

# Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL9



**Queensland  
Government**  
Queensland Health

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EXECUTIVE SUPPORT UNIT

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

GMHS  
File

**BRIEFING NOTE NO:**

**REQUESTED BY:**

**DATE:** 28 August 2003

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

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

**CLEARED BY:**

**DEADLINE:**

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

**SUBJECT:** Integrated Management of OTDs

**GMHS'S COMMENTS:**

*Not signed*



(Dr) S Buckland  
General Manager Health Services

08/09/2003

## PL POSE:

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

## BACKGROUND:

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

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

## KEY ISSUES:

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

**RELATED ISSUES:**

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

**BENEFITS AND COSTS:**

N/A

**ACTIONS TAKEN/ REQUIRED:**

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

**ATTACHMENTS:**

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



Queensland  
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Queensland Health

Enquiries to: Denis R Lennox,  
Health Advisory Unit (Medical)  
Telephone: 4699 8671  
Facsimile: 4699 8705  
Our Ref: 4110-2002-001

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

Dear Associate Professor Toft

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

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

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

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

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

Yours sincerely

(Dr) Steve Buckland  
General Manager Health Services

08 109/ 2003

Office  
19<sup>th</sup> Floor  
Queensland Health Building  
147 - 163 Charlotte Street  
BRISBANE QLD 4000

Postal  
GPO Box 48  
BRISBANE QLD 4001

Phone  
(07) 3234 1078

Fax  
(07) 323 41482

Prepared by: Denis Lennox  
Acting Principal Medical Advisor  
Health Advisory Unit (Medical)  
4699 8671  
22 August 2003

Cleared by: Sue Norrie  
Acting State Manager  
Organisational Development Branch  
41046  
August 2003

Document Name: G:\ODB\H A U\COMMON\Medical\Committees, Programs and  
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OTD management proposal.doc



**Queensland Government**  
Queensland Health

# **MANAGEMENT OF INTERNATIONAL MEDICAL GRADUATES**

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



AUGUST 2003

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PREPARED BY: Dr Denis Lennox  
 A/Principal Medical Advisor  
 Queensland Health  
 Phones: (07) 4699 8671; 0408 780 501  
 Facsimile: (07) 4699 8705  
 E-mail: [denis\\_lennox@health.qld.gov.au](mailto:denis_lennox@health.qld.gov.au)



# Executive Summary

## Background

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

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

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

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

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

## Policy & Tactical Response

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Background

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

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

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

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

## CLINICAL SAFETY

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

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

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

## OTD MANAGEMENT EXPERIENCE AND LEARNING

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

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

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

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

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

## **OTD TERMINOLOGY**

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

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

## **Policy & Tactical Response**

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

### **CATEGORISATION OF INTERNATIONAL MEDICAL GRADUATES**

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

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

**Table 1**

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

## COMPREHENSIVE AND INTEGRATED IMG MANAGEMENT

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

This documentation:

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

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

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

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

### **2. A comprehensive assessment process:**

- 2.1. In three phases:
  - 2.1.1. Screening of professional credentials;
  - 2.1.2. Primary assessment in an interview (including telephone interview)
  - 2.1.3. Secondary assessment of clinical competence and capability<sup>4</sup> on a case by case basis in a simulation and/or practical assessment setting;
- 2.2. Assessing in four domains:
  - 2.2.1. English language competence and capability in Australian application;
  - 2.2.2. Cultural safety – Australian culture generally, rural and indigenous cultures specifically;
  - 2.2.3. Clinical competence and capability – in diagnosis and management of illness and injury, preventive health and public health management;
  - 2.2.4. Understanding of the Australian and Queensland health care settings;
- 2.3. Preferably accredited by the Medical Board of Queensland;
- 2.4. Preferably accredited by a tertiary education authority (perhaps through the Skills Development Centre);
- 2.5. Interfacing for Category 3(B) IMGs with the IMG Specialist AoN pathway assessment by respective colleges, including the Royal Australian College of General Practitioners, and for Doctors for the Bush candidates, the Australian College of Rural and Remote Medicine.

