

- Community-sponsored contracts that will provide guaranteed annual incomes for GPs/FPs in 24 northern communities for one two three year periods.
- Community development officers.
- Independent recruitment initiatives of physicians by communities, government agencies and other stakeholders to address regional physician health issues.
- Community visitors program.
- Free tuition program.
- Health Professionals Recruitment Tour 2003 (online).
http://www.health.gov.on.ca/english/providers/ministry/recruit/rec_03/rec_tour_03.html
(accessed December 2003).

Summary

- Twenty-three per-cent of the Canadian medical workforce is drawn from a wide international community.
- Assessment processes, beginning with a Practice Based Assessment (online).
<http://www.aipso.ca/ontario%20licensing.htm> (accessed February 2004), and that includes six-month clinical skills and training assessment and up to two years training if required.
- Demonstrated fluency in English (score of 50 on the Test of Spoken English and a score of 580 on the Test of English as a Foreign Language). Funded programs available for those with low levels of English proficiency.
- Likelihood of people with low English proficiency scores and having been out of the workforce for a prolonged time having less chance of employment.
- The IMG Clearinghouse provides information about current programs, application forms, study resources and deadlines.
- Canadian Task Force findings and suggestions regarding way forward released in March 2004.

Gaps

- Lack of accurate and integrated information available to IMGs prior to arrival.
- Experienced medical educators and stakeholders agree that there is a need to define a set of international standards for self-assessment and demonstrated competencies through existing examination processes before entry into Canada. This would clarify Canadian expectations and requirements prior to entry.
- There is a need to develop an integrated assessment process for IMGs already in Canada whose qualifications are in doubt or inaccessible to verification by assessment/certification bodies in Canada.

- Poor information about an unknown number of physicians who immigrated without prior competency assessment or prior offer of a position to those who are not practising and not able to upgrade their skills.
- Lack of an integrated system for the process of verifying existing credentials, leading to delays and applications to multiple bodies and a lack of a common credentials registry.
- Lack of a database that matches skills to employment opportunities.

United Kingdom

The setting

The National Health Service (NHS) provides a comprehensive health service in the United Kingdom. Recent reforms have established 28 Strategic Health Authorities (SHAs) with responsibility for creating a strategic framework for health-care in their area and for building the capacity of health services locally. Within each SHA there are Primary Care Trusts which lead to the provision of care for a specific local population of around two hundred thousand (200,000) people. The National Institute for Clinical Excellence (NICE) makes recommendations on effective treatments which should be adopted nationally, and the Commission for Health Audit and Inspection (CHIA) inspects NHS hospitals in relation to quality of care and clinical governance.

Following graduation all doctors spend a year working in hospitals as pre-registration house officers (PRHOs), before becoming eligible for full registration. This is followed by two to three years training as a senior house officer (SHO) in hospital-based posts. Following SHO training different training paths are followed for general practice and specialist practice (Simpson 2003).

The National Health Service Plan 2000 provides a plan for the next 10 years and established targets to deliver more doctors, consultants and GPs by 2005. One strategy has been the recruitment of more staff from abroad, particularly recruitment of doctors into career grade positions and the development of a Code of Practice on International Recruitment (Commonwealth Secretariat 2003).

Registration

Employment regulations governing both training and career grade posts vary greatly between European Economic Area (EEA) nationals and non-EEU members. All doctors wishing to work in the NHS must be registered with the General Medical Council (GMC). There are three types of registration: full, provisional and limited registration. Overseas trained doctors are granted limited registration and may be appointed to pre-registration house officer, senior house officer and specialist registrar positions. Renewals and extensions are granted when doctors are continuing training for a second and subsequent year in the same or different institutions. Most doctors undertake a short period of training before they seek entry to higher specialist training (Simpson, 2003).

Current issues

The UK has a longstanding tradition of accepting doctors from other countries for specialist training. In recent years the UK has seen increasing numbers of doctors trained overseas come to the UK as refugees or asylum seekers. The new European Working Time Directive implemented by the Department of Health has increased staffing pressures. Figures indicate that 24 per cent of doctors working in the NHS were not from the UK (Department of Health, 1999).

Fully trained overseas doctors who wish to seek employment in the UK, as opposed to training posts, are subject to work permit regulations, whereby prospective employers must apply for a work permit on behalf of the doctor British Council Information on UK visas (online). <http://www.ukvisas.gov.uk> (accessed November 2003). Certain approved training posts permit overseas doctors a period of permit free training in the UK. Permit free training may be up to four years at senior house officer grade and effectively as long as required at specialist registrar grade, subject to satisfactory progress and assessment.

New electronic recruitment service

The UK is currently implementing an online electronic recruitment service (ESR) system that will link to the existing National Health Service and an existing careers service that will impact on overseas doctors. It will involve a web-based service, advertising posts, providing information about jobs for NHS employers and overseas doctors via an electronic application process.

The existing service will provide a careers website and call centre service. The service will link the electronic staff record as the national access point for electronic applications into the ESR system. The NHS website will link with local NHS employers' sites as the recognised national entry point for information about jobs, education and training in the NHS.

The service will provide a jobsearch facility by multiple criteria, online job applications and enable employers to view and manage online applications and provide information on electronic recruitment activity. (online). <http://www.jobs.nhs.uk> (accessed March 2004). UK application procedures are described in the medical training web-based information (online). http://www.jobs.nhs.uk/overseas_cand.html (accessed November 2003). Information on the UK campaign to recruit qualified international doctors: (online). <http://www.nhscareers.nhs.uk/nhs/international.html> (accessed February 2004)

Education and training

Medical educators report a trend towards modifying training programs with preference around on the job training (Overseas Doctors Training Scheme, British Council 2002). North Central London College is a not-for-profit organisation managed by and for overseas doctors. It provides what could be described as bridging courses using an online learning international English language course and clinical attachments (NCL College mail@nclcollege.org) The College works closely with the deaneries' Guidelines and Code of Practice for Employers. (online). <http://www.plabisgood4u.com/n/> (accessed October 2003). The North Central London College reports that there are a possible 3,000 doctors who are not UK graduates and that there is strong competition for posts in the National Health Service.

The Postgraduate Deans are responsible for the management of all postgraduate training in the National Health Service. There are 21 Deans covering the UK. Posts that have not been approved by the Dean and the relevant Royal College are not training posts and outside the scope of the permit-free arrangements in the immigration rules. Each dean has a designated member of staff to advise on the special needs of overseas doctors. The Postgraduate Dean's department must approve training posts. Postgraduate Deans are responsible for the delivery of training in their area and the annual review of trainees progress.

The royal colleges and faculties play a vital role ensuring training posts are accepted for Royal College examinations and specialist registration. They are also very involved publishing appropriate syllabuses and handbooks, conducting appropriate tests, assessments and examinations and visiting and inspecting training programs and placements.

Career development/ vocational training

Postgraduate training in the United Kingdom is divided into three phases:

- internship immediately after graduation: a one-year period in the house officer grade rotating in medicine and surgery;
- basic specialist training: a minimum of two years in the senior house officer grade;
- higher specialist training: a minimum of four years in the specialist registrar grade.

Doctors and dentists from other member states of the EEA benefit from freedom of movement and employment within the UK without any restrictions. Access to postgraduate medical or dental training is therefore available to such individuals on the same basis as UK graduates. European Directives 1993/16/EEC (doctors) sets out minimum training requirements for specialists which are common to member states.

Entry to basic and higher specialist training is by a competitive process. Doctors must apply for posts as they are advertised. Posts are advertised in journals such as the *British Medical Journal* (online). <http://bmj.bmjournals.com/> and *The Lancet* (online). <http://www.thelancet.com/jobs> Medix is an independent company, funded by private and professional investors, which has a jobs section. (online). <http://www.medix-uk.com/home/jobs/> (accessed March 2004)

For the purposes of working in the NHS as a consultant specialist it is necessary to have a Certificate of Completion of Specialist Training. The Specialist Training Authority on the recommendation of the relevant Royal College issues certificates. Once a certificate is granted, the General Medical Council puts the doctor on the specialist register and application for consultant posts becomes possible. For all other posts it is up to the potential employer to decide on the merits of overseas qualifications. Researchers are identifying a worldwide trend around modifying training programs with on the job training (*The New Doctor* UK, 1997).

The UK also makes available special arrangements to allow doctors with indefinite rights of residence in the UK to benefit from higher specialist training through fixed-term training appointments. These may be anything from 6 months to 2 years in length and meet specific training requirements. These courses may allow individuals to sit a college examination such as the Intercollegiate Specialty Fellowship in Surgery.

Language proficiency

In order to be granted limited registration, overseas trained doctors must demonstrate their linguistic and clinical abilities. This is done by taking two tests, the first test is a test of linguistic ability such as the International English Language Testing System (IELTS). This test covers the complete range of English language skills when studying or training in English. The test consists of separate reading, writing, listening and speaking sections. The British Council administers the test to over 230 centres worldwide. Candidates are required to obtain an overall band score of 7 or higher in the academic module. The other test required is the Professional and Linguistic Assessments Board (PLAB) Test. Most doctors from outside the European Economic Union are required to sit the Professional and Linguistic Assessments Board (PLAB) test before they can practise in the UK (MacDonald, 2003).

Doctors with overseas qualifications recognised for full registration are required to take the IELTS or similar recognised test, but do not need to undertake the PLAB test (Simpson 2003 p5).

Overseas Doctors Training Scheme

The British Council Overseas Doctors Training Scheme (ODTS) is a formalised scheme conducted by the Department of Health and the Royal Colleges and administered by the relevant royal college. This scheme takes into account the separate individual royal college's policies concerning training posts. The aim of the scheme is for overseas doctors to return to their country of origin on completion of specialist training. An Interactive Appraisal Skills Training program is currently available on the web (online). <http://www.britishcouncil.org/health/nacpme/odts.htm> (accessed October 2003).

National induction program

The National Health Service funds Deanery induction programs for new overseas doctors each year. The courses are free and the organising deanery meets travel and accommodation costs (Induction Program for First Appointment Overseas Trained Doctors, Newcastle Upon Tyne, 1999); London Deanery Induction programme (online). <http://www.londondeanery.ac.uk/> (accessed March 2004) The Deanery program should be in addition to the trust level induction.

Distance learning modules are available prior to taking up practical posts for first appointment overseas trained doctors, and overseas graduates are encouraged to seek clinical practical experience prior to employment (Rich, 1998).

Resources

National Advice Centre for Postgraduate Medical Education

The National Advice Centre for Postgraduate Medical Education (NACPME) is an information service for overseas-qualified doctors who wish to train in the United Kingdom, run by the British Council on behalf of the Department of Health. NACPME aims to provide doctors with as much information as they need either before coming to the United Kingdom or during their stay.

NACPME provides information in the following main areas:

- registration with the General Medical Council (European Economic Area graduates EEA and non-EEA);
- Professional and Linguistic Assessments Board (PLAB) test and Categories of Exemption;
- International English Language Testing System (IELTS);
- Overseas Doctors Training Scheme (ODTS);
- specialist training;
- general information on immigration, employment, postgraduate courses and royal college examinations (online). <http://www.britishcouncil.org/health/nacpme/index.htm> (accessed November 2003).

Refugee doctors

The importance of English language proficiency has been identified and addressed as a result of the recent UK refugee project. (*Report of the Working Group on Refugee Doctors and Dentists*, Department of Health, 2000). (online). <http://www.doh.gov.uk/publications> (accessed February 2004). The Refugee Council of United Kingdom offers a programme of training courses across the UK for people working with refugees and asylum seekers. There is also a Training and Employment section offering specialist language, basic skills and work-related training for asylum seekers, refugees and people from ethnic minorities. Careers advice and guidance, a mentoring scheme and work placement opportunities can be arranged. (online). <http://www.refugeecouncil.org.uk/index.htm> (accessed March 2004)

The report from the Department of Health Refugee Health Professional Steering Group 2001–2002 focuses on supporting refugee health professionals in their efforts to seek employment in the National Health Service.

The key issues identified include:

- having to overcome difficulties with asylum applications;
- feeling under pressure to take alternative employment;
- being well advanced in careers and having difficulty adjusting to the 'training mode' required to allow registration in the UK;
- that training in country of origin may have been interrupted;
- documentation may have been lost or destroyed;

- not speaking English well, or at all;
- no contact with family members or other support networks; and
- difficulty in accessing appropriate information.

The Department has allocated one million pounds to fund twenty-three refugee projects and establish centres specifically supporting the integration of refugees into the NHS workforce. Support centres offer a variety of services, including the following: language and communications courses; guidance for refugee doctors; clinical skills to prepare refugee doctors for board exams and; experience in the NHS through clinical attachments and work shadowing. 'Careers counselling at key points have been recommended along with assistance to develop personal development plans. (Department of Health: *Report of the Working Group on Refugee Doctors and Dentists*, 2000, p. 15).

Summary

The longstanding tradition of providing specialist training to overseas graduates has created a strong framework from which to conduct education and training in the UK.

There are specific rules governing postgraduate medical training in the NHS. A doctor's immigration status will determine rights of residence, whether or not they require a work permit or can work permit free (Simpson, 2003, p. 3).

- The National Advice Centre for Postgraduate Medical Education is a useful source of information for overseas doctors.
- The new European Working Time Directive has seen the influx of doctors from a much wider international community than was previously the case.
- The outcomes of the refugee projects with the focus on collaboration and partnerships and integration of refugees into local communities is of interest to Australian medical educators.
- The National Induction Program funded by NHS is a model worth further consideration.
- The implementation of a new electronic recruitment service careers advice and new call centre will streamline initial enquiries and employment processes.
- The role of the deaneries with their close ties to universities, medical peak bodies and government warrants further investigation.
- Plans for major reform to postgraduate medical training and competency based assessment warrant further investigation. (Modernising Medical Careers, International Medical Workforce Collaborative, 7th Annual Conference, Oxford, UK, 2003).

Conclusion:

What has the information revealed and what have we learned about world's best practice?

- The study has confirmed the mobility and diversity of the international medical community and the important role IMGs are playing in meeting medical workforce shortages worldwide.
- Involvement of IMGs at key points in planning developing and implementing projects is crucial.
- The importance of using developmental assessment processes that capture prior knowledge and skills and lead to useful planning around career pathways has been noted.
- National approaches to pre-employment education and training, an orientation program (UK), vocational pathways (US and Canada).
- The study has highlighted the advantages of streamlined processes around general information, employment opportunities and standard application processes to assist IMGs find employment and assist administrators with data collection.
- The increasing growth of online registration, employment information, e-newsletters, fact sheets, application forms and access to wide range of educational resources to assist in decision-making.
- The development of face to face resources to compliment information technology, for example the IMG Resource Office Canada, The National Advice Centre UK.
- The location of identifying national levels of English language proficiency and cultural competence that IMGs need to demonstrate as a competent assessment process.
- The reform to postgraduate medical training currently underway in US and UK is of interest to postgraduate medical educators in Australia and warrants further investigation.

This brief international perspective has highlighted trends concerning the developing standards regarding education and assessment processes; the growth of online resources and other information points accessible to IMGs; and support services and resources.

4 Literature review

Many overseas trained doctors (OTDs) face significant professional and personal difficulties when seeking to practise medicine in Australia and other western countries. A review of the literature relating to overseas trained doctors was conducted in order to identify those issues which continue to be significant. A number of recurrent themes emerged, and are discussed below.

Differing levels of medical knowledge and clinical skills

It is not surprising to find differing levels of knowledge and skills among OTDs since, as Gary et al. (1997) point out, medical education systems vary widely from country to country, in terms of duration, curriculum content, standards, quality and evaluation methods. For example, graduates in some countries are required to specialise at an early stage of training and do not have rotations such as paediatrics, obstetrics, gynaecology, and psychiatry (Kidd and Zulman 1994). Graduates of some non-western medical schools also differ widely in their experience with and exposure to the level of technology now used routinely in Australian hospitals, and in their familiarity with the kinds of health problems commonly encountered in Australia (Hawthorne and Birrell 2002), while for others, communication skills may not have been a primary concern in their medical training (Fiscella et al. 2000; Kidd and Zulman 1994).

Generalisations about OTDs however, are inherently problematic (Hawthorne and Birrell 2002). Varki (1992) argues that it is quite unreasonable to talk about OTDs as a single homogeneous category, since members of this group have widely different origins, backgrounds, training and capabilities. Kidd and Zulman (1994) agree, pointing out that many OTDs are highly trained and skilled practitioners, while others lack the basic skills of history-taking, physical examination, diagnosis and management necessary to practise medicine safely and effectively. Some OTDs have never learnt these skills while others have become deskilled through long periods of absence from medical practice.

There remains a widespread, but infrequently substantiated, perception that OTDs receive inferior training in foreign medical schools (Varki 1992; Huang 2000; Fiscella and Frankel 2000). While some studies focus on this deficit model of their training and technical knowledge (Conn 1986; Conn and Cody 1989), there is some evidence in the literature of less negative aspects: positive responses from rural communities to OTDs (Hawthorne and Birrell 2002), increased levels of cultural sensitivity among general hospital personnel (McClain 1996), enhanced cultural awareness in clinical practice (Bates and Andrew 2001) and acknowledgement of the positive contribution that OTDs can make to health care in a multicultural society (Kidd and Zulman 1994; Elliott 1997; Andrew and Bates 2000).

Any program designed to address the question of the clinical skill and technical knowledge of OTDs should begin with a full exploration of their undergraduate experiences, postgraduate education and clinical activities, and a recognition of what the OTDs can contribute to the training and clinical setting (Andrew and Bates 2000; Bates and Andrew 2001).

Proficiency in the English language

English language fluency is an essential criterion for safe medical practice (Rothman and Cusimano 2000). Although English is a second (or third or fourth) language for many OTDs, they cannot be regarded as a homogeneous group in this respect. Some OTDs have poor English skills overall (Friedman et al. 1991), some have a good grasp of colloquial English but have little experience with medical and professional language (Bates and Andrew 2001). Others have studied in English and have very good English reading and writing skills, but can still experience problems in verbal communication (Kidd and Zulman 1994). Another sub-group may have passed the relevant English language tests and have developed expertise in formal registers, but still experience difficulty expressing themselves in non-technical language or in understanding various accents, slang, colloquialisms, and common abbreviations used in Australia (Swierczynski 2002; Bates and Andrew 2001; Fiscella and Frankel 2000).

English language difficulties at any level pose significant problems for OTDs, with the potential to create barriers between the OTDs, their colleagues and their patients. Language difficulties can inhibit their ability to understand and to learn, and therefore to benefit from any educational program (Kidd and Zulman 1994). Providing appropriate English language training would seem to be an essential component of any support program for OTDs in Australia.

Communication skills

Many OTDs have received no formal training in communication skills (Kidd and Zulman 1994; Fiscella and Frankel 2000) and have little understanding of the importance of effective communication skills in developing strong, therapeutic and effective doctor–patient relationships (Makoul 2001). This lack of training in communication skills has important implications for OTDs as it does for all medical practitioners. Good medical care depends not only on clinical and technical knowledge, but also on the doctor's ability to elicit details of medical history, descriptions of symptoms, pain, and so on, and to answer questions and give advice and treatment directives; in other words, on effective communication skills. Research into the communication, or lack of communication, between patients and doctors can be found as early as the 1940s and 1950s (Zborowski 1952; Pratt, Seligman and Reader 1957; Fox 1959), but it was in the 1960s that it became clear that poor communication was a major factor in poor health outcomes, as measured by two of the most significant practical problems in medicine: patient dissatisfaction and patient failure to follow medical advice (Kincey et al. 1975; Ley 1983; West and Frankel 1991; Roter and Hall 1993).

There has since been a considerable body of research into doctor–patient communication (e.g. Zola 1963; Korsch and Negrete 1972, 1982; Byrne and Long 1976; Ben-Sira 1980; Cicourel 1981; Bochner et al. 1983, 1992; West 1984a, 1984b; Tuckett et al. 1985; Buller and Buller 1987; Silverman 1987; Beckman et al. 1989; Fineman 1991; Wodak 1997) which indicates that a lack of effective communication skills can contribute to problems in history-taking, diagnosis, management, and provision of information to the patient. A number of studies have found that the level of patient satisfaction is an important factor in patient compliance with medical directives, and

that satisfaction with the doctor's communication correlates strongly with the patient's overall level of satisfaction with the treatment (Ben-Sira 1980; Korsch and Negrete 1981; Buller and Buller 1987). Ben-Sira (1980) found that the doctor's affective behaviour was a crucial factor in the patient's evaluation of the medical treatment itself. In other words, if the doctor was perceived by the patient as interested, or if he or she offered emotional support, the patient felt more satisfied with the consultation. Buller and Buller (1987) found that patients rely heavily on the doctor's skill in communicating when evaluating the medical care itself. In her review of the literature on doctor–patient communication for the period 1983–93, Stewart (1995) found a strong correlation between effective doctor–patient communication and improved patient health outcomes.

Interest in the teaching of communication skills has increased since the 1970s but relatively little time is spent on such teaching in many medical curricula (Hulsman et al. 1999; Yedidia et al. 2003). Makoul (2001) argues that conscientious efforts to address the essential elements of effective communication skills will help increase the efficiency and effectiveness of physician–patient communication, enhance patient and physician satisfaction, and improve health outcomes. This position is supported by Yedidia et al. (2003) who found that those medical schools which incorporated dedicated communication skills training reported improved performance on key patient care competencies. Makoul's (2001) report on the Kalamazoo Consensus Statement provides a useful blueprint for providing effective communication skills training, which, if implemented, should lead to more positive outcomes for all medical practitioners, not just for OTDs.