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

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

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

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

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

Medical Jobs @ Health applies these definitions.

- 3.2. IMG – opportunity/employer matching;
- 3.3. Mentoring and oversight of practice until general registration or vocational status achieved;
- 3.4. Case management of:
  - 3.4.1. Security checking;
  - 3.4.2. Training;
  - 3.4.3. Registration status;
  - 3.4.4. Immigration status (where applicable);
  - 3.4.5. Medicare Provider Number status (where applicable);
  - 3.4.6. Mentoring and practice oversight – standardised for effectiveness and reliability;
  - 3.4.7. Trailing spouse and family circumstances and needs;
- 3.5. Career/professional advice.

**4. *Bridging courses including:***

- 4.1. Existing AMC Multiple Choice Question Bridging Course;
- 4.2. Existing AMC Clinical Bridging Course;
- 4.3. Existing Bridging Courses for FRACGP (GPEA and Tropical Medical Training);
- 4.4. Bridging Courses towards Fellowship of Specialist Colleges (not currently available) and preferably accredited by the respective college.



**Table 2 Current Management of IMGs**

**Incomplete Operation Of Medical Jobs @ Health**

**From July 2003**

**GENRE FOR OTDS**

**Some Private Sector**

		PLACEMENT					BRIDGING COURSES		
		Prep for Employment & Post Assessment	Employment	Mentoring & Supervision	Case Management	Career Advise	AMC MCQ	AMC Clinical	Fellowship
		If not prev.	If no practice opp.						
SEEKER REGISTRATION	SCREENING & CAREER ADVICE	1 <sup>st</sup> ASSESSMENT, REFEREE CHECKS & CAREER ADVICE	2 <sup>nd</sup> ASSES. (Fitness to Practice) & CAREER ADVICE						
Category 1 Citizens and permanent residents who are graduates of AMC accredited medical degrees or AMC examination and eligible for general registration by the Medical Board without Area of Need limitation.	Yes	Yes	Required Case x Case						N/A
Category 2 Citizens and permanent residents who are Fellows of or recognised by an Australian Medical College and eligible for registration by Medical Board without Area of Need limitation.	Yes	Case x Case	Required Case x Case	N/A	N/A	Required	N/A	N/A	N/A
Category 3 <sup>5</sup> Citizens, permanent residents and temporary residents progressing towards permanent resident practice, and eligible for registration by the Medical Board for practice limited to Areas of Need and for a limited period.	Yes	Yes, if not previous.	Yes if not previous	Yes	Required	Yes	Yes	Yes	N/A
Category 4 <sup>6</sup> Temporary residents not progressing via either the AMC examination or College recognition pathways towards permanent resident practice, but eligible for registration by the Medical Board for practice limited to Areas of Need for a limited period.	Yes	Yes	D4B Required Case x Case	Required	Some	Required	N/A	N/A	Required
Category 5 Citizens, permanent or temporary residents whose professional credentials are yet not assessed, who are not progressing on a pathway to permanent resident practice and not registered.	Yes	Yes	Required Case by Case	Required	Some	Required	N/A	N/A	N/A