Cross-cultural communication

There have now been a number of studies which examine the doctor–patient interaction in cross-cultural contexts. These studies indicate that many of the difficulties relating to the provision of appropriate health care in a cross-cultural context arise from, or are compounded by, the linguistic and sociolinguistic barriers between the health professional and the patient, as well as a general lack of understanding of different cultural perspectives on health and health care (e.g. Pauwels 1990, 1995; Chesher 1988; Loustanaou and Sobo 1979; MacLachlan 1997).

Larsen and Rootman (1976) linked patient satisfaction to the degree to which the doctor's behaviour corresponded to the patient's expectations of the doctor's role. However, in cross-cultural medical encounters, doctors and patients are almost inevitably operating from different frames of what a medical consultation should be like (Candlin 1987; Erickson and Rittenburg 1987; MacLachlan 1997).

In interpreting what is conveyed in any encounter, participants draw on indirect inferences based on their background knowledge and understandings of what the event is in about and how it should work. Gumperz (1992) argues that where participants in an interaction rely on different, taken-for-granted, inferential strategies and notions about what the interactions should look like, they may be unable to negotiate shared understandings about the interaction.

Evans et al. (1986) point out that the fundamental starting point of diagnosis and treatment is *comprehension* (their emphasis) of the patient by the doctor and of the doctor by the patient. Such

comprehension requires an understanding of the conceptual structure which supports the participants' perceptions and expectations. They claim that the lack of shared cultural frames is one of the most significant factors in miscommunication between doctors and patients.

Pauwels (1990, 1995) examined the perceptions of health professionals and patients of cross-cultural communication difficulties experienced in Australian health-care contexts. Communication difficulties were attributed by participants to non-linguistic causes ranging from patients having different perceptions about the role of western medicine in the treatment of illness, to culturally different attitudes to the concepts of illness and health, to the influence of religion on medical treatment, and to differences in non-verbal behaviour.

Most OTDs are confronted by a range of cross-cultural challenges that include not only language but lifestyle, sex-role differences, discrimination and change in status (Fiscella et al. 1997). In their study of overseas trained doctors in America, Erickson and Rittenburg (1987) found that doctors (particularly those trained in Asia and Europe) saw their authority as absolute and legitimised by the possession of esoteric knowledge which is viewed as professional expertise. Such doctors are trained to expect that it is their right and duty to determine what is wrong with the patient, and that it is the doctor's role to ask questions and the patient's role to answer.

There is a considerable body of evidence that the medical encounter can be the site of miscommunication and that such miscommunication can have serious implications for the health and wellbeing of patients in Australia today. Communication difficulties can occur in medical interactions where both participants share a common language and cultural background, but such difficulties can be compounded by the different expectations of patients and doctors in those interactions which occur in a cross-cultural context. Australia is one of the most culturally and linguistically diverse countries in the world with over 26 per cent of the population born overseas and more than one hundred languages other than English used at home by members of these migrant populations (ABS 1999). It is therefore essential that we recognise that although some markers of cultural difference are readily apparent, others are not, and the effect that cultural beliefs can have on communication may remain unrecognised and unacknowledged (Kreps and Kunimoto 1994).

There is evidence that, however it is defined, 'good communication' is seen across cultures as an important feature of doctor-patient encounters (Skelton et al. 2001). Majumdar et al. (1999) point out that health and illness paradigms are culturally influenced and there are clearly culturally accepted ways of presenting symptoms and arriving at diagnoses. Improving cross-cultural communication between doctors and patients and providing patients with access to a diverse group of doctors may lead to more patient involvement in care, higher levels of patient satisfaction, and better health outcomes (Cooper-Patrick et al. 1999). Gumperz' (1992) research indicates on the other hand that problems caused by cross-cultural miscommunication can be interpreted as reflecting the non-native speaker's ability, truthfulness, or trust-worthiness and can lead to the breakdown of the doctor-patient relationship. As such, effective cross-cultural communication skills are essential for not only IMGs but also locally trained doctors and training in this area needs to be addressed.

Significant life stresses

OTDs have often faced life-altering experiences and are required to make personal adjustment that often leads to a sense of loss: loss of self-esteem, loss of country, loss of accessibility to a natural network of support, and loss of lifestyle. Bates and Andrew (2001) point out that generally OTDs are older than locally trained hospital residents and many have increased family and financial responsibilities. Most are without the family and cultural networks usually relied on for help. Many OTDs have been unemployed since arriving in Australia, or are forced to take employment outside their area of expertise, often leading to high levels of anxiety and stress (Kidd and Zulman 1994), while finding employment as a doctor can also lead to anxiety and depression as the OTD feels the need to prove themselves (Bates and Andrew 2001). Kidd and Zulman (1994) argue that there is a need for more extensive counselling services for OTDs to help them deal with these issues.

Training and education programs

Pre-employment programs

Canada

In Canada, the Ontario International Medical Graduate Program is an intensive academic program which provides pre-residency training to evaluate and upgrade qualifications of IMGs. (online). http://www.library.utoronto.ca/medicine/oimg/prog_info.htm (accessed February 2003). Those who successfully complete the program are given the opportunity to apply for residency programs in Family Medicine or Royal College programs in one of the five medical schools in Ontario. A match is conducted for IMGs seeking for placement in residency programs. (online). <http://www.nrmp.org> (accessed December 2003).

The Association of International Physicians and Surgeons of Ontario (AIPSO) conducts a Six Month Specialist Assessment Program for International Medical Graduates. This program provides a six-month assessment for fully qualified specialist physicians, to determine their readiness to practice in underserved communities in Ontario. (online). <http://www.aipso.ca/>

New Zealand

Registration to practise in New Zealand falls into three categories: temporary, vocational and general. All categories require overseas doctors to work in supervised positions and undertake probationary registration. New Zealand's increasing reliance on overseas doctors has led to a call for 'ready for work' and 'cultural competence' programs for all new doctors.

United Kingdom

The United Kingdom allows fully trained overseas trained doctors who wish to seek employment in the UK permit free training of up to four years at Senior House Officer grade and as long as required at Specialist Registrar grade, subject to satisfactory progress. Fully trained overseas doctors who wish to seek employment in the UK, as opposed to training posts, are subject to work permit regulations, whereby prospective employers must apply for a work permit on behalf of the doctor. British Council National Advice Centre for Postgraduate Medical Education (NACPME) Sheet Notes for Overseas Medical Graduates intending to train in the UK (online). <http://www.britishcouncil.org/health/nacpme/index.htm> (accessed November 2003).

The British Council Overseas Doctors Training Scheme (ODTS) is a formalised double sponsored scheme initiated jointly by the Department of Health and the Royal Colleges and administered by the relevant College. The aim of the scheme is for overseas doctors to return to their country of origin on completion of specialist training in the UK. (online)

<http://www.britishcouncil.org/health/nacpme/odts.htm> (accessed February 2004).

An Interactive Appraisal Skills Training package has been developed to help doctors in training and their trainers in both hospital and primary care acquire and develop appraisal skills. Developed by educationalists and Clinical Tutors the package is supported by interactive learning materials and videos demonstrating good practice. (online). <http://www.appraisal-skills.nhs.uk/> (accessed February 2004)

The North Central London College (NCL) is a not-for-profit organisation that conducts training programs and provides candidates with all the necessary information and preparation to meet PLAB 1 and PLAB 2 exam requirements. The NCL also runs pre-PLAB and pre-IELTS (International English Language Test System) courses to bring students up to the required standard for PLAB study. Overseas trained doctors studying with the NCL are trained to integrate into the UK Health service through the General Medical Council's Professional and Linguistic Assessments Board (PLAB) exams. The General Medical Council must be assured that students have the knowledge and skills required before it can grant limited registration, which will allow doctors to practise in the UK under supervision in approved training posts. NCL works closely with peak organisations such as the National Health Service and the postgraduate medical education deaneries in the UK (online). <http://www.plabisgood4u.com/> (accessed February 2004). Educators report a trend towards modifying training programs with preference for on-the-job training.

The UK makes special arrangements to allow doctors with indefinite rights of residence in the UK to benefit from higher specialist training through fixed-term appointments from 6 months to 2 years in length to meet specific training requirements. These courses allow individuals to sit a college examination as required.

International recruitment

The European Economic Area (EEA) law that allows free movement of doctors who have qualified in an EEA country the right to live and work in another country is impacting on the UK. Educators are raising awareness of the need for a new regulatory framework in higher education and professional practice. The free movement of doctors from Europe and other countries has resulted in health professional refugees and people from Asia and the Middle East being recruited to meet workforce shortages. Researchers are beginning to heighten awareness around the growing need to find solutions in regard to the international transferability and recognition of qualifications and credits. Educators have identified the need to exchange the old concept of equivalence to that of a more flexible nature (Van Damme 2001).

The Commonwealth of Nations has established a voluntary Commonwealth Code of Practice for the International Recruitment of Health Workers and a Code of Practice for the International Recruitment of Health Care Professionals. Family Physicians adopted what has come to be known

as the 'Melbourne Manifesto' at the World Conference of Family Physicians (WONCA) 2002 and rural workforce agencies are beginning to discuss ethical issues around recruitment of health professionals from underdeveloped countries. The New South Wales Rural Doctors Network (Australia) has adopted a policy of not recruiting doctors from underdeveloped countries.

Cultural sensitivity programs

Culture is fundamental to the development and management of disease in every population and as such all physicians should learn to be cross-culturally effective in order to improve the health outcomes for all patients (Kagawa-Singer et al. 2003). In a US study, Robins et al. (1998) found that cultural training increased not only student cultural awareness but also their receptivity to learning about the health beliefs of other cultures. Results of cultural sensitivity training programs in Canada and New Zealand have been mixed, with Beagen (2003) reporting that after training many students still failed to recognise, or even denied, the effects of race, class, gender and culture on their practice of medicine. Others report more positive outcomes (Majumdar 1999; Sullivan 2002), with results indicating that attitudes and behaviour can be improved by such training, that there is a positive correlation between diversity training and attitudes towards diversity and even towards specific groups (Dogra 2001), and that integrating diversity education across the medical education continuum is likely to benefit all physicians (Tang et al. 2003; Dowell et al. 2001).

Bridging courses

Canada

Canadian government policy encourages international medical graduates to enter the country with their medical skills recognised as valuable. Pre-arranged employment and sponsorship by specific medical jurisdictions speeds entry and access to employment. The Canadian Health Plan (2000–2004) to 'fast track' IMGs into the Canadian health-care system will boost numbers and create 110 new postgraduate training positions for IMGs and a new program that will quickly assess IMGs to practise in underserved areas. Canadian researchers have noted the importance of IMGs accessing their profession as soon as possible in order to reduce problems at later stages (Watt et al. 2003). It has been reported that a few provinces have specific upgrade programs for IMGs but their capacity appears limited (see Chapter 3).

New Zealand

In 2000 the NZ Ministry of Health provided funding for a bridging program for the many hundreds of doctors who immigrated between 1991 and 1995 when residence was granted without doctors their needing to be registered. The bridging program assists doctors to prepare for the New Zealand Registration (NZREX Clinical Examination). The cost per overseas trained doctor is NZ\$40,000, which is paid for by Clinical Training Agency/Ministry of Health funds. The bridging program is made up of two parts – Part A – Academic (4.5 months) and Part B – Internship (6 months). A copy of the *Good Medical Practice – A Guide for Doctors* is available from: <http://www.mcnz.org.nz> (accessed November 2003). Three intakes of 30 doctors are scheduled for the period July 2003 to July 2005. The Ministry is assessing the future of bridging programs. A 'ready for work' program is currently being developed and this may replace the bridging program at a later stage (NZ Workshop, Medical Council of New Zealand 2003).

United Kingdom

In the UK, there are a possible 3000 doctors who are not UK graduates competing to obtain posts in a highly competitive market. Short periods of education and training underpin appointments as doctors move through the registration pathway from limited registration to full registration in the UK. A national orientation program is compulsory for overseas trained doctors. The postgraduate deans are responsible for the management of all postgraduate training in the National Health Service. Each of the 20 deans in the UK has a designated member of staff to advise on the special needs of overseas trained doctors. The British Council National Health Service works closely with the deans conducting postgraduate medical education in the UK and training posts are reviewed annually.

A recent report from the Department of Health, Refugee Health Professional Steering Group 2001–2002 identified many of the difficulties refugees have to face. Recent funding has been secured to undertake 23 community based projects that aim to support and integrate refugee health professionals into the NHS workforce (*UK Report of the Working Group on Refugee Doctors and Dentists* 2002).

Australia

In Australia, bridging courses can generally be defined as short-term refresher and orientation courses aimed at assisting OTDs to prepare for the Australian Medical Council examinations. In their comprehensive analysis of bridging courses offered throughout Australia, Brooks et al. (2000) found that short-term bridging courses were best suited to those OTDs who had trained in countries with dissimilar training systems to Australia but who primarily needed orientation to the Australian health system. Bridging courses were less successful in addressing the needs of those OTDs who had significant gaps in their knowledge and skills and who needed comprehensive retraining. Brooks et al. recommended a range of alternative strategies, including career counselling and other retraining options.

In the short term, one step towards addressing the development of an international regulatory framework with regard to quality assurance and accreditation in Australia may be the increased provision of pre-employment programs, which are carefully tailored to the needs of OTDs. Pre-employment programs can provide comprehensive workplace orientation and upskilling which facilitates entry into the Australian medical workforce, and there is evidence that such programs are successful in improving the standards of practice of OTDs as well as providing a positive and supportive environment where OTDs can work through personal issues such as childcare, as well as professional issues such as learning to work in a team (Sullivan 2002).

Further discussion of bridging courses, orientation courses and other resources, can be found in Chapter 10: Review of orientation and education programs for overseas trained doctors.

5 The AMC pathway and medical registration

The entry of medical practitioners to the workforce in Australia is tightly regulated. Under the legislation currently in force OTDs wishing to practise in Australia must meet the registration requirements, which may have slight state differences but are generally consistent and include competencies to practise, English language skills and good character.

Overseas trained doctors include both Temporary Resident Doctors (TRDs) practising in Australia on temporary visas (a small number of TRDs fall into this definition, having trained as an overseas student in an Australian medical school); and Permanently Resident Overseas Trained Doctors (PROTDs) living in Australia on permanent resident visas or as citizens.

Doctors are eligible to migrate to Australia only if sponsored to work in 'districts of workforce shortage' (or if eligible, under close family or humanitarian visa categories). TRDs are generally only eligible for visas to work in 'districts of workforce shortage'. 'Districts of workforce shortage' can be categorised as those in which communities are considered to have less access to medical professional services than that experienced by the population in general, either because of the remote nature of the community or because of lack of supply of services, or a combination of the two factors. 'Districts of workforce shortage' are usually located in rural and remote areas.

Eligibility of OTDs to provide services that attract Medicare rebates is also restricted such, that broadly speaking, TRDs are ineligible unless 'working in a district of workforce shortage' PROTDs are ineligible for ten years following their recognition as medical practitioners under the Act, unless working in a 'district of workforce shortage'.

The classification 'district of workforce shortage', is determined by the Australian Department of Health and Ageing, and is different from 'Area of Need', which is determined by the State or Territory Health Departments. 'Area of Need' applies to a medical position, whereas 'district of workforce shortage' refers to a geographic area. From time to time, Western Australia has declared some geographical locations 'districts of workforce shortage' in order to address the shortage of medical specialists (e.g. psychiatrists). Rural Workforce Agencies in each state and territory have played a key role in facilitating the recruitment of overseas trained doctors; these are discussed in Chapter 6. Australian Government initiatives to streamline employment processes for OTDs are discussed in Chapter 8.

Permanent Resident OTDs seeking to practise unconditionally in Australia are generally required to complete the Australian Medical Council (AMC) examinations, and to satisfactorily complete a year of supervised training (unless the Board waives this requirement). Supervised training is generally conducted in accredited hospital posts. While the AMC examination is the recognised national assessment pathway for Permanent Resident OTDs to gain general (ie unconditional) registration, PROTDs may be registered conditionally and employed before completing the AMC process in all jurisdictions. Most jurisdictions have a specific category of registration for PROTDs who have completed the MCQ only, while some (e.g. New South Wales) will register PROTDs applying criteria other than AMC status.

The role of the Australian Medical Council

(online). Available from: <http://www.amc.org.au> (accessed December 2003).

The Australian Medical Council was established by the Australian Health Ministers in 1984 as an independent national standards body for primary medical training. One of the Council's major objectives is to ensure that overseas trained doctors are able to provide high quality medical care to Australian patients before they are legally qualified to practise medicine in this country.

The Australian Medical Council (AMC) advises on the accreditation of Australian and New Zealand medical schools, medical courses and uniform approaches to registration of medical practitioners. In order to achieve AMC certification doctors trained overseas must achieve AMC certification (and complete supervised training) in order to be eligible to apply for general registration in any of the eight jurisdictions of Australia. While the AMC makes recommendations to the state medical registration boards regarding the assessment of OTDs to practise in each jurisdiction, the medical boards are independent statutory authorities established under State Medical Practice Acts and register practitioners without AMC contact.

The AMC provides an examination pathway with an emphasis on ensuring that candidates medical knowledge, clinical skills and professional attitudes will be adequate for them to practise medicine in the Australian community in a safe and effective manner. Six hundred candidates undertook examinations for the clinical exams in 2002. Nine hundred candidates undertook the Multiple Choice Question (MCQ) exam with 500 of these candidates being new to the system. This trend has been consistent over the past few years. The MCQ is expected to be computerised mid-2004 and to be available off-shore in 2005.

Improvements in AMC processes include adoption of a calibrated examination that uses final year undergraduate medical standards. Information is accessible and available online including study aids, booklets, AMC exam publications and clinical examination videos.

A new examination, a multi-station Objective Structured Clinical Examination (OSCE), has been introduced in order to accommodate the 800 expected candidates per annum. Collaboration with Canada and New Zealand are leading to the development of an Integrated Screening Examination (ISE) as an internationally recognised test. The test may be used as a self-assessment tool and will be robust enough that a pass will provide an exemption from the AMC MCQ exam. The test has the possibility of increasing the potential for international portability and may reduce the pressure on the AMC pathway.

The AMC supports the findings of previous researchers who identified the importance of fine tuning the assessment process and identifying retraining needs for OTDs early in their career path (Kidd et al. 1994). The AMC is also considering the possibility of making extra places available in the clinical examination by streaming the top 20 per cent from the MCQ exam. This group could be quickly streamed to work in selected specialised clinical units linked to formative workplace assessment in lieu of the clinical examination. The proposed program would target broad improvements in clinical knowledge and skills, self-directed learning and encourage a problem-solving mindset and improve communication.

Medical registration in the states and territories

Australian Capital Territory

The Medical Board of the ACT (online). Available from: <http://www.medicalboard.act.gov.au> (accessed December 2003).

Doctors trained overseas allocated to The Canberra Hospital are required to contact the Medical Board of the ACT for conditional registration. Application must be made in person before commencement of the AMC Pre-Employment Program on the first day of term. Doctors trained overseas are also required to apply to the New South Wales Medical Board for registration under mutual recognition following registration in the ACT, as secondment into NSW hospitals takes place from Canberra.

New South Wales

New South Wales Medical Board (online). Available from: <http://www.nswmb.org.au> (accessed December 2003).

The *Medical Practice Act 1992* sets the scope of the Board's responsibilities and functions. Between July 2001 and June 2002, 48 OTDs were approved for GP 'Area of Need' positions, 21 Resident Medical Officers (RMO/CMO) positions and 35 for specialist positions (NSW Medical Board, *Annual Report 2002*).

The Board continues to support the Postgraduate Medical Council of New South Wales orientation course designed to assist AMC graduates prior to entering teaching hospitals for their requisite period of supervised training. Other examples of involvement of the Board include:

- increasing the number of panel members from non-English speaking backgrounds sitting on professional standards committees, medical tribunals and reviews;
- presentation at information sessions for overseas trained doctors;
- membership of the Department of Health/Australian Doctors Trained Overseas Liaison Committee; and
- providing information to the ethnic media to ensure that people from culturally diverse communities are aware of the public prosecution of unqualified persons holding themselves out to be medical practitioners.

The Board is committed to exploring ways to include greater ethnic diversity on board committees.

Northern Territory

Medical Board of the Northern Territory (online). Available from: http://www.nt.gov.au/health/org_supp/prof_boards/prof_licensing_auth.shtml (accessed December 2003).

The Health Professions Licensing Authority is a branch of the Department of Health and Community Services and is responsible for providing support to ensure the effective operation of ten health professional boards including the Medical Board. (Numbers were not available at the time of the report.)

Queensland

The Medical Board of Queensland (online). Available from: <http://www.medicalboard.qld.gov.au> (accessed December 2003).

The Board administers the *Medical Practitioners Registration Act 2001* and other relevant legislation on behalf of the Queensland Minister for Health. New initiatives under the Act included the need for practitioners to provide more information to the Board each year on renewal of registration. A formal program or plan in relation to professional development activities is currently required. The Board is committed to ensuring adequate orientation and supervision with respect to medical practice in the Australian healthcare system (Queensland Medical Board, *Annual Report 2001–2002*).

South Australia

Medical Board of South Australia (online). Available from: <http://www.medicalboardsa.asn.au/> (accessed December 2003).

The Medical Board of South Australia is constituted under Section 6 of the *Medical Practitioners Act, 1983* and is undertaking steps to streamline processes around the registration of OTDs, and to bring the legislation up to date. The Council for Early Postgraduate Training in South Australia (CEPTSA) is a standing sub-committee of the Medical Board of South Australia. CEPTSA has recognised the need for training for Australian Medical Council candidates. The Board reports that it is working with other states to coordinate and streamline registration and safe practice processes throughout Australia (Medical Board of South Australia, *Annual Report 2002*).

Tasmania

The Medical Council of Tasmania (online). Available from: <http://www.medicalcounciltas.com.au/> (accessed December 2003).

The Medical Council was intimately involved in the 2001 Symposium in Launceston on the needs of overseas trained doctors. Currently a significant part of the work of the Secretariat of the Medical Council is involved in the registration and ongoing supervision of overseas trained doctors who are conditionally registered.

Tasmania requires that 'resident' overseas-trained doctors must have passed the MCQ before they are eligible to apply for conditional registration. 'Temporary resident' overseas trained doctors have two years in order to pass the MCQ. An overseas trained doctor must meet the AMC's English language criteria in order to sit the MCQ exam. Tasmania was the first jurisdiction to adopt the identical English language requirements of the AMC and have had this requirement since 2001. Western Australia is currently proposing a similar policy as is Queensland.

The Tasmanian Medical Council continues to work closely with the Postgraduate Medical Institute of Tasmania (PGMIT) and provides resources and support for accreditation of positions in hospitals for intern training.

The Council considers the main support needs for overseas trained doctors to be orientation, assessment of needs, and provision of educational support on an individual and group basis. The Council acknowledges the multifaceted nature of management issues related to OTDs and advocates a coordinated approach to education and training to reduce confusion (Chapter 10: Review of Orientation and Education Programs for OTDs).

The number of Conditional registrants is 141 (7% registered under section 21(2)(g) 'Area of Need'). These practitioners are overseas trained doctors who have not yet passed the Australian Medical Council's examinations or who have not yet met the relevant specialist colleges' examination requirements. The number of overseas trained Specialists totals 73, (4%) of the total workforce, with specialist qualifications and experience recognised by the relevant Australian specialist college or institution (Medical Council of Tasmania, *Annual Report 2003*).

Victoria

Medical Practitioners Board of Victoria (online). Available from: <http://medicalboardvic.org.au/> (accessed December 2003).

The Board acknowledges the vital role Overseas Trained Doctors play in Victoria's hospital system. The Board grants specific registration under the *Medical Practice Act 1994*, Section 8(i) (b) to enable doctors to undertake training as part of their preparation for the Australian medical examinations. Limited registration with support and supervised experience in the public hospital system assists overseas doctors increase their understanding of patients' expectations of the Victorian health-care system.

During 2000/2001, the Board granted general registration to 877 applicants by these means:

- satisfactory completion of internship (313);
- mutual recognition that facilitates portability of medical qualifications across all states (304), Restoration to the Register (131);
- other pathways involving the AMC(67);
- interstate or New Zealand qualified (62).

Specific Registration was granted to 1094 overseas trained doctors (MPBV *Annual Report 2000/2001*). Six hundred and twenty one (621) of these positions were filled by applicants extending their specific registration, 323 undertaking supervised study or training, 80 undertaking training and candidates for AMC examination, 29 medical specialists, 2 applicants filling a medical teaching or research position, one on an exchange program and 38 in an 'Area of Need'.

In 2002 the Board introduced bi-monthly compulsory briefing sessions for overseas doctors that must be undertaken within six weeks of commencing employment. The sessions involve Board members and provide vital up to date information for OTDs.

A highlight of 2003 was the upgrade of the Board's IT system that will pave the way for online medical registration and annual registration renewal.

Western Australia

Medical Board of Western Australia (online). Available from: <http://www.wa.medicalboard.com.au/> (accessed December 2003).

The Medical Board of Western Australia believes that the interest in OTDs is growing, the numbers are increasing, and that it will always be a balancing act for the Board to ensure proper standards against increasing numbers.

The Board supports a nationally consistent approach to registration throughout Australia, which includes registration, documentation and online applications in order to streamline processes. The Board recently became a member of the International Association of Medical Regulatory Authorities in order to assist access to relevant information from overseas licensing authorities (Medical Board of Western Australia, *Annual Report* June 2002).

The Board has established an Overseas Psychiatric Qualifications Committee that assists the Board in assessing the experience and qualifications of overseas psychiatrists. It has sponsored training and workforce seminars in the past but is not directly involved in orientation and training programs.

The Board granted conditional registration to 56 overseas doctors in general practice in remote and rural Western Australia, 106 with specialist qualifications and experience, 11 with foreign specialist qualifications and experience requiring further training (Medical Board of Western Australia, *Annual Report* 2002).

Conclusion

The study has revealed a complexity of issues around assessment and registration of overseas trained doctors. This is in part due to the sharing of responsibilities around health between the Commonwealth and state and territory governments. Each state and territory has a medical board established under their state's respective legislation and thus they have slightly different process and requirements for registration. Overseas trained doctors would need to approach each board separately to acquire information and assistance in relation to registration requirements.

6 Enhancing the qualified medical workforce in rural and remote locations

This chapter discusses a number of key rural workforce schemes and describes the state and territory's practical solutions regarding recruiting OTDs and support mechanisms for them in rural areas.

Introduction

Rural Workforce Agencies in all states and territories have played a key role in facilitating the recruitment of overseas trained doctors in areas of workforce shortage, such as rural areas, the public hospital system and some specialist disciplines. The proportion of OTDs working in rural areas of Australia is reported to be higher than the proportion of OTDs nationally – 24.5% compared to 21.3%. The proportion of OTDs in remote areas is even higher – at 30.8% (MTRP Meeting, April 2002). The latest federal health department figures indicate that 1,785 OTDs have been given access to Medicare rebates in the past two financial years, 871 in 2001/02, and 914 in 2002/03 (*Medical Observer*, August 2003).

2003 Biennial Review of the Operation of Medicare Provider Number Legislation

The 2003 Biennial Review of the Operation of the Medicare Provider Number Legislation was submitted to Federal Parliament in December 2003. The Review focused on the impact of the legislation upon the quality, supply and distribution of the medical workforce. It used the Mid-Term Review of the Provider Number Legislation of December 1999 and covered the operation and impact of Sections 3GA, 3GC and 19AA of the *Health Insurance Act 1973*:

- Section 19AA of the Act restricts access to Medicare by Australian citizens or permanent resident doctors who were first recognised as medical practitioners after 1 November 1996 and do not have post-graduate qualifications.
- Section 3GA of the Act permits medical practitioners restricted by 19AA to provide professional services that attract Medicare benefits while undertaking postgraduate education or enrolled on approved workforce programs.
- Section 3GC of the Act relates to the Medical Training Review Panel and its focus on medical issues and monitoring; and reporting on postgraduate training posts.

The Review did not cover the provider number restrictions under Section 19AB of the Act, which apply to overseas trained doctors, although issues were raised in the course of the Review and have been referred to the OTD Taskforce.

The final recommendations from this review presented to Parliament in December 2003 are made under the following headings: The Rural Locum Relief Scheme, The Medical Training Review Panel, definition of 'Districts of Workforce Shortage' and 'Area of Need', Queensland Country Relieving

Doctors Program, Community and General Practice Terms for Prevocational Doctors, Approved Medical Deputising Service Program and Streamlining of Process. A copy of the Findings of the Review can be accessed online at: <http://www.health.gov.au/workforce/new/biennial.htm> (accessed January 2004).

The Rural Locum Relief Program

The rural locum relief program (RLRP) was established in 1997 to assist rural communities affected by the provider number restrictions introduced in the 1996 budget. The RLRP was originally established under Section 3GA of the Act. It enables doctors subject to restrictions under Section 19AA of the Act to access Medicare rebates while working in an approved placement. Approved placements are limited to Rural, Remote and Metropolitan Areas Classification (RRMA) 4-7 (and in some cases, RRMA 3). The RLRP was originally designed to enable registered doctors to access Medicare benefits while working as a locum in general practice in eligible rural locations but most appointments now are for long term placements in rural general practice. The 2003 Biennial Review identified the lack of national standards around the assessment of the doctors joining the Rural Workforce Agencies. The RLRP was not intended as a long-term GP placement program and the need for ongoing support and back up arrangements, and links with other locum initiatives and programs has increased over the years. Whilst there is some funding for clinical skills grants for OTDs, the Review noted the gap in support and supervision, training and limited structure of support able to be provided by GPs.

Five-Year Overseas Trained Doctor Recruitment Scheme Review

The Commonwealth is currently reviewing the effectiveness of the Five-Year Overseas Trained Doctor Recruitment Scheme. The Scheme commenced in August 1999 and has been designed to facilitate the recruitment of OTDs to work in rural general practice. Rural workforce agencies (RWAs) in each state manage the scheme and together with state and territory health departments have provided assistance and incentives to attract doctors to rural locations.

OTDs employed under the Scheme must work full-time for a period of five years in an approved rural or remote location. During this period they are required to gain permanent residency or Australian citizenship, and Fellowship of the Royal Australian College of General Practitioners. Once they fulfil the requirements under the Scheme, they will be eligible for an unrestricted provider number. Approximately 214 doctors have been recruited under this Scheme (Australian Government DH&A Report to CPMEC Meeting, July 2003).

State/territory rural data

Rural workforce agencies in each state and territory are required to collect and report on a minimum data set in relation to the general practice workforce in locations classified Rural, Remote and Metropolitan Areas (RRMA) Classification RRMA 4 through RRMA 7. Each RWA compiles de-identified data that is compiled nationally through the Australian Rural and Remote Workforce Agencies Group (ARRWAG).

State and territory rural workforce agencies

New South Wales

Rural Doctors' Network

(online). <http://www.nswrdn.com.au> (accessed December 2003).

To assist with the recruitment and retention of adequate numbers of highly skilled medical practitioners, the NSW Rural Doctors' Network (RDN) has developed a workforce plan for Rural and Remote NSW for RRMA 3-7 (*The General Practice Workforce Plan 2002-2012*). The Plan identifies the shortfall in GP numbers in the order of between 210 and 410 by 2012. *The GP Workforce Plan* encourages an integrated approach to service delivery and provides a platform for addressing the future medical workforce shortage.

The RDN is widely recognised in NSW as the 'one stop shop' for advice on, and assistance with, recruiting medical practitioners for rural and remote general practice in 'Area of Need' positions. The RDN provides local support and informal case management to permanent and temporary OTDs, employers, GP Divisions and other stakeholders in NSW. The RDN runs an active recruitment program for Permanent Resident OTDs and facilitates the recruitment of temporary resident OTDs.

RDN's Permanent Resident Overseas Trained Doctors Program assists suitably skilled PROTDs into rural general practice. The RDN has assisted many PROTDs into rural general practice to such an extent that the number of 'Area of Need' vacancies in rural general practice in NSW has dropped significantly. Nevertheless, RDN continues to receive large numbers of applications from PROTDs. They are assessed by clinical interview and those considered likely to be granted conditional registration are supported and actively marketed to rural Divisions of General Practice and individual general practices. Funding is provided for a site visit and pre-employment observership. 'Introduction to Rural Practice' workshops are run regularly for prospective rural GPs.

The RDN also assists with the recruitment of TRDs by supporting suitably skilled doctors and potential employers through the myriad steps of recruitment process.

The RDN acknowledges the ethical issues around the recruitment of medical practitioners from undeveloped countries. The RDN Board adopted a code of conduct in July 2002 for the recruitment of overseas (temporary visa) doctors that is in line with the Code of Practice for the International Recruitment of Health Care Professionals adopted at the Fifth WONCA World Conference on Rural Health in Melbourne May 2002.

Similar to other states and the Northern Territory, NSW has introduced a Five-Year Rural Incentive Scheme for OTDs. Thirty-six OTDs are currently enrolled. As dictated by the scheme requirements, these doctors have undertaken to achieve Fellowship of the RACGP within two years, and to practise in an eligible rural area for five years.

The RDN also administers the Rural Locum Relief Program in NSW. One hundred and twenty-six PROTDs are currently enrolled in this program and working in rural NSW.

Training and education

The New South Wales Health Department through the Medical Training and Workforce Development Branch offers a wide range of services aimed at enhancing the skills of overseas trained doctors. Significant funding and direct program support includes:

- five day a week telephone information service;
- funding for the clinical bridging course offered by the University of New South Wales;
- information seminars on 'Pathways to Medical Qualifications Recognition' for OTDs;
- written and web-based information on skills/qualification assessment and recognition, bridging courses and employment;
- funding for the Australian Medical Council (AMC) Pre-employment Program for AMC graduates;
- direct administrative support for the Australian Doctors Trained Overseas Association;
- funding for five scholarships for OTDs in 'Area of Need' positions to obtain their Fellowship of the Royal Australian College of General Practice;
- rural orientation program for OTDs seeking employment in 'Area of Need' positions;
- funding for 15 scholarships for permanent resident OTDs to complete the MCQ Bridging course offered by General Practice Education Australia (Report for the Seminar for Overseas Trained Doctors 2003, p. 3).

Northern Territory

Northern Territory Remote Health Workforce Agency

(online). <http://www.ntrhwa.org.au> (accessed December 2003).

The Northern Territory's heavy reliance on OTDs is captured in the Review of the Five-Year OTD Scheme (unpublished, January 2003).

In the Northern Territory, the areas outside Darwin are all designated 'Area of Need' positions. The Northern Territory Remote Health Workforce Agency (NTRHWA) works closely with Northern Territory General Practice Education Ltd (NTGPE) and the Health Professionals Licensing Authority to assist OTDs orient to local areas, link with Divisions of General Practice and settle into local communities. Adjustments to local conditions are often challenging for OTDs and their families, and the turnover of staff is high.

In Darwin and Alice Springs the Agency reported that a supervision plan was a requirement of conditional registration; this is a problem. Local GPs are often reluctant to take on the responsibility of supervision because of their existing workloads and paperwork requirements. Training opportunities in hospitals may be limited because OTDs are not qualified to supervise.

The Northern Territory RHWa has provided funding to Northern Territory General Practice Education Ltd to provide support to OTDs towards passing requirements for Fellowship of the Royal Australian College of General Practice (FRACGP) which is similar to that provided to registrars. Educational support towards passing FRACGP or Australian Medical Council examinations is considered the main support needs in the territory. (online). <http://www.ntgpe.org> (accessed December 2003).

In 2003 Northern Territory General Practice Education Ltd (NTGPE) coordinated training programs for OTDs working towards Fellowship of the Royal Australian College of General Practice and provided postgraduate training in general practice involving 53 (43 full-time effective) GP registrars placed throughout the NT. The territory-wide organisational structure includes a dispersed network of medical educators and a GPET Innovation Grant has influenced curriculum development (Lloyd 2003).

Needs have also been identified in other areas, such as introduction to the Australian health system; individual evaluation of prior clinical experience; competency assessment; general support mechanisms; administrative needs in relation to family, e.g. schooling, spouse job opportunities and English courses.

Accessing vocational training is difficult for people working in isolated rural communities. Despite the proximity of Alice Springs to Adelaide, the logistics of arranging rosters to cover workloads creates difficulties. Despite some successes with OTDs working in general practices in Alice Springs there are limited incentives and opportunities for OTDs to undertake education and training.

The National Scoping Study captured feedback from medical educators working in the Territory and, given the diversity of OTDs now coming to Australia, we have much to learn from them. Their knowledge, skills and experience are not always acknowledged or captured.

Queensland

Queensland Rural Medical Support Agency

(online). <http://www.qrmsa.com.au> (accessed December 2003).

The recruitment and retention of general practitioners to rural and remote Queensland remains the central focus of the Queensland Rural Medical Support Agency's (QRMSA) range of services (Annual Report 2002/3). The importance of locum services and upskilling general practitioners is also acknowledged. The final report of the Queensland Rural Medical Workforce Plan, *An analysis of the Queensland Rural and Remote Medical Workforce* was completed in June 2003.

The consultation process that informed the Workforce Plan identified specific aspects:

- the current over-reliance on temporary resident doctors to provide medical services in rural and remote communities; data suggests that approximately 18% of the rural and remote medical workforce are TRDs;
- current lack of any standardised assessment procedure for the majority of overseas trained TRDs;
- educational and social support for TRDs and Other Medical Practitioners. (QRMSA Plan 2003, pp. 128–9)

QRMSA is committed to programs that support OTDs. The Advisory Service has responded to the increase in information requested from OTDs and dealt with 360 enquiries (Annual Report 2002–2003, p. 21). The online Recruitment Register was completed and placed on the QRMSA website in June 2003. An 'Advertise your Vacancy' template enables practices to advertise positions directly through the website; while still in its infancy this program offers many opportunities to agencies and employers alike.

QRMSA publications cover a range of education training and support programs for OTDs such as regular training and networking programs as well as family support programs. (online). <http://www.qrmsa.com.au> (accessed December 2003).

Indigenous health and cross-cultural awareness issues were addressed in the Rural Preparatory Workshop for Junior Doctors and Indigenous Health Professionals 2003. Through collaboration and networking, QRMSA meets with the Postgraduate Medical Education Foundation of Queensland and the Centre for OTDs at Queensland University. Educational sessions tailored to individual needs are also conducted as part of the collaboration with the Quality Use of Medicines (QUM) Program in collaboration with Queensland Health.

Queensland Health

Queensland Health (online). <http://www.health.qld.gov.au> (accessed December 2003).

Queensland Health is the state's largest health service provider, with more than 63,000 full and part-time employees and an annual expenditure in excess of \$4 billion. Queensland Health's services are delivered through 38 health service districts responsible for:

- 188 public hospitals and outpatient centres;
- 277 primary and community care centres;
- 21 aged care facilities (Queensland Health (2002) Smart State: Health 2020 a vision for the future: Discussion Paper; Brisbane, QH).

Thirty-one of the 38 health services districts incorporate locations classified RRMA 4 to 7. In many rural and remote communities, local GPs also serve as visiting medical officers for Queensland Health.

In Queensland, issues around clinical safety have been raised by current stakeholders because of the present dependency and growing reliance on the supply of OTDs with conditional registration. The following data is current at July 2003:

- over 1600 applications (State Registration Board category), 69% are 'Area of Need' positions, approved in the twelve months May 2002 to June 2003;
- of the more than 900 resident medical officers employed by Queensland public hospitals, the number of OTDs approaches 50%.

It is anticipated that supply of doctors in general will remain insufficient for the growing demand (currently 2.2%).

A comprehensive and integrated management program for OTDs involving state and Commonwealth collaboration has been recently proposed. This proposal enables the private sector to maintain its role in recruiting OTDs. The proposal considers assessment, placement and bridging courses for OTDs. Accreditation and mandating standards are key elements of the proposal.

The proposal includes establishing a single database for listing OTDs seeking employment; a comprehensive assessment process; a comprehensive placement process; bridging courses, mandated OTD management and two clear mandated pathways for OTDs, AMC examinations and college fellowship.

The proposal advocates collaboration between all agencies. The proposal suggests mandating key elements of the management process at the points of registration and 'Area of Need' approval and is being discussed by stakeholders (Lennox, D. 2003, Queensland Health Proposal).

South Australia

Rural Doctors Workforce Agency

(online). <http://www.ruraldoc.com.au> (accessed December 2003).

The Agency commenced in 1998 and is jointly funded by the Australian Department of Health and Ageing and the South Australian Department of Human Services. Following a planning day in August 2003 a report and action plan in relation to family support activities in the year ahead was developed. Practical solutions around spouse education and employment, the importance of surveying families' needs prior to their arrival, opportunities to access education grants and the need for a mentor in the early stages of settling into new employment were identified.

There are between 60 and 100 OTDs under the Five-Year OTD Scheme and a database is currently being set up.

Orientation to the Australian health system

Orientation commences when OTDs are met at the airport by staff and assisted with travel and accommodation arrangements. An orientation guide covers the recruitment process, schooling in Australia, the taxation and Medicare systems.

Once OTDs have obtained a working visa, an appointment with the Medical Board, Health Insurance Commission and Workcover is arranged in Adelaide. Time is spent providing information about medical registration, provider numbers, how to obtain Fellowship of the RACGP and the type of support services the agency provides. Prior to commencing work a 1–2 week orientation is provided in a chosen practice. The relevant Division of General Practice is also involved in the orientation and initiates a number of community based activities at the local level for overseas doctors and their families (South Australian RDWA 2003).

The agency acknowledges the challenges that OTDs face in relation to absorbing the new information on arrival and the emotional challenges settling into a new position. New arrivals may also have difficulties understanding Medicare billing, different brand names of pharmaceuticals and using Medical Director (general practice computer software). Cultural awareness is another major area and the agency is investigating how to incorporate this subject into orientation. The agency staff includes a designated counsellor to work with OTDs and their families as required.

Personal and family supports

The agency recognises the issue of social and geographical isolation for new medical families from overseas and has drafted a proposal for a new Family Link Volunteer Program that would provide a link with a matched family and be involved in orienting the family early in their arrival.

Tasmania

Tasmanian General Practice Divisions

(Incorporating Rural Workforce Support)

Rural Tasmania has been described as a medically underserved community (Egan 2001). Of the 21 OTDs with non-vocational registration, two work under the 'Area of Need' Five-Year Scheme; others are currently working in the 'Area of Need' 10-year program. Information regarding the role of the Tasmanian General Practice Divisions (TPGD) can be found at their website. (online). <http://www.tgpd.com.au> (accessed December 2003).

Rural General Practitioner Workforce Initiative (RGPWI)

TGPD has developed a recruitment scheme to address the current shortage of GPs in rural Tasmania. Suitably qualified and experienced GPs can be recruited from overseas to work in rural and remote areas for a five-year period. Known locally as the Five-Year scheme it allows temporary resident doctors to work in a rural 'district of workforce shortage' in Tasmania.