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

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

Table 3 Proposed Integrated Management o 1Gs

Medical Jobs @ Health Incorporating Centre for IMG Private Sector		INTERNATIONAL MEDICAL GRADUATE CATEGORY											
		SEEKER REGIS- TRATION	SCREENING & CAREER ADVICE	1 <sup>o</sup> ASSESSMENT* , REFEREE CHECK CAREER ADVICE	2 <sup>o</sup> ASSES* (Fitness to Practice) & CAREER ADVICE	*Prep for Employment & Post Assessment	Employment	Mentoring & Supervision	Case Management	Career Advise	AMC MCQ	AMC Clinical	*Fellowship <sup>a</sup>
Category 1 Citizens and permanent and temporary residents who are graduates of an AMC accredited medical degree or AMC examination, eligible for general registration by the Medical Board without Area of Need limitation.		Yes	Yes	Yes Case Case	Yes Case Case	If not prev. Possibly	Yes Possibly	N/A	N/A	Yes Possibly	N/A	N/A	N/A
Category 2 Citizens and permanent and temporary residents who are Fellows of or recognised by an Australian Medical College and eligible for registration by Medical Board without Area of Need limitation.		Yes	Yes	Case x Case Case	Yes - Case x Case Case	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A
Category 3 Citizens, permanent residents and temporary residents progressing towards permanent resident practice, and eligible for registration by the Medical Board for practice limited to Areas of Need and for a limited period.		Yes	Yes	Yes, if not previous	Yes - Case Case	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A
Category 4 Temporary residents not progressing via either the AMC examination or College recognition pathways towards permanent resident practice, but eligible for registration by the Medical Board for practice limited to Areas of Need for a limited period.		Yes	Yes	Yes - Case x Case	Yes - Case x Case	Yes	Yes	All else	Yes	Yes	N/A	N/A	Yes
Category 5 Citizens, permanent or temporary residents whose professional credentials are not assessed, who are not progressing on a pathway to permanent resident practice and not registered.		Yes	Yes	Yes	Yes - Case Case	Yes	Yes	All else	All else	Yes	N/A	N/A	N/A

\* Preferably accredited by Medical Board of Queensland and by the Skills Development Centre.

\* Preferably accredited by the Skills Development Centre.

\* Preferably College accredited.

## MANDATED IMG MANAGEMENT

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

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

## TWO ONLY MANDATED PATHWAYS FOR IMGs

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

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

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

## DOCTORS FOR THE BUSH AND QUEENSLAND COUNTRY DOCTORS

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

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

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

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

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

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

## Reference, Advisory & Appeal Functions

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

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

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

## Management

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

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

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

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

## Evaluation

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

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

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

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

# Jurisdictional Action Necessary

## QUEENSLAND

### Queensland Minister for Health

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

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

### Medical Board of Queensland

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

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

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

## COMMONWEALTH

### Minister for Health and Ageing

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

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

# Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL10





**Queensland  
Government**

**Queensland Health**

Enquiries to: Denis R Lennox,  
Health Advisory Unit (Medical)  
Telephone: 4699 8671  
Facsimile: 4699 8705  
Our Ref: 4110-2002-001

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

Dear Associate Professor Toft

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

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

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

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

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

Yours sincerely

(Dr) Steve Buckland  
General Manager Health Services

08 109/ 2003

Office  
19<sup>th</sup> Floor  
Queensland Health Building  
147 - 163 Charlotte Street  
BRISBANE QLD 4000

Postal  
GPO Box 48  
BRISBANE QLD 4001

Phone  
(07) 3234 1078

Fax  
(07) 323 41482

# Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL11

# QUEENSLAND COUNTRY DOCTORS DOCTORS FOR THE BUSH & ASSESSMENT OF OVERSEAS-TRAINED DOCTORS

Proposal for a State-Commonwealth collaboration to formalise the "ten-year" Medicare provider number program and integrate operation of "five-year" and "ten-year" programs in Queensland

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## Executive Summary

### BACKGROUND

Queensland lacks doctors in rural in regional communities in particular. Insufficient supply of Australian graduates contributes to this problem and requires attention. Overseas-trained doctors (OTDs) now form a significant portion of medical workforce supply in rural and regional Queensland.

The “five-year” and “ten-year” Medicare provider number programs provide a pathway to permanent resident practice for OTDs through Fellowship of the Royal Australian College of General Practitioners (FRACGP) in State Areas of Need (AoN) and Commonwealth District of Medical Workforce Shortage (DoMWS). The “five-year” program in Queensland, Doctors for the Bush (D4B) provides formal assessment and case management of suitably qualified doctors accepting practice opportunities in small remote communities in Queensland.