An assessment process has been developed in conjunction with the Medical Council of Tasmania and the Tasmanian Department of Health and Human Services (DHHS). Assessment is based on guidelines provided by the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Applicants are assessed by a state interview panel and must have sound written and spoken English language skills as assessed by IELTS.

Following successful assessment and achievement of the Fellowship of the Royal Australian College of General Practitioners (FRACGP), temporary residents may apply for permanent residency. Applicants are expected to enter into a contract to work in a rural 'Area of Need' for five years, following which they would be free to practise anywhere else in Australia that they choose. Applicants can obtain application information online.

Rural Locum Relief Program

TGPD has authority to recommend access to Medicare Provider Numbers for Australian-resident OTDs and recent Australian graduates to work as GPs under supervision in rural 'Areas of Need' (RRMA 4-7).

Preparation for the AMC examination

There are two pre-exam GP Education Australia (GPEA) workshops conducted per year.

Orientation to the Australian health system

There is an informal orientation to local practice and community.

Training and education

Funding support is provided for GPs to attend the Early Management of Severe Trauma (video available for purchase) and Emergency Life Support courses.

TGDP has set up informal study groups for OTDs and these appear to work well, e.g. 4/5 passed MCQ and 9/11 passed Clinical Assessment Scenarios in 2003 (National Scoping Study Survey (2003) and Chapter 10: Review of Orientation and Education Programs for OTDs).

Accessing vocational training

TPGD also provides a range of supports and encourages registrar training for the college pathway to FRACGP. Feedback from workforce agency managers indicated that doctors need support and career advice along the vocational pathway working, studying and settling into a new lifestyle. The current budget of the Rural Workforce Agency makes this possible at the present time, but the costs of conducting education and training in rural areas need to be considered by planning agencies (National Scoping Study Survey 2003).

The Rural Workforce Agency of Tasmania reports difficulty in retaining OTDs once they have completed the AMC and gained registration. There is variability in the quality of jobs and access to training and supervision.

Victoria

Rural Workforce Agency, Victoria

(online) <http://www.rwav.com.au> (accessed January 2003)

The Rural Workforce Agency, Victoria's (RWAV) website has a navigation tool for OTDs and information is available online about orientation, training and support, the Australian Medical Council process, visas and residency, provider numbers and registration (online). <http://www.rwav.com.au> (accessed December 2003). RWAV staff also provides telephone advice to prospective candidates. There are currently 170-200 overseas trained doctors registered with the agency (May 2003).

Victorian Overseas Trained Doctors Rural Recruitment Scheme

The Victorian Overseas Trained Doctors Rural Recruitment Scheme (VORRS) provides an opportunity for doctors with or without permanent residency/Australian citizenship to practise as an Australian rural GP. VORRS requires doctors to have or obtain the fellowship of the RACGP (FRACGP) within two years of commencing practice. This Scheme is funded by the State Health Department. Eighty-six temporary entrant doctors have been recruited to the scheme since 1999, with 85 appointees still in place by late 2002 (Hawthorne et al. 2003).

Rural Locum Relief Program

The Rural Locum Relief Program (RLRP) was established in 1997 to assist rural communities affected by the provider number changes introduced in the 1996 budget. The scheme was originally designed to enable registered doctors to access Medicare benefits while working as a locum in general practice in eligible rural locations. At present the scheme is available for doctors who have permanent residency/Australian citizenship and requires that the doctor complete the Australian Medical Council examination or FRACGP within the time period designated by the medical registration board, thus allowing doctors to work on a more long-term basis in general practice in eligible rural areas. RWAV have identified 276 permanent resident doctors recruited to work in Victorian rural practice from 1998/9 to 2001/2, the majority arriving in Australia prior to 1998, with 69 still in place in late 2002 (Hawthorne et al. 2003).

Clinical skills and medical knowledge

Clinical attachment grants are available to Victorian rural general practitioners who wish to undertake skills development and maintenance in a range of areas including procedural skills training (anaesthetics, obstetrics, emergency medicine and surgery), dermatology, ophthalmology, palliative care and others. Funding of up to \$5,500 per general practitioner per financial year is available for clinical attachments of up to three weeks duration.

Orientation to the Australian health system

RWAV has developed a manual to support the orientation of OTDs. This manual provides an overview of the Australian (and particularly the Victorian) medical system and environment. The table of contents of the Orientation Manual can be viewed on the website and is available in hard copy or on CD-ROM (online). <http://www.rwav.com.au> (accessed December 2003).

2003 RWAV Statewide Forum

At the RWAV Forum in Melbourne (July 2003), GPs acknowledged the important role OTDs play in meeting the workforce shortage and the importance of making not only the OTD involved but also their family feel welcomed to, and by, the local community. In her presentation *The Supply of International Medical Graduates*, Dr Lesleyanne Hawthorne, spoke of the issues for permanent resident overseas trained doctors (PROTDs) and temporary resident doctors (TRDs). The issues for PROTDs include:

- length of career gaps prior to medical employment;
- hyper-mobility to secure appropriate positions;
- need to pass OET, MCQ and Clinical exams or meet RACGP requirements;
- location and work pressures compared with the need for sufficient bridging support/study time to achieve unconditional registration.

The issues for TRDs include:

- length of professional commitment to specific location;
- likely to return to country of origin if from United Kingdom, United States, Canada;
- if converting to permanent residence status (e.g. South African doctors), need to achieve unconditional registration;
- potential subsequent loss to rural/regional location.

Dr Hawthorne concluded her presentation with comments on the role of overseas trained doctors in the future:

- momentum of globalisation in medicine unlikely to diminish (Australia cf Canada cf US cf UK);
- imperative to acknowledge growing reliance on OTDs for provision of essential medical services (compared with ad hoc evolution);
- regional/rural areas likely to increase their reliance on OTDs, unless far greater uptake of rural positions by Australian medical practitioners.

Retention of OTDs in General Practice in Victoria

The RWAV Board has undertaken a number of initiatives in relation to education and training. These include the commission of a major report on *The Retention of Overseas Trained Doctors in General Practice in Regional Victoria* (Hawthorne et al. 2003). The Report found that the current OTD program was a viable option and that it will take several years before the supply of fully accredited local doctors increases. Recommendations from the report include:

- that RWAV should focus recruitment policy on doctors who feel culturally at ease in rural Australia, especially those of UK and South African origin;
- more help is needed for OTDs appointed under the VORRS scheme gain registration;
- examination preparation should be given to both VORRS and RLRP doctors;
- sustained lobbying should be undertaken to redress policy anomalies around retention of OTDs in Rural, Remote and Metropolitan Area Classification RRMA 3.

The 'hyper-mobility' (tendency to have major geographical moves) of many OTDs and inevitable short-term commitment to rural work was noted along with a number of determinants of longer stays identified. These included:

- the importance of access to examination preparation training courses and access to good education for children;
- access to a well-paid medical job;
- a higher salary;
- improved medical facilities; and
- better collegiate support (Hawthorne et al. 2003).

Koori cross-cultural training

RWAV has identified as a requirement of GPs, and particularly of OTDs, that they gain a better understanding of Aboriginal culture. The training program is able to be delivered by the local Aboriginal Controlled Health Services. Topics covered include:

- background information;
- Aboriginal affairs in Victoria;
- working with indigenous culture today.

Women's health

RWAV, in conjunction with the Jean Hailes Foundation, has developed a training program specifically to meet the needs of OTDs. The program focuses on improving the general health status of women in rural communities and addresses the issues of gender and health, depression, contraception, consultations for well women and the menopausal years.

Accessing vocational training

RWAV believes that strengthening ties with the rural divisions and local hospitals especially in clinical upskilling and assisting overseas doctors in accessing vocational training is important. A resource package using 'Train the Trainer' principles is currently being developed with the Divisions of General Practice and/or Regional Training Consortia to assist with FRACGP examination. This is expected to be available late 2003.

Mentoring

RWAV has arranged for mentoring too be available to support OTDs settling into general practice in rural Victoria. The Gippsland Education and Training for General Practice (GetGP) website supports OTDs working in the Gippsland area. It includes links to support agencies, childcare, tourist activities and amenities in the Gippsland area and social and family support groups (online). http://getgp.net.au/Family_Counselling_Resources.htm (accessed December 2003).

Cultural Resource Kit

The cultural resource kit has recently been produced for doctors beginning practise in Victoria and for Victorian communities seeking to attract new doctors. The kit comprises three publications:

- *A Guide to Regional and Rural Victoria for Overseas Trained Doctors and their Families;*
- *A Multicultural Introduction for Rural Communities;* and
- *A Database of Resources for Overseas Trained Doctors and Rural Communities.*

Other RWAV initiatives

- A Training Calendar (available on the RWAV website).
- A Rural Emergency Skills Training Course (REST) has been developed to be applicable to all rural practitioners. The aim of the course is to enhance skills in initial management of medical emergencies in rural areas. The course is conducted over two days (16 hours) and a comprehensive manual is supplied. The manual is designed to reflect the range of emergencies arising in rural practice, to encompass best-practice principles of emergency care, and to be readily accessible in the emergency situation.

Western Australia

The Western Australia Centre for Remote and Rural Medicine

(online). www.wacrrm.uwa.edu.au (accessed December 2003)

Despite efforts to match medical workforce supply with demand for services, WA continues to have an estimated shortfall of medical practitioners based on population ratios. The relatively low number of medical school places in WA, compared with other states is considered to be the major reason for the ongoing and growing reliance on OTDs, particularly in the remote and rural regions.

The Western Australian Centre for Remote and Rural Medicine (WACRRM) was established in 1990 by the state government and the University of Western Australia to recruit and retain rural general practitioners. In 1998, the Australian Department of Health and Ageing funded WACRRM as the WA Rural Workforce Agency.

WACRRM conducts a number of programs to support the recruitment and retention of rural GPs. It implements programs to ensure rural general practice is a career of choice and actively recruits students from rural backgrounds into medicine. (online). <http://www.wacrrm.uwa.edu.au/> (accessed December 2003).

It further supports medical, nursing and allied health students who have an interest in rural health by auspicing two student health clubs. These well established clubs have a membership of over 250 students.

Despite every effort to attract Australian doctors into rural WA there remains a shortage of doctors. The recent publication *Analysis-Rural General Practice Workforce in WA* (June 2003) shows a current shortage of 50–60 GPs with the number increasing to approximately 220–230 over the next ten years.

A number of strategies are either in place or under consideration to address this potential shortfall in rural WA and they are:

- to increase the number of medical student placements;
- to increase attraction to general practice as a career;
- to continue attracting OTDs;
- to look at alternative models of delivery.

Since 1993, WACRRM, in conjunction with the Australian Medical Association (AMA) Locum Service (WA) has been recruiting OTDs into Western Australia. This co-operative arrangement is known as 'Mediventure' and its main aim is to recruit locums to support the existing workforce. (online). <http://www.mediventure.com.au/> (accessed February 2004). Over the years the number of OTDs coming into WA has increased slowly from 5–10 to the current 60–80 per year. Of those OTDs who initially come to work for periods of 6 months to 2 years, around 25% will decide to stay long term.

WA was the first state to start the Five-Year Overseas Trained Doctors Scheme in 1999. Under this program, WACRRM:

- attracts and recruits OTDs into the scheme;
- interviews candidates (conducted by the WACRRM Director) to ensure their skills and commitment are appropriate, as well as their family circumstances;
- having initially screened the applicants, WACRRM then allows suitable doctors to work for 6 months as a locum in WA; once eligible for the scheme the State Review Panel interviews and assesses the doctors qualifications to work in 'Area of Need' ;
- informs the Medical Board of WA and Health Insurance Commission of successful applicants;
- provides emotional and social support to the doctors and their families;

- helps the OTDs to attain their FRACGP by providing:
 - exam workshop support
 - individual mentoring
 - participation in weekend workshops
- maintains a database on OTDs; and
- involves doctors in all WACRRM's activities, e.g. indemnity support, family support, doctor's health programs, educational programs and counselling support.

Currently WACRRM has 81 doctors on the Five-Year scheme, 72 of which are currently practicing, 64 of these have their FRACGP. Over 60% of the doctors working on the Five-Year scheme have obtained permanent residency. A report of the operation of the WACRRM OTD program 1999-2002 is available (online) <http://www.wacrrm.uwa.edu.au/docs/OTD%20Report.doc> (accessed February 2004)

WACRRM's expertise with OTDs spans a considerable number of years and recognises that these doctors and their families need access to both educational, emotional and social support.

Preparation for the AMC examination

Registration procedures require candidates to sit and pass FRACGP within two years. The RWA conducts workshops for candidates every six months prior to the examination.

Accessing vocational training

Accessing vocational training is difficult for many doctors. RWA highlighted the importance of not seeing issues in isolation, suggesting that long-term planning strategies are needed. Allied health professionals need to be involved and an integrated approach is needed. The Centre also acknowledged the high costs in providing and delivering rural services and the importance of working in partnership with overseas doctors, their families and the rural communities in order to achieve successful outcomes.

Conclusion

Rural workforce agencies provide web-based information about vacancies and schemes open to OTDs and act as state-based information contacts for OTDs. The lack of a national system around data collection is a problem.

The Rural Doctors' Network in New South Wales reports that their processes appear to be meeting the needs in rural New South Wales. The Queensland Health proposal and New South Wales Rural Doctors' Network reiterate the importance of sustaining rural communities by using innovative strategies. All workforce agencies advocate an integrated approach to practice and a proactive approach to problem-solving.

7 State and territory initiatives to support the training and professional development of OTDs

This chapter identifies the developments in each state and territory and reviews the key developments in relation to overseas trained doctors. A number of states conducted workshops to identify issues in relation to overseas trained doctors; a summary of key issues is presented in Table 2 below.

Table 2: Issues identified by state/territory forums/workshops

IDENTIFIED ISSUE	NSW	QLD	SA & NT	TAS	VIC	WA
Pre-employment /registration information	✓		✓	✓		✓
Assessment of clinical skills and medical knowledge	✓	✓	✓	✓	✓	✓
Communication skills	✓	✓	✓		✓	✓
Preparation for the AMC examination				✓	✓	
Orientation to the Australian health-care system	✓	✓	✓	✓	✓	✓
Training and education	✓	✓	✓	✓	✓	✓
Accessing vocational training				✓	✓	

(Adapted from the PMCV Report to the Department of Human Services 2002, p 27.)

Confederation of Postgraduate Medical Education Councils

The Confederation of Postgraduate Medical Education Councils (CPMEC), established in 1998 is a national body which has taken a leading role in informing and promoting pre-vocational medical education and training. As an association it represents a broad spectrum of stakeholders committed to excellence in medical education across Australia and New Zealand and includes the following peak bodies:

- Committee of Deans of the Medical Schools
- Australian Medical Students Association
- Australian Medical Association
- Australian Medical Council
- Medical Council of New Zealand

- Committee of Presidents of Medical Colleges
- Directors of Clinical Training in Teaching Hospitals
- Australian Government Department of Health and Ageing
- State Postgraduate Medical Councils (CPMEC website (online). <http://www.cpmec.org.au> (accessed January 2003)).

CPMEC has taken a leading role in identifying the important role OTDs are playing in the Australian medical workforce. A special meeting of Confederation members was held in Melbourne on 29 May 2002 to share ideas about the needs of overseas trained doctors. The proposal for the National Scoping Study was developed as an outcome of this meeting. Alongside this development, the Medical Training Review Panel established an OTD Sub-Committee. The OTD Sub-Committee reported in early 2004.

The National Scoping Study draws on the work of the postgraduate medical councils who have identified gaps around orientation, training and support needs of OTDs over the years. State and territory initiatives to support the training and professional development of OTDs is discussed in detail in this chapter.

Information regarding education and training available in each state and New Zealand is now available on the CPMEC website, developed as part of the National Scoping Study Project (online). <http://www.cpmec.org.au> (accessed January 2004).

The proceedings and recommendations around state Conferences and recommendations for junior doctors and hospital medical officers is also available from the CPMEC website.

Workshop

The education and training needs of permanent resident overseas trained doctors in Australia and New Zealand were considered during a two-day workshop on 7 and 8 August 2003 in Wellington, NZ, sponsored by the Confederation of Postgraduate Medical Education Councils and the Medical Council of New Zealand.

Participants included overseas trained doctors and representatives of educational, professional and regulatory bodies and health services. More than 90 people attended the workshop, which was facilitated by Dr Norman Swan, health writer and broadcaster.

Workshop participants identified gaps in the education and training of overseas trained doctors, and developed strategies to overcome these. Professor Geoffrey Dahlenburg as Chairman of the Organising Committee commented in his closing remarks that the workshop had been very successful in providing a forum for sharing of information and ideas, and for promoting networks, at an individual and organisational level.

The key recommendations from the workshop were:

- greater priority to strategic medical workforce planning. The health sector must engage other sectors, notably immigration and education, in this work. The hospital workforce should be considered as a particular issue.
- improved access to 'upfront' information and assessment of medical and language skills of OTDs – ideally, while still in their country of origin. This could include online examinations.
- pathways should be more flexible, and tailored to OTDs' skills and needs. In Australia, there is the need for uniformity regarding the entry point for work and in the recognition of prior clinical work.
- strategies to improve English and communication skills. The minimum standards of English language assessment should be uniform. Language and communication skills should be integrated into assessment, training and education processes.
- flexible, customised training and education opportunities are needed, including pre-employment or orientation programs. OTDs should have access to training and upskilling programs before and after reaching the workplace.
- greater support for OTDs, including case management, and mentoring.
- supervision of all PGY1s and 2s should be improved, although it is recognised that OTDs may have special needs. There is a need for performance measurement of supervisors, and improved funding, support and recognition for supervision. Inadequacy of supervision is a particular issue for 'Area of Need' positions.
- monitoring and accreditation of orientation programs, education and training, supervision, and assessment. The goals are generic standards through education, employment and training; national verification standards (clinical guidelines for performance); and national guidelines for minimum clinical requirements prior to employment. The Australian Medical Council (AMC), postgraduate medical councils, medical boards and councils should be involved.
- seed funding to establish an Association for International Medical Graduates of Australia and New Zealand. Developing a cohesive, national voice for OTDs would help members, and would also help the policy making process by providing input and feedback.

The workshop identified the strengthening commitment to action the concerns that have been expressed by various stakeholders over the years (Confederation of Postgraduate Medical Education Councils and Medical Council of New Zealand Workshop Report 2003 (online). <http://www.cpmec.org.au/researchandprojects/nzworkshop/index.cfm> (accessed January 2004).

New South Wales

Postgraduate Medical Council of NSW

The Postgraduate Medical Council of New South Wales (Council) was formed in 1988 and is a Section 20 Committee of the NSW Health Department. The PMC is responsible for developing policies on education of doctors in their first postgraduate years, setting standards and accrediting hospitals receiving junior medical officers (JMOs), workforce planning, including allocation of interns (PGY1s) and distribution of first-year residents (PGY2s). The PMC ensures that medical graduates meet minimum standards of safety, clinical skill and professional confidence over the first two years of their postgraduate training. Doctors who meet these standards are then capable of undertaking vocational training in clinical specialties.

The PMC NSW provides an annual Clinical Grant to hospital Directors of Clinical Training to support the education and training of JMOs including AMC graduates. (online).

http://www.medeserv.com.au/pmc/frame_dct.htm (accessed January 2004).

The PMC NSW has developed a cultural diversity package. This package consists of five learning modules and a website; both are titled Cultural Diversity in Health. The package provides information and skills that assist health practitioners, in particular junior medical doctors, in meeting the health needs of Australia's diverse communities.

The learning modules focus primarily on developing skills required for successful care for all patients. The modules discuss the provision of culturally appropriate care, NESB patient experiences, identification of pivotal family members, working with interpreters, different values and beliefs associated with death and dying, obtaining consent from NESB patients, avoiding litigation and how cultural factors influence diagnosis and patient management.

The website complements the workshop modules by providing detailed information about various peoples from regions across the globe. The information provided includes language, communication style, religion, customs, approach to the health system and gender health. In addition the website highlights issues specific to NESB populations and identifies general diversity tools including checklists, patient resources and referral information. (online).
<http://www.diversityinhealth.com/> (accessed January 2004).

Pre-employment registration and information

The AMC Pre-employment Program for AMC graduates has been conducted since 1997 by the Postgraduate Medical Council of New South Wales on behalf of the NSW Health Department. The Program is a fulltime workplace orientation program that runs biannually, August (4 weeks) and November (3 weeks). The course is open to all AMC graduates who have passed Stage 2 of the AMC clinical examination and have successfully applied for allocation to a supervised training position. Funding is not available to cover salaries for AMC doctors, but training is provided at no cost to participants and a substantial percentage of the travel costs are reimbursed. The approximate cost per participant is \$2,500. The AMC Pre-employment Program (AMCPEP) consists of 2 components, a core teaching program of 7 days and a hospital clinical attachment of 12 days.

The program focuses on raising awareness of practical issues of communication: language proficiency, grammar, idiomatic language and pronunciation, cross-cultural encounters, organisational constraints, and conflict resolution. In addition, participants are also provided with workplace re-skilling and basic procedures and information about common medical problems.

To support AMC graduates, the PMC NSW publishes *Working in Australia: A Guide for Australian Medical Council Graduate Doctors*. This guide provides useful information that covers the Australian healthcare system, the roles and responsibilities of an AMC graduate in supervised training, cultural shock, patient rights and responsibilities, medical ethics, infection control, medico-legal issues, career information, stress management and medical terminology. (online) http://www.medeserv.com.au/pmc/frame_dct.htm (accessed February 2004)

Preparation for the AMC examinations

The South Western Sydney Area Health Service in conjunction with the Clinical School of the University of New South Wales conducts the Overseas Doctors Training Programme – Clinical Bridging Course. This course currently operates with access to BOTPLS and costs \$12,000. In order to be eligible for a clinical bridging course, overseas doctors must:

- have permanent residency in Australia and reside in NSW;
- have passed the Occupational English Test and the AMC Multiple Choice Question Examination; and
- not have previously attended a clinical bridging course.

Fifty-six (56) course places are offered each year. As the number of doctors applying for a course far exceeds the number of places available, a screening test is conducted in order to select the 56 candidates. This course prepares overseas trained medical graduates for the Australian Medical Council (AMC) Stage I and II clinical examinations and exposes participants to the Australian clinical setting through a planned educational program. The course also provides a communication strand. The clinical (bedside) teaching for each course is conducted at five separate hospital locations, involving a large number of tutors.

There were two 16-week courses offered in 2003; April-August 2003 and September-December 2003 (online). <http://www.aei.dest.gov.au/AEI/QualificationsRecognition/default.htm> (accessed November 2003).

Information seminars on 'Pathways to Qualifications Recognition'

The one-day information seminars held in March and July 2003 aimed to increase understanding of the processes, current resources and employment opportunities of the New South Wales Health System for doctors trained overseas (Medical Training and Workforce Development Branch, NSW Department of Health Report 2003). These seminars are arranged by the NSW Health Department twice a year. Further information about these seminars can be obtained from the NSW Department of Health on (02) 9391 9371 or email: othpinfo@doh.health.nsw.gov.au.

NSW Department of Health

The New South Wales Department of Health manages a database of overseas trained doctors seeking registration as a medical practitioner in New South Wales. As at February 2004, there were 433 permanent resident overseas trained doctors registered with the Department of Health, 414 reside in NSW.

NSW Department of Health has established a NSW Health Jobs link for recruitment of overseas trained doctors in 'Area of Need' positions as well as other medical and nursing professionals (online). <http://www3.health.nsw.gov.au/healthjobs/index.html> (accessed January 2004).

The New South Wales Rural Doctors' Network (NSW RDN) has a searchable database, which lists current vacancies (online) <http://www.nswrdn.com.au> (accessed February 2004). NSW RDN has established a number of principles upon which its recruitment of overseas trained doctors is based.

New South Wales PMC and NSW Health Department have developed a number of relevant services to date. The variation in experience and the differing needs of OTDs is still an issue with requests for practical skills development a recurring request. More work is needed on the culture of the hospital system, the hierarchy and how to operate within it.

Australian Doctors Trained Overseas Association

The Department of Health NSW has provided funding of \$32,000 over 3 years (2002-04) to support the Australian Doctors Trained Overseas Association (ADTOA). Membership is open to interested Australian citizens and permanent residents who are overseas trained doctors.

This site contains a range of information that OTDs may need concerning the assessment, work, legal and political processes within Australia (online). <http://www.adtoa.org/> (accessed January 2004). ADTOA has an online Planning & Development Survey designed to develop information about the needs of PROTDs. From the ADTOA website medical practitioners can find out information about vacancies for PROTDs, and employment in 'Area of Need' positions in New South Wales.

Northern Territory

Postgraduate Medical Council of Northern Territory

The Postgraduate Medical Council of Northern Territory was established in 1998 to promote a supervised structured training program for the early postgraduate years - in particular a two year General Clinical Education Program for PGY1 and PGY2, whether international medical graduates or Australian graduates (online). <http://www.ntpmc.org.au/> (accessed February 2004).

Education and training

Education for OTDs outside hospitals is provided by the Northern Territory Remote Health Workforce Agency (online). <http://www.ntrhwa.org.au> (accessed December 2003) and the Northern Territory General Practice Education Ltd (NTGPE), the consortium responsible for GP registrar training.

Feedback from the National Scoping Study has indicated that OTD education and training is a significant problem in Alice Springs Hospital where there is proportionately a greater number of OTDs striving for permanent residence and working through the AMC and college pathways than in Darwin. The shortage of Australian graduates and of OTDs who are permanent resident overseas trained doctors (PROTDs) makes supervision difficult. There is a capability of using visiting medical officer specialists from Adelaide to help in OTD education. Experienced medical educators suggest that closer liaison with the Specialist Medical Colleges and ongoing discussion regarding career pathways is needed. There is scope to draw on the skills and expertise of OTDs and develop education and training programs with them.

Queensland

Postgraduate Medical Education Foundation of Queensland

The role of the Postgraduate Medical Education Foundation of Queensland (PMEFQ) is to accredit junior doctor education programs in hospitals, on behalf of the Medical Board of Queensland in cooperation with Queensland Health. Permanently registered overseas trained doctors on probationary registration are incorporated in this process of accreditation as they are viewed as junior doctors with specific educational and training needs. PMEFQ develops and implements initiatives to support medical education for pre-vocational doctors.

PMEFQ hosted the 8th National Prevocational Medical Education Forum in Surfers Paradise Queensland in November 2003. Issues around OTDs and their educational needs were foremost on the agenda.

Preparation for the AMC examinations

The Centre for Overseas Trained Doctors, previously attached to the University of Queensland, is now, from July 2003, funded from Queensland Health. Approximately \$108,000 had been provided to the Centre per annum to conduct one MCQ course and two Preparation for Employment (PFE) courses. The Centre also delivers a range of bridging courses to help pass the MCQ Examination set by the Australian Medical Council.

The Centre has conducted three types of programs - MCQ Bridging courses of 20 weeks, Preparation for Employment (PFE) courses of 18 weeks, and Clinical Bridging programs (a 20-week fee-paying course run by the School of Medicine). Programs have run from 1996 to February 2003, including one BOTPLS Clinical Bridging Program (September 2002 – February 2003). The BOTPLS Clinical Bridging Program scheduled to commence in May 2003 was cancelled due to lack of numbers.

Queensland Health

Queensland Health has committed resources and infrastructure to establish a website which includes a section Queensland Health Careers which provides general employment information and information on OTD recruitment programs as follows:

- resident medical officer/house officer temporary positions;
- specialist consultants temporary or long-term positions;
- hospital generalists;
- general (family) practice in Queensland;
- doctors for the bush;
- Queensland country doctors (information being developed);
- Australian resident doctors trained overseas undertaking the AMC examinations.
(online) www.health.qld.gov.au/careers/medical/default.asp (accessed February 2004)

Queensland Health has sponsored the development of a resource *Cultural Diversity: A Guide for Health Professionals* to support the provision of culturally-sensitive health care in hospitals and community health services. (online): <http://www.health.qld.gov.au/multicultural/cultdiv/> (accessed January 2004).

OTDs integrated management process

In July 2003, a proposal for an integrated management process for OTDs was developed for discussion with stakeholders in Queensland. The proposal was developed in recognition that standards of clinical safety and competence or capability for medical practice may be compromised given the medical workforce shortages in Queensland. Over 1600 applications for 'Area of Need' positions were approved in 12 months May 2002 to May 2003 and of the 900 resident medical officers in Queensland public hospitals, the number of OTDs approached 50%. The proposal is discussed more fully in Chapter 6 (Lennox 2003). Research and experience of a number of programs conducted in Queensland indicate that there is value in:

- integrated management of all OTDs;
- registration of job seekers in a database;
- career advice to OTDs at each stage of screening and assessment processes;
- integrated employment placement process;
- bridging courses (Lennox, 2003)

South Australia

Council for Early Postgraduate Training in South Australia

The Council for Early Postgraduate Training in South Australia (CEPTSA) is responsible for the development, administration and accreditation of the postgraduate training programs for junior medical officers (JMOs). The Department of Human Services recognises that a significant number of pre-vocational doctors in the South Australian hospital workforce are PROTDs and it is essential

that resources be provided to support their orientation, training and supervision in the health-care system (online). <http://www.pmcscsa.org.au> (accessed January 2004).

CEPTSA established the Australian Medical Council (AMC) Candidate Working Party in 2000 and conducted a forum in May 2001. The report *Strategies for Quality Management of Patient Care Through Training and Education: Meeting the Language and Literacy Needs of OTDs Working in Australia* includes a range of recommendations from this forum:

- research into the development of a resource kit for orientation purposes for OTDs;
- production of resources for training clinical supervisors to deal with language and cultural differences; and
- production of online information source outlining the stages necessary to enter and succeed in the AMC registration process (CEPTSA June 2001).

The role of the AMC Doctor Subcommittee is to help enhance the workplace experience of AMC doctors working in South Australian hospitals and to promote their career development in the Australian health-care system.

Each of the six teaching hospitals in Adelaide has a medical education officer to work on the General Clinical Training Program in association with the Director of Clinical Training.

Establishment of a database

From 2004 the process for the allocation of overseas trained doctors who are AMC candidates to South Australian teaching hospitals will change. In order to streamline the process, the South Australian Health Department has developed a database which will be used to fill vacant junior medical officer (JMO) positions within the SA teaching hospitals. Registration on the AMC JMO database does not guarantee employment but applicants will need to be registered in order to be considered for positions in the SA teaching hospitals.

Preference for JMO positions will go to those doctors who are residents of South Australia and who have successfully completed the AMC examination process. Overseas trained doctors who hold temporary residency visas or an occupational training visa are not eligible. At August 2003, 120 doctors had registered.

Pre-employment program

A four-week Pre-employment Program funded by the South Australian Health Department linked to Australian Medical Council registration was conducted for 20 overseas trained doctors in November 2002. This program was evaluated and a revised program has been developed and expanded for commencement in September 2003. The new program includes a clinical hospital based program. A full-time liaison officer, who works with the OTDs, coordinates the program.

Tasmania

Postgraduate Medical Institute of Tasmania Inc.

The Postgraduate Medical Institute of Tasmania (PGMIT) and Department of Human Services Tasmania conducted a Symposium with key stakeholders and OTDs working in Tasmania, in Launceston on 16 November 2001. At the time of the Symposium there were 139 OTDs registered, with 114 working in Tasmanian hospitals. A copy of the report of the symposium can be accessed at website: (online) <http://www.healthsci.utas.edu.au/pgmit/index.htm> The key recommendations from the symposium were the need for:

- a statewide body to coordinate OTD education and training;
- hospital based and regional coordination of OTD education and training (e.g. Clinical Director of OTD Training);
- comprehensive orientation to the Australian health-care system;
- access to statewide weekend clinical workshops and/or access to bridging programs for preparation for the AMC clinical examination; and
- teaching and learning programs for OTDs within Tasmanian hospitals.

Two medical education officers are currently employed at Royal Hobart and Launceston General Hospital. The Institute recognises the need for increased numbers of medical educators not only for OTDs but all trainee medical officers (April 2003).

New projects

The PGMIT recently signed a service agreement with the Department of Human Services, which allows for the appointment of a project manager (2-year contract; 0.4 EFT, Level 4, Specialist Medical Practitioner Position) and an executive officer (1 EFT, Level 8 Project Officer Position). The aim of the two-year pilot project is to establish effective infrastructure to complement and utilise existing medical education structures of the PGMIT, the University of Tasmania, the Royal Hobart Hospital and North West Regional Hospital. The project will support the development of a bridging course in Tasmania suitable for AMC candidates to assist in clinical examination preparation.

Australian Doctors Trained Overseas Association

There is no formal support group established in Tasmania.

Victoria

Postgraduate Medical Council of Victoria Inc.

The Postgraduate Medical Council of Victoria (PMCV) was formed in August 1999 and from its beginning recognised the importance of overseas trained doctors working in Victorian hospitals. One of the four subcommittees it originally established was the Overseas Trained Doctors subcommittee. This subcommittee convened a symposium in December 2000 called *Negotiating the System*. The key recommendations from the symposium included:

- establishment of an office for OTDs
 - contact
 - registration
 - advice/information package
 - coordination and referral;
- identification of the medical education needs of OTDs;
- development of a support mechanism for trainers;
- identification of the requirements for information/language/family support/counselling/feedback/career advice; and
- development of a link to already established database(s) to track OTDs (work, location, Australian Medical Council); that is, a state data collection of OTDs in which there is possibly a sharing of data input.

Department of Human Services, Victoria

Recognising the importance of these issues in relation to OTDs, the Department of Human Services offered a project officer on secondment for a 12-month project and provided a small amount of funding for the project. The project had the following objectives:

- determine whether overseas trained doctors have particular needs which differ from Australian trained graduates;
- the extent that these needs are met through existing arrangements;
- the most critical deficiencies in the system;
- which organisations have a role in addressing these deficiencies; and
- the way the deficiencies could be addressed.

In May 2002 at the conclusion of the project a report *AMC Candidates in the Victorian Public Hospital System* was released. A copy of this report can be viewed at website (online): <http://www.dhs.vic.gov.au/pdpc/pubs.htm>

Following a period of consultation the state Minister of Health on 1 October 2002 announced a range of measures for overseas trained doctors working in the Victorian hospital system. Key recommendations included:

- a new standardised pre-registration assessment of medical skills and clinical knowledge, cross-cultural and communication skills;
- a communication and cultural training program;
- a comprehensive pre-employment orientation to the Australian and Victorian health system; and
- more rigorous and monitored supervision and ongoing assessment of OTDs employed in the public hospital system.

Since that announcement the following progress has been made to end September 2003:

- a PMCV-led consortia was granted funding to develop a pilot Safe Assessment Process for hospital based OTDs, which encompasses a written test of safety, a structured interview and a series of OSCE stations to test a range of clinical and communication skills for those doctors who may require further assessment. The pilot was completed and evaluated in September 2003.
- a communication and cultural training program has been piloted for delivery within hospitals to overseas trained doctors;
- an orientation manual for hospital-based OTDs has been developed by the PMCV.

At a meeting of the Medical Training Review Panel (August 2003) the Department of Human Services reported that there are 728 OTDs in the Victorian public hospital system. This figure includes 222 in specialty groups and represents 13% of the total workforce in Victoria.

Medical education officers

The PMCV, with funding from the Victorian Department of Human Services (DHS), supports hospital-based medical education officers. They work closely with medical staff and other personnel to develop education programs for the development of clinical and broader based professional skills for interns and residents during Postgraduate Years 1 and 2 (PGY1, 2) and non-vocational Year 3 (PGY3), including OTDs working in these positions. Increasingly medical education officers are being called upon to support OTDs working in their hospitals.

The Postgraduate Medical Council also provides face-to-face and telephone advice and information for OTDs seeking hospital based positions. Enquiries include registration, how to obtain a job in a hospital, explanation about eligibility for participation in the computer matching service. The PMCV website includes a range of material of interest to people working in these positions. (online) <http://www.pmcv.com.au> (accessed January 2004)

The Department of Human Services has also made available an amount of \$50,000 to be administered by the PMCV to support education and training of OTDs in hospitals having substantial numbers of OTDs.

Preparation for the AMC examinations

The Victorian Medical Postgraduate Foundation (VMPF) with links to Victoria University of Technology is the current provider for an Overseas Trained Doctors Bridging Courses in Victoria. (online). <http://www.vmpf.org.au> (accessed January 2004)

The VMPF Government Assisted Clinical Bridging Course offers an intensive 22 week program with bedside presentations; Medical, Surgical, O&G and Paediatric tutorials on diagnostic management and consulting skills; role play workshops and communication skills training. The course costs \$11,975. Candidates can pay up front or apply for BOTPLS interest free loan (online). www.hecs.gov.au/botpls.htm

A full time tutorial based program Multiple Choice Question (MCQ) Bridging Courses will be run July to September 2004 to aid candidates in their preparation for the Australian Medical Council (AMC) exams. The MCQ Bridging Course fee is currently: \$2,200.00 (GST inclusive).

The VMPF also offers a private fee-paying Clinical Bridging Course. This 'fast-track' 12-week hospital-based program is open to Victorian and interstate candidates. The course consists of a hospital placement, with tutorials/lectures, communication skills and role-play workshops. Candidates are provided with 2 two-hour tutorials in medicine, 2 two-hour tutorials in surgery and 1 two-hour tutorial in obstetrics and gynaecology each week. The Private Clinical Bridging Course fee is currently \$4,400.00 (includes GST) and will run full time for 12 weeks from 19 April to 9 July 2004.

The Victorian Medical Postgraduate Foundation had 13 people in the Multiple Choice Question (MCQ) Bridging Course (August 2003) and 14 candidates for the Private Clinical Bridging Course (Fast Track, 2003).

Accreditation and training posts

PMCV has piloted an accreditation process for PGY2 doctors. OTDs occupying pre-vocational training positions are interviewed during an accreditation visit and their needs identified in the final survey report to hospitals.

Australian Doctors Trained Overseas Association

In Victoria the organisation is active in its support of OTDs in mainly rural 'Area of Need' positions. A representative of this Association is a member of the PMCV's Overseas Trained Doctors subcommittee.

Western Australia

Postgraduate Medical Council of Western Australia

The Postgraduate Medical Council of Western Australia (PMC WA) was established in August 2003 to provide leadership for early postgraduate medical education and training in Western Australia. The PMCWA has taken on the roles and responsibilities previously undertaken by the Prevocational Training and Accreditation Committee (PTAC), which was dissolved on 30 June 2003. (online). www.pmcwa.health.gov.au (accessed January 2004).

The PMCWA is largely funded by the Department of Health, Western Australia and has policy responsibility for:

- education and training of pre-vocational and other non-vocational doctors;
- setting standards and the accreditation of training positions receiving postgraduate doctors (including PGY1, PGY2 and PGY2+); and
- monitoring the supply and demand for pre-vocational workforce in Western Australia.

The PMCWA will take an increasing role in supporting OTDs. Each of the sub-committees of the PMCWA is addressing the needs of OTDs as a part of meeting their terms of reference.

One of the most frustrating issues for OTDs interested in migrating to Australia is the difficulty in obtaining accurate information about registration requirements, qualification assessment, migration

legislation, etc. The PMCWA is working with the Department of Health regarding the development of a state website that will provide consistent and up-to-date information. It is hoped that the website and the PMCWA will act as the central access point for OTDs interested in working in Western Australia.

Pre-employment registration information

At present the PMCWA provides information to OTDs interested in working in Western Australia on a 'request' basis. Enquiries responded to by the PMCWA include registration requirements, how to obtain employment in Western Australia, AMC process and bridging courses available, recognition of qualifications; ability to work while completing AMC requirements and ability to work as a specialist in their vocation.

The Council is looking at other initiatives to support OTDs such as marketing, coordination, orientation, assessment and targeted support for OTDs during the first year of employment.

Preparation for the AMC examinations

A bridging course was established in 2001, organised through Prevocational Training and Accreditation Committee (PTAC) and the Australian Medical Association, Western Australia in collaboration with the Australian Medical Council and the University of Western Australia. This course provided a comprehensive clinical bridging program for OTDs who were able to take up employment in a WA teaching hospital. The course primarily focused on communication and consultation, but there were also sessions on the Australian health-care system, prescribing in the community, Australian patient and consumer expectations, cultural barriers to health care and a session on working with Aboriginal people. The tension between working towards the broader outcomes of improved communication and consultation skills and examination preparation was noted during the course, and recommendations for the future of the course included the disengagement of the communication, consultation and cultural skills required by OTDs and specific content knowledge required for success in the AMC clinical exam. The PMCWA is working with the Department of Health and the Australian Medical Association, Western Australia on further development of this course.

Medical education officers

Recent funding from the Western Australian Department of Health has enabled the employment of three medical education officers (MEOs) to work with OTDs at Royal Perth, Fremantle and Kalgoorlie Hospitals. The role of MEOs in supporting the education and training needs of OTDs working in our public hospitals is increasing. The MEO at Fremantle Hospital has been instrumental in introducing an orientation program specifically addressing the needs of doctors who did not undertake their training in Australia and an observership program designed to assist OTDs who are looking for clinical placements in preparing for AMC examinations. In addition to the program offering valuable clinical experience to OTDs, it was used to determine if 'observers' were suitable for employment upon completion of their observership. Fifty per cent (50%) of the OTDs who completed the program are now employees of the hospital.

Comparison between the states

Pre-employment/ registration information

There has been general consensus from State health departments, medical registration boards and overseas doctors themselves around the merits and the need to streamline the collection of data. Lack of uniformity has led to confusion and retarded planning. New South Wales and Queensland have a central point of contact to access information and more recently we have seen the development of a database established with the South Australian Health Department. Gaps remain around coordination of data collection in the Northern Territory, Victoria, Tasmania and Western Australia.

The Medical Practitioners Board of Victoria has introduced an electronic system that will pave the way for online medical registration and annual registration renewal for all doctors.

Assessment of clinical skills and medical knowledge

The need to continuously maintain and upgrade clinical skills has been an issue identified by OTDs and employers. The recently acquired funding for the development of a more rigorous and ongoing assessment of OTDs in the public hospital system in Victoria will attempt to establish standards of competence for safe practice prior to hospital employment.

While independent state Medical Boards established under state Medical Practice Acts provide conditional registration, the separate state legislation can lead to confusion. The Australian Medical Council has identified the need for uniformity of medical registration and developed a process of mutual recognition.

Communication skills

The PMC NSW Guide for Australian Medical Council Graduates addresses communication issues. Funding has been made available for a communication and cultural training program in Victoria. Communication skills training is an important part of bridging course curriculum.