However, the “ten-year” program:

- Is informal and not organised;
- Provides no entry assessment for OTDs and therefore no guarantee of medical service quality to AoN/DoMWS;
- Provides no mentoring or practice supervision of OTDs;
- Provides no guarantee of progress towards the FRACGP;
- Provides no security of registration or provider number status to OTDs;
- Provides no security to OTDs’ families.

Outside the “ten-year” program, public and private agencies recruit OTDs for temporary resident service. More of these recruits are from non-English speaking training programs as competition increases in the international market and supply reduces. The consequence is:

- Greater need for assessment of TRDs from non-English speaking backgrounds;
- Greater risk of incompetence and incapability in the TRD workforce;
- Greater risk of adverse medical service outcomes for AoN/DoMWS.

### PROPOSED POLICY

- Clarification of two pathways to permanent resident practice for hospital generalist or general practitioner OTDs, namely, AMC or FRACGP.

- State and Commonwealth collaboration to formalise and case manage the “ten-year” program component of the FRACGP pathway in a project titled Queensland Country Doctors.
- All OTDs progressing through the FRACGP in either Doctors for the Bush or Queensland Country Doctors provide guarantee of progress to FRACGP in return for guarantee security of AoN (State) and DoMWS (Commonwealth) status.
- Assessment of competence and capability of all OTDs seeking limited temporary and permanent resident practice in Queensland.

## PROPOSED STRATEGY

- Medical Jobs @ Health (Queensland’s state medical workforce marketing and recruitment program) provides common marketing, registration of seekers and applicant assessment for D4B, QCD and TRD program recruiting OTDs from non-English speaking backgrounds.
- Queensland Health manages QCD in parallel with D4B within its existing infrastructure (a commitment of \$182,200 of resources) representing a “smarter” management of medical workforce.
- Queensland Health contributes an additional larger proportion of funding to administration of QCD, D4B and Applicant Assessment.
- The Commonwealth Department of Health and Ageing contributes lesser proportion of funding to:
  - Applicant Assessment;
  - Mentoring and Supervision;
  - Evaluation.
- A longitudinal evaluation process for the rural and remote workforce.

## Background

Queensland lacks doctors. Its rural and regional communities in particular lack doctors, general practitioners and specialists. In regard to this, the State jurisdiction believes that the Chair of the Australian Medical Workforce Advisory Committee correctly identifies "the increasing gap between vocational training intake requirements (estimated at 1489 for 2003) and medical school completions (which have been around 1250 in recent years)"<sup>1</sup> as cause for concern.

The issue of medical workforce supply from Australian medical schools certainly requires attention. In the meantime, rural and regional Queensland remains heavily and increasingly dependent upon a supply of overseas-trained doctors (OTDs). The "five-year" and "ten-year" Medicare provider number programs form critical elements of the medical workforce strategy to achieve greater equity in the distribution of doctors in Queensland.

The Queensland "five-year" program, Doctors for the Bush (D4B), continues to supply and retain doctors for communities in the Very Remote and Remote categories of the Accessibility and Remoteness Index of Australia (ARIA) assessed<sup>2</sup> to need two or fewer general practitioners. The relatively small number of practice opportunities in these communities is an indicator of the success of Doctors for the Bush. It is subject to an evaluation. However, in addition to its recruitment and retention benefits, the project experience demonstrates (in respect to recruitment of OTDs) the value of:

- A formal program providing high certainty of outcome for remote communities and certainty and security for the doctors and their families.
- A formal entry assessment process.
- A high entry standard.
- Mentoring and supervision until doctors attain the Fellowship of the Royal Australian College of General Practitioners (FRACGP).
- Bridging courses to assist in preparation for the Fellowship examinations.
- Courses to up-skill and maintain the doctors' competence and capability in rural practice.
- The 1999 amendment to the *Medical Act 1939* (now the *Medical Practitioners Registration Act 2001*) to provide a second pathway via the FRACGP for suitably qualified overseas-trained doctors towards permanent resident practice in Queensland.
- Case management of overseas-trained doctors' status in regard to registration, Medicare provider number, residency visa, mentoring and supervision, preparation for FRACGP and preparation for practice.