Preparation for the AMC examination

The study has identified the shift in the medical workforce with OTDs being able to access employment without undertaking bridging courses. At the present time, candidates have access to the Bridging for Overseas Trained Professionals Loan Scheme (BOTPLS) with courses available in Victoria, New South Wales and Queensland. Candidates in Tasmania, Western Australia and Northern Territory do not have access to such courses. The 4-week Pre-employment Program for AMC candidates in South Australia addresses training needs and provides opportunities for clinical exposure in key areas tested in examinations. The 4-week AMC Pre-employment Program conducted by the Postgraduate Medical Council of New South Wales (PMC NSW) for NSW Health Department has been running successfully since 1997.

Orientation to the Australian health-care system

There is often confusion from stakeholders around the term orientation/ information in regard to programs being conducted and whether this is orientation to the workplace, the Australian and State Health-care system or local community. The PMC NSW conduct orientation programs

biannually. The Medical Practitioners Board of Victoria has introduced regular bimonthly information /briefing sessions for OTDs. This program introduces OTDs registered with the MPVB to the Australian health-care system and professional practice; an orientation manual has been developed for hospital based OTDs in Victoria and more recently, work in Western Australia in developing an orientation program has occurred. Gaps remain in regard to overall coordination in all states.

Training and education

The study has identified that training and education programs are organised by medical education officers or clinical educators in hospitals. Gaps lie around a national and coordinated approach to education and training.

The study has reiterated the importance of key issues identified in the earlier reports. Frustrations arise for OTDs dealing with the number of stakeholders and different state systems around registration and employment. While the AMC pathway to registration and practice is sound and respected, there is interest in developing tailored courses for people already in employment. The study has identified the ability of states to take the initiative and respond to local issues and develop extensive resources as seen in New South Wales, South Australia.

New funding from Departments of Health in Victoria, Tasmania and South Australia has seen a number of positive changes and new resources developed. The New South Wales Health Department has provided direct funding to support administration of the Australian Doctors Trained Overseas Association to support information dissemination.

Accessing vocational training

Support is needed for OTDs to undertake vocational training. The Royal Australian College of General Practice provides one model, but more support is needed and positive strategies developed. This report does not attempt to detail the College processes in relation to overseas trained doctors.

8 Australian Government initiatives to streamline processes for OTDs

Australian employment processes

General immigration regulations

The Australian Government Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) are responsible for administrating the migration laws of Australia (online). <http://www.immi.gov.au> (accessed February 2004)).

Health requirements

People who wish to migrate to or stay temporarily in Australia must meet Australia's health standards set by DIMIA on advice from the Australian Department of Health and Ageing. The health requirement applies equally to all applicants for migration or long-term temporary residence from all countries and is designed to ensure:

- risks to public health in the Australian community are minimised;
- public expenditure on health and community services is contained; and
- Australian residents have access to health and other community services (DIMIA Form 1071i).

Language requirements

English language proficiency is not a criterion for all migrants. For those visa categories that do require a specified level of English proficiency, the application will be refused if the required level is not met.

In most cases of employer-sponsored migration or skilled migration, the nominee must have a vocational or functional level of English (DIMIA, Form 966i). Evidence of English proficiency can be provided through details of:

- primary, secondary or tertiary education;
- results of an International English Language Testing System (IELTS) test (DIMIA Form 1220i IELTS Test Centres);
- results of an occupational English test (OET); or
- other evidence.

Medical practitioners who apply for permanent residence need to have undertaken the Australian Medical Council assessment process before applying for a visa. As part of the AMC process they need to have completed a designated vocational test of English proficiency or have been granted an exemption on specified grounds.

New Zealand citizens

The 1973 Trans-Tasman Travel Arrangement allows New Zealand citizens to enter Australia to visit, live and work. The person needs a valid New Zealand passport to enter Australia. They are considered to have applied for a visa and, subject to health or character concerns, will automatically receive a Special Category Visa (SCV) which is recorded electronically.

As a result of changes announced by the Australian and New Zealand governments on 26 February 2001, some New Zealand citizens are required to obtain permanent residence if they wish to:

- access certain social security payments (subject to the two year eligibility waiting period for most payments);
- be eligible for Australian citizenship; or
- sponsor people for permanent residence. (online).

<http://www.immi.gov.au/facts/17nz.htm> (accessed February 2004) (Young 2003).

The Australian healthcare system

The Australian healthcare system is multifaceted. Health services are provided by medical practitioners, other health professionals, hospitals and government and non-government agencies. Funding is provided by the Australian Government, state and territory governments, health insurers, individual Australians and a range of other sources (Gavel 2003).

Medicare and the Pharmaceutical Benefits Scheme are the two nationally funded subsidy schemes. The schemes cover all Australians and subsidise their payments for medical services and a high proportion of prescription medications bought from pharmacies. The Australian Government and state/territory governments also jointly fund public hospital services so they are free to charge patients. Between them, these funding provisions aim to give all Australians, regardless of their personal circumstances, access to adequate health care at an affordable cost or no cost.

Patients first contact with the health system is usually through a general medical practitioner (GP). Patients can choose their own GP and are reimbursed for all or part of their GPs fee by Medicare, depending on the GP's billing arrangements. Patients are referred by a GP to a medical specialist, other health professionals, hospitals and community-based health-care organisations.

Patients can access public hospitals through emergency departments, where they may present on their own initiative, or via ambulance services, or after referral from a medical practitioner. Emergency department and outpatient treatment, food and accommodation services are all free to patients.

Australians may choose to be private patients in hospital, or choose to be treated as a private patient in a public hospital. Private patients can choose their own doctor. Medicare subsidises the fees charged by doctors for services provided to private patients in hospitals, and private health insurance funds also contribute towards medical fees for insured patients.

The health service system is regulated in various ways. Private hospitals are licensed by state/territory governments. Medical practitioners and other health professionals are registered for practice in each state/territory.

The Australian Government in conjunction with state and territory governments has attempted to address the shortage and increase the number of medical practitioners through a range of measures that attract attention from overseas trained graduates.

Department of Health and Ageing OTD initiatives

The Australian Government Department of Health and Ageing has established a working group with key stakeholders to address the various issues relating to processes for recognising overseas-trained specialists. This working group includes representatives from the Australian Government, the Committee of Presidents of Medical Colleges (CPMC), the AMC and AHWOC. Two meetings of this group have been held so far, and the group is considering a range of possible initiatives to streamline the processes for recognition.

The Australian Government Department has also set up an OTD Taskforce within the Health Workforce Branch. This taskforce will have the responsibility for developing programs aimed at addressing workforce shortages through the use of overseas trained doctors. It will focus on issues around improving recruitment and training arrangements for overseas trained doctors, and on simplifying and making more transparent the provisions that must be navigated before overseas trained doctors international medical graduates can enter the medical workforce. An Overseas Trained Doctor Reference Group has been established to guide the implementation of the OTD initiatives under MedicarePlus.

Medical Training Review Panel OTD sub-committee

Late in 2002 the Medical Training Review Panel (MTRP) established an OTD Sub-Committee with six sub-groups (Data, Process, Information and Access, Orientation/Education and Training, Assessment and Support). The Sub-Committee reported to the MTRP in February 2004.

Joint Australian Government/state /territory initiative to recruit overseas trained anaesthetists

In order to address gaps in many public hospitals a 12-month pilot project September 2003 to September 2004 is currently underway to attract overseas trained anaesthetists. The project is using appropriate electronic print and electronic media along with additional website information, allowing applicants to contact employers directly to gain further information. The Australian Health Ministers' Advisory Council Working Party will review this strategy and suitability in regard to applying to other sectors of medical workforce that are experiencing shortages.

Arrangements enabling Australian-trained international medical students to participate in the Australian medical workforce

In December 2002, the Australian government announced that Australian-trained international medical students graduating from Australian medical schools would be permitted to stay on and work as interns in public hospitals and regional health centres during 2003.

In July 2003 Senator Patterson agreed to extend that measure to 2004 and beyond and approved long-term arrangements for those students and former students wishing to continue to practise in Australia by endorsing the following arrangements:

- Australian-trained international medical graduates are permitted to remain in Australia and apply for Medical Practitioner (subclass 422) temporary visas, to undertake vacant internships in public hospitals unable to be filled by suitably qualified Australian residents;
- those medical graduates completing internships in Australia can remain in Australia as temporary residents on Medical Practitioner (subclass 422) visas or apply for permanent residency;
- Australian-trained medical practitioners are to have the option of working in public hospitals or practising in districts of workforce shortage under the Medicare provider number restrictions contained in the *Health Insurance Act 1973*; Australian-trained medical practitioners applying for permanent residency are to be required to apply under the Regional Sponsored Migration Scheme (RSMS) or the Employer Nomination Scheme (ENS);
- permanent resident medical practitioners will have the option of working in the hospital medical workforce, practising in areas of workforce shortage under the Medicare provider number restrictions or, under certain conditions, undertaking specialist vocational training;
- those medical graduates wishing to undertake specialist vocational training will be directed to apply for permanent residency through the RSMS or ENS for non-regional medical positions, given the significant investment made by Australian authorities in training these professionals;
- under the RSMS and ENS Australian employers can recruit highly skilled staff from overseas or from temporary residents in Australia to fill positions they have been unable to fill from within the Australian labour market.

The Australian Government requires that Australian-trained international medical students will have taken out or be applying for permanent residency. The Australian Government Department of Health and Ageing is developing a communication strategy for 2004 and beyond to assist the processes (Department of Health and Ageing 2003).

MedicarePlus Package

New measures have recently been introduced as part of the MedicarePlus Package, unveiled by the Australian Government. Recognising the valuable services OTDs provide to Australian communities- in particular in rural and remote locations- the Government has set aside a total of \$A432.5 million to assist in attracting OTDs to Australia.

By 2007, additional 725 overseas trained doctors will be working in Australia as a result of the overseas trained doctors initiatives. Medicare provider number restrictions contained the *Health Insurance Act* will allow the Australian Government to direct these doctors to areas of workforce shortage where their services are most needed.

This target will be achieved through the initiatives identified below:

International recruitment strategies

Under this initiative, the Australian Government will manage an international recruitment process to enhance and better coordinate current State and private sector recruitment arrangements. This will better articulate pathways to entry into the Australian medical workforce.

Reduced 'red tape' in approval processes

This initiative will support the streamlining of requisite approval processes for overseas trained doctors (including specialists) entering the Australian medical workforce. This will minimise the time taken for appropriately qualified doctors to enter the medical workforce and will increase the attractiveness of Australia as a destination for skilled doctors.

Assistance for employers and OTDs in arranging placements

This initiative will support the establishment of a national information and referral service to assist overseas trained doctors and employers to efficiently navigate the various approval processes including medical registration, specialist recognition, immigration arrangements, access to Medicare rebates, and employment in Australia, and would improve the level of information available regarding these processes.

Improved training arrangements and additional support programs

This initiative will provide new training opportunities and support for the undertaking of training programs for overseas trained doctors. More overseas trained doctors will have the opportunity to undertake training to facilitate the obtaining of conditional or full medical registration in Australia. There will be enhanced opportunities to obtain recognition in Australia which will boost the number of fully qualified specialists who are available to practise unsupervised in areas of workforce shortage.

This initiative will bring about nationally consistent orientation training programs that can be used for medical registration and employment purposes. These training programs will minimise any difficulties experienced by newly recruited overseas trained doctors, the professionals with whom they work and health care consumers whom they service.

Opportunities for doctors to stay longer or obtain permanent residency through changes to immigration arrangements

The maximum visa validity period for temporary resident doctors (visa class 422) has been extended from 2 to 4 years under MedicarePlus. Medical practitioners will also be included on the Skilled Occupations List that is used for the General Skilled Migration program. These changes will facilitate pathways to permanent residency in Australia for some overseas trained doctors.

Bridging for Overseas-Trained Professionals Loans Scheme

The Bridging for Overseas-Trained Professionals Loan Scheme (BOTPLS) is an interest-free loan facility for overseas trained professionals who are seeking to work in regulated or self-regulated professions in Australia. The Scheme enables eligible overseas trained professionals to meet the requirements for entry into their profession in Australia.

To be eligible for a loan, an overseas-trained professional must:

- meet certain citizenship/residency requirements; and
- obtain an assessment statement from a relevant assessing body; and
- enrol in a course that relates to the assessment statement.

BOTPLS enables eligible participants to obtain a loan from the Australian Government to pay all or part of their bridging course tuition fees. The scheme is administered under the *Higher Education Funding Act 1988* by the Department of Education, Science and Training, the Australian Taxation Office (ATO), and higher education institutions.

Bridging Courses for overseas trained medical practitioners preparing to sit professional examinations are available from the following bridging providers:

- South Western Area Health Service (NSW);
- Victorian Medical Postgraduate Foundation;
- The Centre for Overseas Trained Doctors (QLD); and
- GP Education Australia.

The BOTPLS Information Leaflet is available and the website provides up-to-date information (online). <http://www.aei.dest.gov.au/Aei/QualificationsRecognition/default.htm> (accessed January 2004).

The study has reported in Chapter 10 that bridging courses were cancelled in South Australia and Queensland in 2003. It is timely to review the role of bridging programs in assisting medical practitioners gain access to professional registration and to monitor the impact of the BOTPLS and possibly other flexible loan schemes not necessarily restricted to universities.

9 New Zealand initiatives in relation to overseas trained doctors

In 2003, more than 40 per cent of the medical workforce in New Zealand qualified overseas, an increase from 29 per cent in 1990. At 31 March 2003, of the 13,094 registered medical practitioners, 7,824 were New Zealand graduates. There are medical graduates from over eighty countries registered to practise in New Zealand. The 2001 New Zealand Medical Workforce survey showed that over half of the doctors in 25 of the 58 non-city regions completed their primary medical training overseas. (online). <http://www.moh.govt.nz> (accessed November 2003).

Medical Council of New Zealand

The Medical Council of New Zealand is the statutory body set up to protect the health and safety of the public by ensuring that doctors are competent to practise medicine.

The New Zealand registration requirements have changed from tight, very prescriptive regulation set in 1968 to the current situation in which the legislative focus changed in 1995 to ongoing competence. The Medical Council is able to use discretion when making decisions on who can be registered (Ineson, June 2003).

The Council will review a doctor's performance whenever there is a concern that the doctor's competence is in question. Three-member competence review committees are formed for each competence review.

Registration of overseas trained doctors

In New Zealand there are several pathways for doctors to enter the country under temporary registration, vocational registration and general registration.

The main pre-requisite for registration is that the doctor must have satisfied the Medical Council's English language testing requirements. The International English Language Testing System (IELTS) is the only approved English test for medical registration in New Zealand. Candidates are required to obtain average grades of 7.5 with individual grades of at least 7.0 in each discipline. There is an exemption policy for those who speak only English.

Temporary registration is available for up to three years maximum, and is for those not intending to reside or permanently practise in NZ. An examination or assessment process is not necessary. These doctors usually have qualified in Ireland, South Africa, Canada, the United Kingdom or the USA. They work in supervised positions and are reviewed every three months. They include visiting teachers, sponsored trainees, trainees enrolled in a formal training program, visiting researchers, service providers, emergency services, and others visiting New Zealand for short-term and limited purposes.

Vocational registration is provided to overseas trained doctors who have completed training comparable to that required of a New Zealand trained specialist. Requirements are rigorous and experience suggests that many overseas doctors have difficulty meeting the standard expected.

Applicants must have worked for twelve months in a supervised position with probationary registration before being considered for vocational registration and have:

- passed, or been exempted from an approved English test;
- a postgraduate qualification or 'specialty certificate' in a recognised branch of medicine;
- practised as a specialist; and
- ongoing involvement in continuing medical education.

For general registration, New Zealand requires all other overseas trained doctors to qualify for registration by passing the approved English test (IELTS), the United States Licensing Medical Examinations (USMLE Steps 1 and 2) and the New Zealand Registration Examination (NZREX Clinical). The doctors then work on probationary registration for at least one year in approved positions under supervision.

Before registration, doctors eligible for probationary leading to general registration must have:

- a work permit; and
- an offer of employment in an approved hospital or practice with a supervisor.

Recently, the Medical Council of New Zealand has developed policy, which, in certain circumstances, allows doctors to move from temporary to probationary registration without examination or assessment.

Full details are available (online). www.mcnz.org.nz (accessed November 2003).

Gaps

The Council has identified that up to 20 per cent of NZREX graduates have problems adapting to the New Zealand health system and struggle during the early part of the probationary year. The issues of concern are communication, English language skills, practical skills and cultural awareness. Support is variable and depends on the time and commitment of supervisors and other key staff in hospitals (CPMEC and MCNZ Workshop Report 2003, p. 6)

Some possible solutions to the gaps identified include:

- that hospitals receive increased funding so that more intern supervisors can be appointed and time allocated for supervision;
- that a funded 'ready for work' program be made available; and
- that an educational program aimed at improving awareness of and testing of, cultural competence is developed.

Bridging programmes

In 2000 the NZ Ministry of Health provided funding for a specific bridging programme for doctors who were granted residence visas under the New Zealand Immigration Service policy which was in effect between 1991 and 1995 when residence was granted without requiring doctors to be registered. The bridging programme assists doctors prepare for the New Zealand Registration Examination (NZREX Clinical). Approximately three hundred and forty people will have participated in the programme by the time it finishes in July 2005.

The cost per doctor is NZ\$40,000 which is paid for by Clinical Training Agency/Ministry of Health funds. The bridging programme is made up of two parts – Part A Academic (4.5 months) and Part B Supervised placements (6 months).

Review

A recent review of the NZREX results of the four sessions of the bridging programme conducted to August 2003 has been disappointing. Some candidates who had undertaken the bridging programme performed below others who had not participated. It is felt that this may be due to a number of candidates not practising for many years (some had not practised medicine for more than 10 years when they applied for the programme). In total 40 per cent of resident medical officers are trained overseas; however, not all candidates who completed the bridging programme have secured jobs (45 per cent had not secured employment at June 2003). Difficulty in securing employment is also due to a combination of factors such as New Zealand graduates staying in New Zealand in the first and second postgraduate years and policy changes that make it easier for doctors whose undergraduate training has been accredited by a competent authority to become registered. Some OTDs do not wish to move elsewhere and there appears to be some reluctance of some hospitals to employ NZREX graduates due to performance problems experienced in the past. The increasing reliance on OTDs has led to a call for 'ready for work' and cultural competence programmes for all new doctors. (Ineson, 2003, p. 11)

The Ministry of Health (the funder) is assessing the future of bridging programmes, and has given support for a 'ready for work' programme which may replace the current bridging programmes in the future. The intention is that people who pass NZREX will complete the 'ready for work' programme before they start work in New Zealand. Many overseas trained doctors experience difficulty adapting to the New Zealand health-care system and it is generally felt that the resources would be better allocated to those doctors who would most benefit from the assistance (Ineson 2003, p. 12).

Cultural competence

The Ministry of Health Maori Health Policy 1995 set the benchmark in cultural competence that 'implies the implementation of the Treaty in a broad and generous spirit that takes account of cultural differences' (He Whakaaro J. Whaanga 1995). The policy focuses on the capacity of the health worker to improve health status by integrating culture into a clinical context. Culture is taken in its broad context to include individual's gender, sexual orientation, cultural and religious beliefs, physical and mental health or disabling conditions, age and socioeconomic group as well as rural urban context in which he/she lives and is treated.

A culturally competent doctor will accept that patients may seek the opinion of a traditional healer or cultural advisor and recognises opportunities for collaboration with others who have a different perspective from a more traditional evidence based approach (Durie 2001).

Cultural competence is about the acquisition of culturally appropriate skills in:

- conceptual understanding;
- professional practice;
- diagnosis; and
- treatment and care (Ineson 2003, p. 13).

The Medical Council is currently undertaking a project to develop a cultural competence framework and will expect doctors to take part in educational activities in this area as part of ongoing recertification requirements (Ineson 2003, p. 14).

Training support

Supervisors are contracted by the Medical Council to look after the interests of New Zealand graduates in their intern year, as well as NZREX graduates in their probationary year. The intern supervisor has overall responsibility for reporting back to Council every three months.

Resources

The Medical Council provides the following resources when overseas doctors are first given registration:

- *Cole's Medical practice in New Zealand*;
- *Good medical practice – A guide for doctors*;
- *Education, training and supervision for new doctors* (online).
<http://www.mcnz.org.nz> (accessed November 2003).

Probationers also have access to statements and guidelines available on the Council's website and access to Council's Statements and Guidelines folder free for every registered medical practitioner on request (Ineson, *Education and training for permanent resident OTDs*, Medical Council of New Zealand June 2003).

New projects

New Zealand employers are responsible for implementing effective orientation and induction programs for all doctors entering employment. Induction guidelines will be prepared as a companion publication to the recently developed supervision guidelines.

The indications are that bridging programmes will be faded out after 2005 and 'ready for work' programmes implemented. The updated guide *Medical practice in New Zealand – a guide for doctors* which includes information on medical services in New Zealand, aspects of collaboration, working with others and professionalism, has been reprinted and is currently available (Cole 2004).

Future directions

- Reviewing developments being made under the auspices of the International Association of Medical Regulatory Authorities e.g. international medical passport.
- The possible recognition of Australian, UK, USA and Canadian registration screening examinations for registration in New Zealand.
- Recognising as a 'competent authority', some overseas jurisdictions and thereby registering graduates of medical schools accredited by that authority; these regulatory authorities would have similar competence measures as the Medical Council of New Zealand (e.g. similar systems for accrediting undergraduate and post-graduate education, recertification requirements, discipline and good standing requirements, etc.).
- Developing similar standards under the auspices of the International Association of Medical Regulatory Authorities in the pre-registration, house officer year;
- Developing a system of recertification to help ensure ongoing competence; and
- Developing an interactive online web application system (Confederation of Postgraduate Medical Education Councils (CPMEC) and Medical Council of New Zealand Workshop 2003).

10 Review of orientation and education programs for OTDs

Development of survey

One of the activities of the National Scoping Study was a survey was designed to capture current activities from agencies involved with education and professional development for overseas trained doctors across Australia, and was to compliment the relevant terms of reference developed by the Medical Training Review Panel's OTDs Sub-Committee. The aim of the survey was to capture a snapshot of existing orientation and education programs available to OTDs. Specifically, the survey was designed to gather the following information:

- existing and/or planned orientation programs for OTDs that organisations are participating in or supervising;
- existing and /or planned education and professional development programs for OTDs that organisations are participating in or supervising;
- any needs analysis in relation to orientation and initial, and ongoing education and support for OTDs;
- any study in the last three years to identify the gaps in existing orientation and education programs for OTDs; and
- an opinion on what your organisation considers to be the main support needs for OTDs and how these might be facilitated.

A copy of the survey questions is included as Appendix B: National Scoping Study Education and Support Survey.

Stakeholders

A number of organisations with an interest in overseas trained doctors' education, training and orientation programs available in each state and territory were identified. These included:

- clinical training units in hospitals;
- health departments;
- rural doctors networks;
- rural workforce agencies;
- Medical Training and Workforce Development Branch;
- Australian Medical Council (AMC);
- AMC Bridging Course coordinators;

- specialist medical colleges;
- private recruiting agencies;
- privately conducted GP training agencies;
- medical registration boards;
- Department of Immigration and Multicultural and Indigenous Affairs (DIMIA)
- Department of Education, Science and Training (DEST);
- state postgraduate medical councils.

The survey was sent to 65 key organisations (postgraduate medical councils, hospitals, rural workforce agencies, medical registration boards, medical educators, health professional recruitment agencies and specialist medical colleges). A survey of assessment processes for overseas trained doctors compiled by the Assessment sub-group of the Medical Training Review Panel's OTD Sub-Committee and covering letter were sent at the same time. The surveys were addressed to key contacts at each organisation; the Project Officer contacted many of the key contacts by telephone, then e-mailed the survey within twenty-four hours. The survey was e-mailed on Monday, 5 May and replies requested by Monday, 12 May 2003. (The replies for the Assessment sub-group of the MTRP were returned to the Project Officer and forwarded to the Australian Medical Council for collating.)

A total of 56 responses were returned representing 86% of the 65 organisations approached (see Table 3).

Table 3: Survey responses

Stakeholders	Number of surveys sent	Number of surveys returned	Response rate (%)
Hospitals	20	20	100
Medical specialist colleges	11	7	63.6
Workforce agencies	17	12	70.5
Departments of health	5	5	100
Education trainers	4	4	100
Registration boards	8	8	100
Total organisations	65	56	86

Responses

The first four questions requested quantifiable data and the remaining question invited an opinion on support needs and how they might be facilitated.

Question 1: Respondents were invited to provide a list of existing and/or planned orientation programs for OTDs that their organisation was participating in or supervising.

In response to Question 1, a range of programs was identified as being available to overseas trained doctors:

- bridging courses: courses which assist overseas trained professionals to meet or prepare to meet specific academic or professional requirements for in this case, registration or other entry to regulated professions. These courses facilitate access to the Australian Medical Council pathway to registration and practice;
- orientation to professional practice (as evidenced by the process developed by the Medical Practitioners Board of Victoria);
- orientation to the Australian health-care system (as evidenced by the New South Wales AMC Pre-Employment Program, the South Australian Training for Workforce Program);
- orientation to the work environment (hospital or general practice); and
- communication and cross-cultural skills training (Queensland Health Bridging Program)

Bridging programs – course providers

- Bridging courses for OTDs available in Queensland, South Australia and Victoria. (the South Australian course was cancelled in 2003).
- General Practice Education Australia offers a range of professional preparation programs for OTDs, including a fee-paying Multiple Choice Question Course which is completed mostly online with immediate feedback and discussion, and an intensive Clinical Skills Course, incorporating skills and clinical assessment task scenarios.

Pre-employment or ready for work programs

- The Postgraduate Medical Council of New South Wales conducts a Pre-employment Program for AMC graduates twice a year.
- A 4-week pilot Training for the Workforce Program was conducted in South Australia in November 2002. A modified program was delivered in SA in October/November 2003 incorporating a 4-week practicum experience component.
- Victoria has developed and piloted an assessment process for safe practice of OTDs in hospitals.

Orientation – hospital-based programs

- OTDs can attend orientation programs in conjunction with new doctors in the hospital. No special programs for OTDs who enter the workforce at different times of the year.
- In Victoria the Department for Human Services has funded the development of an orientation manual/CD-R for OTDs entering the public hospital system.

Orientation – Rural Workforce Agencies/Area of Need

- Rural orientation program for OTDs seeking employment in 'Area of Need' (mainly rural) positions in New South Wales. NSW Health has allocated \$89,000 for a pilot orientation program for overseas trained doctors seeking employment in 'Area of Need' positions. The aim of the program is to provide an introduction into the NSW health system and skills revision.
- Orientation manual for overseas trained doctors working as general practitioners developed by Rural Workforce Agency, Victoria (RWAV).
- 2 orientation days per annum conducted by Rural Workforce Agency, Victoria.
- Pilot Project in 'Area of Need' positions in New South Wales administered by the Rural Doctors' Network and funded by NSW Health: an introduction to the NSW health system.

Specialist medical college assessment

- 'Assessment with oversight' by two Fellows nominated by the Royal Australasian College of Surgeons.
- Local supervision and support and a visit by a College representative as needed (RANZCR).

Findings and gaps

The findings from the responses to Question 1 of the survey include:

- a broad range of orientation programs is currently available in all states and territories. Useful resources identified were the *NSW Guide for Australian Medical Council Doctors* (Sullivan et al. and PMC NSW 1999) and the *Orientation Manual* and CD-R developed by the Rural Workforce Agency, Victoria for OTDs working in rural general practice;
- The survey uncovered ways in which hospitals and GP practices have developed practical solutions to workplace needs – for example, 4WD training and an Aboriginal cultural awareness program in Darwin. The skills assessment program for overseas trained doctors in public hospitals currently being developed in Victoria and the development of a proposed orientation process for OTDs in Western Australia with the Postgraduate Medical Council WA, the Overseas Qualifications Unit and the WA Department of Education and Training (work in progress 2003) are of interest.

The gaps around orientation programs include:

- the need to work closely with medical registration boards to increase access to information and to explore the possibility of a national approach around registration and safe practice.;
- feedback from clinical educators emphasises the need for agreed minimum standards regarding knowledge and safety to practice;
- the need to uncover what is happening in more remote sites. Overseas trained doctors recruited by private agencies to work in isolated rural locations generally do not have access to orientation programs;
- further exploration is required of the reasons why bridging courses in South Australia and Queensland have recently been cancelled.;
- the need to develop processes to ensure involvement and consultation with a broad cross-section of OTDs. What are the perceived needs of OTDs for orientation processes?

Question 2: Respondents were invited to provide a list of existing and/or planned education and professional development programs for OTDs that their organisation is participating in or supervising.

Planned education and professional programs

A number of education and professional programs are available. Their effectiveness is difficult to measure. Specific examples below:

- The NSW Health Department has reviewed the Pilot Rural Clinical Observership Program and has sought a funding submission from the NSW Rural Doctors' Network for 2003–2004 to continue the program. Ongoing funding allows for the Australian Medical Council (AMC) 4-week Pre-employment Program for AMC graduates to work in NSW hospitals to continue biannually. However, participation in education programs is not mandatory and not all overseas trained doctors access these programs.
- The Australian College of Rural and Remote Medicine (ACRRM) offers participation in the *Independent Pathway to Fellowship* and a number of educational opportunities through distance learning to members.
- The study lists current programs such as user-pays, online and tailored clinical skills courses run by the General Practice Education of Australia, and the new clinical bridging course being established by University of New South Wales and South Western Sydney Area Health Service, which offers 56 course places each year. It is part funded by NSW Health and costs \$12,000.

Barriers

The barriers around education and professional development are noted:

- the cost of accessing the Australian Medical Council pathway to registration;
- the introduction of the BOTPLS scheme with user pays and upfront fees.

Question 3: Respondents were asked if their organisation had undertaken any needs analysis in relation to orientation and initial and ongoing education and support for OTDs.

Summary of needs analyses

- New South Wales conducted an audit of doctors occupying 'Area of Need' positions in 2002. The information that this audit elicited is the basis of the database held by the Medical Training and Workforce Development Branch of NSW Health.
- NSW Health has reviewed the Pilot, Rural Clinical Observership Program and sought a funding submission from the NSW Rural Doctors' Network for 2003–04 to continue the program.
- Other states appear to have been restricted by time and resources and have felt that the needs identified in former studies and workshops such as the Tasmanian Symposium 2001, the May 2001 Workshop in South Australia, the Victorian Symposium in 2000 and the Victorian Report to Department of Human Services (May 2002) have changed very little. Interviews with AMC candidates, registrars, nurse managers, HMO managers and the '100 Place Doctors' are still relevant. Respondents contacted for this study expressed their desire that money not be wasted in 'reinventing the wheel'.

Gaps and barriers

Better assessment and support processes are required for overseas trained doctors to be involved in:

- trainee positions in hospitals;
- provision of locum services;
- registrar positions in hospitals; and
- other programs providing services to rural and remote areas.

The barriers around orientation include:

- Lack of funds to act on recommendations; and
- Lack of a coordinated approach to orientation.

Question 4: Request for reference material in relation to any studies in the last 3 years to identify gaps in existing orientation and education programs.

The Scoping Study developed a list of key resources (refer Bibliography).

Question 5: Please provide an opinion on what your organisation considers to be the main support needs for OTDs and how these may be facilitated.

The following section is to be read in conjunction with Chapter 7, which provides an overview of the workshops held by Postgraduate Medical Councils in relation to OTDs. The summary below identifies needs analyses other than those undertaken by PMCs:

- informal discussion;
- one-to-one interviews between employing hospital and OTD (Tasmania)
- observation (LaTrobe Regional Hospital, Victoria);
- Observership Program /OTD Orientation 2003 (Fremantle Hospital, Western Australia);
- evaluation of Victorian Medical Postgraduate Foundation (VMPF) Clinical Bridging Course for OTDs, 1999; and
- Research Study on Bridging Courses for OTDs, Report to Minister, ARTD, 1999.

Specialist medical colleges

The *Outlook for Surgical Services in Australasia* Report undertaken with the Royal Australasian College of Surgeons, Department of Human Services, Victoria and the New Zealand Health Information Service (Birrell et al June 2003) highlights three areas of categories in relation to OTDs and surgical practice. These include:

- occupational trainee positions in metropolitan hospitals;
- 'Area of Need' surgical positions; and
- non-accredited surgical registrars.

Depending on individual experience and qualifications, all surgeons coming into these positions require some additional training and/or the job assessment before they can achieve RACS fellowship status (Birrell et al. 2003). The College acknowledges the significant contribution OTDs are making to the medical workforce and recommends resources and funding be made available for a bridging program tailored to individuals' needs, matched to a training posts with appropriate levels of responsibility and opportunities for future professional development (Birrell et al. 2003).

Department of Health – NSW

- Audit of 'Area of Need' positions (NSW December 2002) to facilitate greater understanding about the Commonwealth's definition of 'district of workforce shortage' and the various state/territory definitions of Area of Need.

Australian Doctors Trained Overseas Association (ADTOA)

- Survey (via website) which facilitates data collection and a centralised point of contact for overseas trained doctors.

Medical registration boards

- Registration and professional conduct management database system established by the Medical Practitioner's Board of Victoria (MPBV) to facilitate registration and tracking of all doctors in Victoria.
- Compulsory briefing session for OTDs, in conjunction with communication skills training (pilot) (MPBV), to facilitate understanding of professional responsibility of doctors.

Major issues/needs emerging from the Scoping Study

Better access to streamlined information

- The study has confirmed the growth of web-based information.
- Up-to-date and streamlined information accessible at key points.
- Development of a national website linked to state-based information, registration and employment.
- A flexible method of accessing information, including opportunities for face-to-face questioning and identification of counselling needs along with hard copy and web-based information.

A coordinated approach to orientation to the Australian health-care system

- Projected figures on overseas trained doctors in the next three years indicate that the numbers commencing the AMC examination are expected to remain steady (870 to 900 candidates being examined in the MCQ component).
- Numbers entering the medical workforce through the AMC clinical examination expected to increase.
- Need for improved access to AMC registration pathway.
- Significant gaps in orientation programs particularly in more remote sites.
- Pre-employment programs for overseas trained doctors highly valued.

Communication skills evaluation and training

- The variability of communication skills of OTDs is an issue for the medical workforce.
- OTDs have identified their need for assistance in developing communication skills.
- Need to develop courses which assist OTDs in communication within a medical and workplace context.
- Assessment of communication skills an important part of selection processes; gaps lie around the unexpected and emergency situations where patient doctor / health team communication is vital.
- Resources needed to develop cultural competency courses for doctors, including OTDs, working with indigenous and other cultural groups.

Focus on education and training needs

- A national approach regarding knowledge and safety to practice.
- Funding for education and training is available for local medical graduates; similar education and training opportunities are needed for OTDs.
- The Scoping Study has confirmed the importance of the AMC pathway to practice.
- The Scoping Study has challenged previous thinking that OTDs have no interest in specialist medical training.
- Access to clinical skills laboratories limited for both local trained graduates and OTDs.
- Need to expand clinical skills evaluation and training either as a component of assessment or 'in-support' training based on assessment of individual training needs.
- Growing interest in privately funded bridging courses, but are these addressing key practical skills such as history-taking, clinical examination, procedural skills?
- Medical education officers in hospitals becoming increasingly involved with OTDs.
- Shift in thinking away from the view that education is an expense not an investment, particularly with a focus on quality of care and safety to practice.

Supervised training in employment and resources to support it

- Value of supervised training in employment.
- Critical shortage of available medical educators in busy teaching hospitals.
- Inadequate targeted funding to support training needs of OTDs.
- Professional isolation for OTDs and specialists working in many remote areas.
- Scope to enhance the links with Divisions of General Practice and rural peak bodies.
- Scope to develop peer support groups on a regional basis.

11 Overseas trained doctors: Perceptions of their needs

'There needs to be an integrated approach: entry interviews/counselling/ entry on a database, MCQ training, work experience, clinical bridging course, pre-employment course, exit interview, career counselling.' (Overseas Trained Doctor, 2003)

Since 1994, OTDs have identified their difficulties and experiences and educational needs adjusting to the Australian Healthcare system (Kidd and Zulman, 1994). The benefits of working in small groups as a way of challenging and developing knowledge, language development and student support have been identified as well (Martin, 1998). The opportunity for professional development and communication with Australian patients and the importance of early assessment and learning supports have also been identified (Martin 1998). Previous studies have looked at poor pass rates of candidates in the AMC examination as a means of understanding more about the needs of OTDs and they have stressed the need to support clinical tutors in developing successful approaches to teaching (Kidd and Zulman, 1994).

Consultation with representatives from major OTD organisations (Refugee Medical Association, Australian Doctors Trained Overseas Association (Victorian Executive) Inc., Australian Doctors Trained Overseas Association, Inc., and Australian Doctors Trained Overseas Association (Victoria) Inc. highlighted the broader benefits of undertaking bridging courses to pass the AMC clinical examinations (AHMAC Report 1998). Added gains have been identified as increasing knowledge about the Australian health system and increased confidence when entering the workforce.

Some of the issues raised by OTDs in this study include the need for MCQ and bridging courses to be better integrated with national standardisation and accreditation. OTDs point out the need to be treated equally and assessed with local medical students in the same assessment process (AHMAC Report 1999). OTDs suggested at this time that more flexibility in relation to hours of operation and that a course equivalent to a 6th year university medical course be considered. OTDs perception regarding 'limited alternatives for relevant, practical clinical experience in the Australian health care system' were reiterated in the Final AHMAC Report, 1999.

Key issues from focus groups and interviews with AMC candidates

New South Wales

In their need to know and understand more about 'Area of Need' doctors, their environments and opportunities to pursue a vocational pathway, the NSW Department of Health reviewed the criteria and framework for determining eligibility for 'Area of Need' status for a position (NSW Health Audit, 2003). Areas for improvement and further action included the following:

- work towards the development of a centralised coordinated approach to the recruitment of overseas trained doctors;
- negotiate with key stakeholders (e.g. DIMIA, DHA, and medical boards) the alignment of 'Area of Need' positions to the current approval period e.g. 3 years for GPs and specialists and 2 years for hospital non-specialists;

- develop recruitment guidelines that outline roles and responsibilities and compliance with applicable recruitment policies and legislation;
- develop a generic orientation/ induction program to ease the pathway of overseas-trained doctors into their specific jobs and the Australian health system, in general;
- require employers to provide up-front clear and concise information about the available positions. If recruitment agencies are used, employers must ensure that these agencies also comply with this requirement;
- increase awareness of overseas trained doctors of all support and assistance that may be available to them; for example, access to Clinical Information Access Program (CIAP) (online). <http://www.ciap.health.nsw.gov.au/> (accessed February 2004);
- integration of existing pre-employment programs with 'Area of Need' positions;
- investigate the possibility of providing a 'Supervisor's Train the Trainer' program for supervisors of doctors in 'Area of Need' positions (NSW Health Report on the audit of overseas trained doctors in 'Area of Need' positions, 2003).

Victoria

In December 2001 key issues from Focus Groups and Interviews with OTDs in the public hospital system were identified (PMCV Report 2002). The issues raised were as follows:

- OTDs indicated that the Occupational English Test was insufficient to prepare them for working in a hospital setting. Courses in conversational English were sought.
- OTDs requested 3-6 months training covering clinical skills, the use of advanced technology, orientation to the Australian health system and cultural diversity.
- Training and education for the clinical component of the Australian Medical Council examination was consistently raised as an issue with OTDs particularly in the areas of paediatrics and obstetrics and gynaecology.
- OTDs felt that there is little or no assistance for the newly arrived overseas trained practitioner seeking to work in Victoria and suggested the establishment of an agency to provide information on the AMC examination, medical registration and employment opportunities.

The PMCV Report conducted unstructured interviews with OTDs who had been offered places at the University of Melbourne and Monash University under the Australian Government's '100 Places' Scheme. Issues raised at this time included:

- On arrival in Australia, there is no one agency that can provide information on equivalency of qualifications, registration, employment opportunities, training options etc.
- Communication, particularly the difference in language styles between conversing with patients and discussing cases with consultants and peers.

- Orientation to the Australian health system and individual hospital systems is needed, as patient expectations are often different.
- The Occupational English Test (OET) does not examine the type of language used when discussing cases with Australian trained professionals and consultants.

Barwon Health – The Geelong Hospital Project

In November, 2003, Medical Educator, Barb King undertook a project with the 24 OTDs employed at Barwon Health, Victoria. The aim of the project was to gain a perspective of the OTDs experiences and their personal experiences and a perspective from other members of the multidisciplinary health-care team working with the OTDs.

The 11 (46%) of 24 OTD questionnaires returned and 35 (41%) of 86 Departmental questionnaires returned highlighted the lack of infrastructure or support dedicated to OTDs. It was felt that a structured orientation program, including supernumerary time, and the development of a resource package would provide the kind of support required to aid the smooth transition of OTDs into their role at Barwon Health.

The development of performance management guidelines would enable objective rotation assessments and a means of measuring performance. The development of a mentorship program would provide ongoing assistance to OTDs and facilitate improved professional relationships between OTDs and the multidisciplinary members of the health care team.

The mutual gains to Barwon Health who would be able to attract OTDs because of the provision of comprehensive education and support programs would be mutually beneficial.

CPMEC New Zealand Scoping Study 2003

As part of the activities of the National Scoping Study on overseas trained doctors, a survey was designed to capture current feedback and experiences of a number of state sponsored delegates (overseas doctors from across Australia) attending the workshop in Wellington, New Zealand 6–8 August 2003. The survey was also planned to compliment the relevant terms of reference developed by the Medical Training Review Panel's OTD Sub-Committee. The aim of the survey was to capture, from the point of view of a small group of OTD participants at the workshop, a snapshot of existing orientation and education programs available to overseas doctors and enhance the information from the workshop.

The survey was sent to eighteen delegates with a covering letter outlining the objectives of the National Scoping Study. The workshop organizers mailed the survey by 30 June, with workshop pre-reading material and replies requested by 18 July 2003. A total of 15 responses were returned, 4 females and 11 males, representing 83% of the total number of surveys.

OTD responses (57%) indicated the following activities are 'very important':

- clinical skills laboratory training;
- communication skills training;

- vocational specialist college training;
- continuing education and self directed learning.

The following activities were rated as ‘important ‘ by 50% of participants:

- career information and pathways;
- supervised training in employment.

Clinical skills training, supervised training, education seminars, conferences and Grand Rounds were reported helpful. While 28% of OTDs were unsure about the importance of cultural diversity training, the need for a commitment from employers in offering education and training opportunities was noted.

Overseas doctors are a diverse group of people and that it is important to remain aware of individual background skills, experiences, differences and needs. The doctors (with the exception of two respondents) reported positive experiences in the workplace. The importance of clinical skills training opportunities and the need for employers to commit to education and training was acknowledged. The survey confirmed the increase and interest in accessing Internet information and that medical libraries are still important to doctors (Appendix D: New Zealand Survey Report).

South Australia

The need to provide support for OTDs, in this case AMC candidates, has been a longstanding issue in South Australian hospitals. Medical Education Officers initially expressed their urgent concerns in 1999 and a working party was formed in 2000. A discussion paper, *‘The Special Needs of AMC Candidates in South Australian Hospitals: Training, Supervision and Orientation to Our Health System’* was produced. The discussion paper recommended consultation with all stakeholders to identify the most pressing problems and recommitted further action.

In May 2001 CEPTSA held a group-planning workshop on Supervision and Training of AMC Candidates to discuss the special needs of AMC doctors in South Australian hospitals. The workshop brought together key stakeholders from DHS, DETYA, hospital administrators, medical administrators, Directors of Clinical Training (DCTs), Medical Education Officers (MEOs) and AMC doctor representatives.

The CEPTSA paper produced as an outcome from this workshop highlighted the need to develop an orientation and training program for AMC candidates wishing to enter the Australian Healthcare system (Report, *Strategies for Quality Management of Patient Care through Training and Education: Meeting the Language and Literacy Needs of Overseas Trained Doctors Working in Australia, 2001*).

In 2002, funding from the Department of Human Services and a new working party undertook to develop a new course and employ a coordinator. CEPTSA undertook to run a pilot Training for the Workforce program with a commitment from all 6 major teaching hospitals to support the program. The six week CEPTSA aims to prepare permanent resident AMC graduate doctors, who have passed the AMC Multiple Choice Question exam, but have no Australian clinical experience,

the opportunity to gain knowledge of the Australian health-care system and the role of the Junior Medical Officer (JMO) in South Australian hospitals in 2004 (Ready for Work Program Report, CEPTSA 2003).

A comprehensive review with 2002 course participants, presenters, exit interviews with 'buddy doctors' and other interested parties such as medical education officers, and ward personnel were integrated to develop an improved program. The review noted:

- the development of an equitable and transparent selection process that establishes minimum levels of safe practice for OTDs in South Australian hospitals;
- increasing the length of the course to allow for a more complete experience, including patient contact and clinical skills;
- course participant to be provided with indemnity insurance and medical registration for the duration of the course to enable them to have direct patient contact.

In 2003 the Council for Early Postgraduate Training in South Australia (CEPTSA) AMC Doctors Subcommittee, the Department of Human Services and teaching hospitals established a collaborative process to streamline the process for allocation of OTDs to PGY1 and PGY2 positions and the Ready for Work Program 2004. Applications from Junior Medical Officers for positions in South Australian teaching hospitals in 2004 have fallen into 7 categories. These include:

- AMC graduate;
- AMC + clinical 1 + training;
- AMC MCQ + training;
- AMC MCQ only (no clinical experience in Australia);
- AMC English + training;
- AMC English only;
- none of the AMC steps completed.

The revised program offered in 2003 based on information captured in the pre and post questionnaires now includes a session conducted by an OTD junior medical officer. Time allocated to skills labs, prescribing tutorials, history taking and physical examination was doubled. Presenters for communication workshops were thoroughly briefed and time allocation doubled. On site IT access and computer information sessions were also included.

The following categories have been identified for participation in the program:

- those applicants who would be offered a contract for employment by a health unit for 2004;
- those who were eligible for employment but yet to be offered a contract for 2004;
- those who were eligible for employment but required orientation to the Australian health-care system;
- those in the preliminary stages of the AMC and not yet eligible for employment in SA;
- interstate applicants in all of the above three categories.

In summary

The scoping study has highlighted the ongoing issues and difficulties experienced by OTDs and their colleagues in the workplace. Common themes recur. The importance of early assessment and the need to feel equally treated and assessed with local medical students has been reiterated. The chapter illustrates the ongoing ability of key stakeholders to consult with OTDs, and develop policies as resources allow.

The current climate has captured the increasing willingness of stakeholders to share information and develop a centralised approach to recruitment, registration and national standards around education and training. These projects will require substantial funding and resourcing in order to facilitate the smooth transition of OTDs into the Australian workforce.

Appendix A: List of organisations that contributed to the study

Health Departments

Australian Capital Territory Health
Australian Government Department of Health and Ageing
Department of Health and Human Services, Tasmania
Department of Human Services, Victoria
New South Wales Health
Northern Territory Department of Health and Community Services
Queensland Health
South Australian Department of Human Services
Western Australian Department of Health

Medical Councils and state and territory Medical Boards

Australian Medical Council
Medical Board of the Australian Capital Territory
Medical Board of New South Wales
Medical Board of the Northern Territory
Medical Board of Queensland
Medical Board of South Australia
Medical Board of Western Australia
Medical Council of New Zealand
Medical Council of Tasmania
Medical Practitioners Board of Victoria

Rural Workforce Agencies

Australian Rural and Remote Workforce Agencies Group
Northern Territory Remote Health Workforce Agency
New South Wales Rural Doctors' Network
Queensland Rural Medical Support Agency
Rural Doctors Workforce Agency, South Australia
Rural Workforce Agency, Victoria
Tasmanian General Practice Divisions Ltd
Western Australian Centre for Remote and Rural Medicine

Recognised specialist colleges

Australian and New Zealand College of Anaesthetists
Australasian College of Dermatologists
Australasian College for Emergency Medicine
Royal Australasian College of Medical Administrators
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal Australian and New Zealand College of Ophthalmologists
Royal Australian College of General Practitioners

Royal College of Pathologists of Australasia
 Royal Australasian College of Physicians
 Royal Australian and New Zealand College of Psychiatrists
 Royal Australian and New Zealand College of Radiologists
 Royal Australasian College of Surgeons

Postgraduate Medical Councils

NSW Postgraduate Medical Council of New South Wales
 NT Northern Territory Postgraduate Medical Council
 Qld. Postgraduate Medical Education Foundation of Queensland
 SA Council for Early Postgraduate Training in South Australia (CEPTSA)
 Tas. Postgraduate Medical Institute of Tasmania Inc.
 Vic. Postgraduate Medical Council of Victoria Inc.
 WA Postgraduate Medical Council of Western Australia

Hospitals and medical centres

Alice Springs, Northern Territory
 Alfred, Victoria
 Austin Health, Victoria
 Ballarat Health Services, Victoria
 Barwon Health, Victoria
 Burnie, Tasmania
 Canberra Hospital, A.C.T.
 Darwin, Northern Territory
 Eastern Health, Victoria
 Fremantle, Western Australia
 Goulburn Valley Health, Victoria
 LaTrobe Regional, Victoria
 Launceston, Tasmania
 Mater Hospital, Queensland
 Mildura Base, Victoria
 Melbourne Health, Victoria
 Modbury Public, South Australia
 North West Regional, Tasmania
 Peninsula Health, Victoria
 Peter McCallum Cancer Centre, Victoria
 Royal Hobart, Tasmania
 Royal Perth, Western Australia
 Sir Charles Gardiner, Western Australia
 Southern Health, Victoria
 St. Vincent's Health, Victoria
 The Northern Hospital, Victoria
 The Queen Elizabeth, South Australia

Two Rocks Medical Centre, Western Australia

Western Health, Victoria

Women and Children's Health, Victoria

International organisations

American Medical Association, USA

London Deanery, UK

Medical Council of Canada

Postgraduate Institute of Medicine and Dentistry, UK

University of Newcastle upon Tyne, UK

Department of Family Medicine, Canada

University of Calgary, Canada

Others

Australian College of Rural and Remote Medicine

Australian Department of Immigration and Multicultural and Indigenous Affairs

Australian Divisions of General Practice Ltd

Australian Medical Association

Australian Medical Association, Council of Doctors-in-Training

Australian Medical Council

Australian Medical Students Association

Australian Medical Workforce Advisory Committee

Border Division of General Practice, North East Victoria /Southern New South Wales

Centre for Population and Urban Research, Monash University

Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne

General Practice Education and Training Ltd

General Practice Education Australia

Latitudes Recruitment Agency

Locomotion Recruitment Agency

MED-E-SERV

Medical Training Review Panel

National Rural Health Alliance

One Stop Medical Recruitment Agency

Rural Doctors Association of Australia

South Western Sydney Area Health Service

Territory Wide Medical Services

The Centre for Overseas Trained Doctors

The Jean Hailes Foundation

The University of Queensland

University of Sydney, New South Wales

Victorian Medical Postgraduate Foundation Inc.

Victoria University of Technology

Appendix B: Indicative questions asked during the National Scoping Study Education and Support Survey

Question 1

Q: Please provide a list of existing and /or planned orientation programs for OTDs that your organisation is participating in or supervising.

Question 2

Q: Please provide a list of existing and/or planned education and professional development programs for OTDs that your organisation is participating in or supervising.

Question 3

Q: Has your organisation undertaken any needs analysis in relation to orientation and initial, and ongoing education and support for OTDs?

Question 4

Q: If your organisation has undertaken any study in the last three years to identify the gaps in existing orientation and education programs for OTDs would you please provide reference material, including contact email and phone numbers for key study members.

Question 5

Q: Please provide an opinion on what your organisation considers to be the main support needs for OTDs and how these might be facilitated.

Appendix C: New Zealand Survey

Confederation of Postgraduate Medical Councils (CPMEC)

Survey of Overseas Trained Doctors

Wellington New Zealand, August 6–8 2003

SECTION A: Personal details

Qualifications _____		
Current Position _____		
How long have you been in your current position? _____		
Position Title _____		
Employing Body _____		
Age (years) _____	Gender	M <input type="checkbox"/> F <input type="checkbox"/>

SECTION B: Your contact details (optional)

Would you be willing to be contacted in the future? _____	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Optional Contact Details</i>	
First Name Surname _____	
Telephone _____	Email address _____
Postal Address _____	

Please go to Section C and follow the instructions for each question.

SECTION C: Survey questions

1.	What is your employment role at the present time?
2(a)	Has your work experience as a doctor in Australia been positive? YES <input type="checkbox"/> NO <input type="checkbox"/>
2(b)	If you answered YES can you describe why your experience has been positive?
2(c)	If you answered NO, can you describe why your experience has not been positive?

SURVEY (continued)

ACCESSING INFORMATION

3	Where did you initially find out about your current position?
4	Where do you currently access information about continuing medical education?

ORIENTATION TO THE AUSTRALIAN HEALTHCARE SYSTEM

5(a)	Have you undertaken an orientation program? YES <input type="checkbox"/> NO <input type="checkbox"/>
5(b)	If NO go to question 6. If YES, What form did it take? PLEASE TICK: <input type="checkbox"/> Workshop <input type="checkbox"/> Manual <input type="checkbox"/> Observership program Other / please specify _____
5(c)	How important was it to you that you were given an orientation program by your new employer? PLEASE TICK ONE BOX: <input type="checkbox"/> NOT VERY IMPORTANT <input type="checkbox"/> MODERATELY IMPORTANT <input type="checkbox"/> IMPORTANT <input type="checkbox"/> VERY IMPORTANT
5(d)	How satisfied were you with your orientation program? PLEASE TICK ONE BOX: <input type="checkbox"/> NOT VERY SATISFIED <input type="checkbox"/> MODERATELY SATISFIED <input type="checkbox"/> SATISFIED <input type="checkbox"/> VERY SATISFIED
5(e)	Do you have any advice for employers regarding orientation programs?

EDUCATION TRAINING & SUPPORT FOR OVERSEAS GRADUATES

6(a)	Do you have access to Education and Training and support programs? YES <input type="checkbox"/> NO <input type="checkbox"/>
6(b)	If YES, please tick the resources available to you. <input type="checkbox"/> Education Seminars <input type="checkbox"/> Ward Rounds <input type="checkbox"/> Study Leave <input type="checkbox"/> Clinical Audits <input type="checkbox"/> Case Presentations <input type="checkbox"/> Clinical skills training <input type="checkbox"/> Supervised training in employment Other: (please describe) _____ _____ _____

SURVEY (continued)

6(c)	<p>Would your professional development benefit from access to programs/activities on the following topics?</p> <p>Please rank in order of importance:</p> <p>1. Not sure 2. Important 3. VERY Important</p> <p><input type="checkbox"/> Cultural awareness and diversity training</p> <p><input type="checkbox"/> Career Information and paths</p> <p><input type="checkbox"/> Communication skills training</p> <p><input type="checkbox"/> Vocational /specialist college training</p> <p><input type="checkbox"/> Continuing education and self directed learning</p> <p><input type="checkbox"/> Supervised training in employment</p> <p><input type="checkbox"/> Clinical skills laboratory training</p>
6(d)	<p>What have you found most helpful in regard to education and training and support to date?</p>

COMMENTS

<p>Is there anything else you would like to add in relation to Overseas Trained Doctors and their needs in relation to education and training?</p>
--

Please return this survey Kay Gunn Project Officer; PMCV 27 Victoria Pde Box 2900
St.Vincent’s Hospital FITZROY 3065 email kgunn@pmcv.com.au
Tel: 03 94191248 Fax: 03 94191261
or hand to Kay Gunn at the Workshop in Wellington New Zealand 6-8 August

*Thank you for your participation in this project. Your time and comments are very much appreciated.
The information you provide will be treated as confidential and no identifying information will be included
in any summary data presented or published.*

Appendix D: New Zealand Survey Report

Workshop on Education and Training for Permanent Resident Overseas Trained Doctors
Intercontinental Hotel
Wellington New Zealand
6–8 August 2003

September 2003

CPMEC National Scoping Study Report

New Zealand Survey of Permanent Resident Overseas Trained Doctors

Introduction

Development of survey

As part of the activities of the National Scoping Study on overseas trained doctors, a survey was designed to capture current feedback and experiences of a number of delegates (overseas doctors) from across Australia attending the Workshop in Wellington, New Zealand 6-8 August 2003. The survey was also planned to compliment the relevant terms of reference developed by the Medical Review Panel's OTD Sub-Committee. The aim of the survey was to capture a snapshot of existing orientation and education programs available to overseas doctors and enhance the information from the workshop.

Purpose of the survey

Specifically the survey was designed to gather the following information:

- Employment role of overseas doctors at the present time
- Positive or negative work experiences
- Access to current information regarding their current role
- Access to an Orientation Program to the Australian Healthcare System and their perceptions regarding the importance, and satisfaction with programs.
- Access to education, training and support programs and resources currently available
- Belief regarding the importance of Education and Training and Support programs
- An opinion on what they had found helpful in relation to education and training.

A copy of the survey is included as Appendix C in this Report.

Methodology

Participants identified

The proposal was discussed with the Confederation of Postgraduate Medical Education Councils (CPMEC), Medical Council of New Zealand, Australian Department of Health and Ageing, the New Zealand Ministry of Health and the Medical Board of South Australia working party prior to the workshop. Permission was given to send the survey to the nominated state delegates sponsored by Postgraduate Medical Councils in each state. Replies were mailed, emailed or returned to the Project Officer at the New Zealand Workshop.

The survey was sent to eighteen delegates with a covering letter outlining the objectives of the National Scoping Study. The workshop organizers mailed the survey by 30 June, with workshop pre-reading material and replies requested by 18 July 2003. A total of 15 responses were returned, 4 females and 11 males, representing 83% of the total number of surveys sent.

Findings

Section A: Personal details

Doctors were asked to describe their qualifications, position titles, employing body, and length of time working in the position, their age and gender. Eight males and four females returned the survey. Ages ranged from 31 to 63 years of age. One respondent was working in General Practice in a rural area; others held positions that ranged from Interns to Senior Consultants and Resident Medical Officers in major public hospitals in all States. Five doctors held Fellowship and postgraduate qualifications.

Section B: Contact details

Fourteen doctors provided contact details and were willing to be followed up and contacted in the future, post survey. Only one doctor was unwilling to be contacted in the future.

Section C: Present role

The information requested doctors to describe their roles at the present time. The roles included a General Practitioner in a small rural community an hour and a half from the major capital city; a Senior Medical Officer supervising Junior Doctors in the Emergency Department of a major capital city hospital. Others described their roles as Senior Residents, and another as Deputy Director of Medical Services providing patient care related services, establishing and implementing clinical risk related activities.

The majority of doctors described their work experience as positive. Only two doctors described work experience in Australia as negative. One being 'midway' between positive and negative but 'improving' and the other reported a long delay in starting work as being a negative experience. Respondents described the importance of 'everyday learning, not being discriminated against', being able to work in a positive, friendly work culture with training and educational opportunities

contributing to positive experiences. Doctors reported that supportive colleagues were important. One negative experience included lack of familiarity to healthcare systems and unaccepting nurses and medical staff.

Respondents reported that they had found out about their current position through a range of avenues. These included a state Postgraduate Medical Education Council, a Medical Education Officer, a pre-employment course, newspapers and word of mouth. Over one third of doctors reported using the Internet to access information as well as medical libraries, Divisions of General Practice and other doctors.

Orientation to the Australian health-care system

Thirty three percent of respondents reported having undertaken an Orientation course. Those that have undertaken a course reported the orientation to have included a Bridging Course (Queensland Health), an orientation manual and a workshop. Others who have not experienced an orientation course (also thirty eight percent) included three doctors presently acting in senior education roles in hospitals. Thirty five percent of the doctors reported that they thought orientation was "very important".

Feedback for employers from the respondents included the following comments:

'The program should include a number of items, similar to content under the newly published AMC Anthology of Medical Conditions' (Australian Medical Council 2003).

'A good Orientation Program at the beginning of the rotation helps iron out a lot of difficulties and allows a smooth transition' (Overseas Doctor 2003).

Education and training and support

Respondents reported that they had all accessed hospital based education and training programs. The results of the survey in relation to access to educational activities are summarised below:

Educational activities	Number attended
Education seminars	10
Ward rounds	11
Study leave	8
Clinical audits	5
Case presentations	9
Clinical skills training	8
Supervised training employment	6

Clinical skills training

Access to Supervised Training Employment as well as other opportunities such as conferences, Journal Clubs and hospital departmental meetings was also identified as important to the doctors.

Responses from fifty seven percent of participants indicated that the following activities are 'very important' to professional development and that they would benefit from access to the programs and activities in the following areas:

- clinical skills laboratory training.
- communication skills training
- vocational specialist college training
- continuing education and self directed learning

The following activities were rated as 'important' by fifty percent of participants:

- career information and pathways
- supervised training in employment,

and twenty eight percent were unsure about the importance of cultural diversity training.

In regard to education and training and support to date, clinical skills training was mentioned by fifty percent of participants as most helpful in regard to education and training. Supervised training, education seminars, conferences and Grand Rounds were reported to be helpful as well. The need for a commitment from employers to invest in offering education and training opportunities for employed doctors was also mentioned.

Doctors were asked to recommend or comment and invited to add their own ideas in relation to overseas trained doctors and their needs in relation to education and training. Responses included:

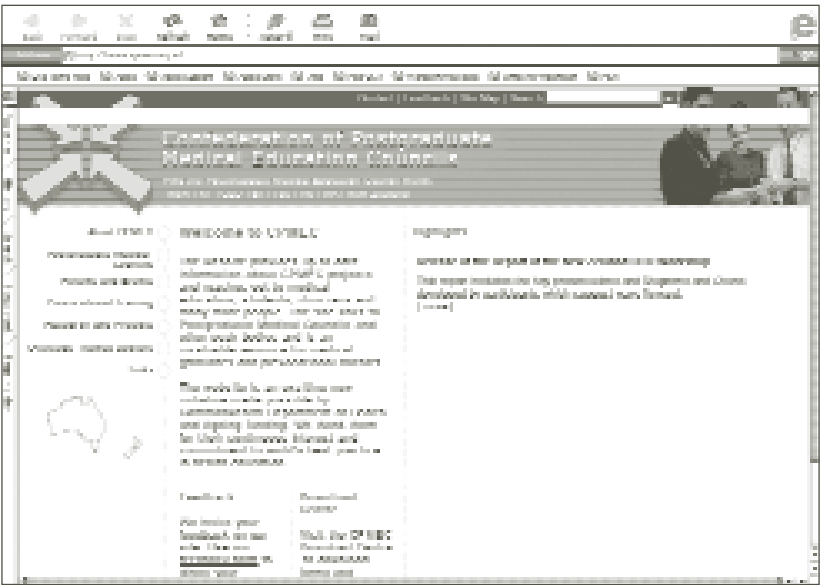
'Education has to be both ways: to us about the system and medical practice and to the staff and nurses about culture and backgrounds and language differences' (Overseas trained doctor).

'There needs to be an integrated approach: Entry Interview/Counselling/entry on a database, MCQ Training, Work experience, Clinical Bridging Course, Pre-employment course, Exit interview Career counselling' (Overseas Trained Doctor).

Conclusion

Despite the small sample the survey confirmed the perception that overseas trained doctors are a diverse group of people and it is important to remain aware of individual background skills, experiences, differences and needs. The survey was designed to capture a snapshot of a small group of participants at the New Zealand workshop and add depth to the CPMEC scoping study. The doctors (with the exception of two respondents) reported positive experiences in the work place. The importance of clinical skills training opportunities and employers committing to education and training was acknowledged. The survey confirmed the increase and interest in accessing Internet information and that medical libraries and publications are still important to doctors.

Appendix E: CPMEC website



The Project required that a CPMEC website be established with links to all state postgraduate medical council websites and other peak bodies involve in prevocational education and training. The Confederation of Postgraduate Medical Education Councils website can be viewed at: <http://www.cpmec.org.au>.

The website provides up to date information about CPMEC projects and reaches out to medical educators, students, clinicians and many more people. This is an exciting new initiative made possible by Australian Department of Health and Ageing funding. We thank them for their continuous interest and commitment to world's best practice in health education.

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