Hawthorne and Birrell<sup>3</sup> recently raised concern regarding the qualifications of some overseas-trained doctors recruited in response to the chronic shortage of doctors in Australia. While the concern of these authors may have greater application in southern States than in Queensland, some recent experience of overseas-trained doctors without the competence or capability for medical practice in Queensland warns of potential risk. In this context the following matters require attention:

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<sup>1</sup> Australian Medical Workforce Advisory Committee (2002), Annual Report 2001-02, AMWAC Report 2002.2, Sydney.

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

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

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

## Policy & Tactical Response

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

1. Clarification of two clear pathways to permanent resident general or hospital generalist practice for overseas-trained doctors:
  - 1.1. Australian Medical Council (AMC) examinations followed by vocational training as for Australian graduates;
  - 1.2. Fellowship of the Royal Australian College of General Practitioners (FRACGP) or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) if and when the latter college achieves accreditation of its fellowship program by the AMC.
2. Thorough assessment of the competence and capability of each overseas-trained doctor prior to entry into practice in Queensland. A progressive assessment process is proposed in which the extent of assessment is determined by:
  - 2.1. Degree of practice supervision available in the practice opportunity to which the overseas-trained doctor is recruited;
  - 2.2. The term of appointment – whether limited temporary or temporary with a view to permanency;
  - 2.3. Desk-top assessment of professional credentials by the RACGP and ACRRM for hospital generalists/general practitioners as per the National Reference Panel Guidelines established for the "five-year" programs;
  - 2.4. The outcome of a structured interview.
3. Instigation of formal mentoring and supervision for each overseas-trained recruit according to practice type and for those purposing permanent resident practice, at least until attaining the FRACGP.
4. Instigation of case management of each recruit's status in regard to registration, Medicare provider number, residency visa, mentoring and supervision of practice, preparation for FRACGP and preparation for practice.
5. Contractual commitment of each overseas-trained recruit on a pathway to permanent resident practice to obtain the FRACGP within a prescribed period.

6. Contractual commitment to each recruit (and family) to provide security and certainty of AoN/DoMWS status for registration and Medicare provider number purposes.

In this policy and tactical context, QCD is now outlined.

## Queensland Country Doctors

Queensland Country Doctors (QCD) completes clarification of the second recommended pathway to permanent resident practice for suitably qualified overseas-trained doctors, i.e., via FRACGP<sup>4</sup>.

D4B is the vanguard project of this process, providing a clear and case-managed pathway for overseas-trained doctors who obtain the FRACGP within two years of entering the project and who are contracted to provide five-years service in a community of need (CoM)<sup>5</sup>. The Commonwealth Government guarantees to grant these doctors who complete these contractual commitments, a Medicare provider number without geographic restriction, shortening the ten-year moratorium imposed upon overseas-trained doctors by the *Health Insurance Act 1973* to five years – hence the “five-year program.”

QCD is proposed to operate in parallel to D4B, providing a case-managed project for overseas-trained doctors proceeding to permanent resident practice in Queensland in other AoN to which the ten-year moratorium applies.

Once established it is proposed that suitably qualified overseas-trained doctors proceeding to permanent resident through the FRACGP pathway **may do so only** through Doctors for the Bush or Queensland Country Doctors. This removes the anomalous differential in access to Medicare provider numbers between Australian graduates and overseas-trained doctors referred to in the Background.

It means each and every doctor progressing to permanent resident hospital generalist or general practice in Queensland is:

- Assessed as competent and capable of practice in specific Area of Need in Queensland;
- Assessed by RACGP as eligible to receive the FRACGP ad eundem gradum or to sit the Fellowship examination;
- Mentored and supervised in practice as appropriate to their assessed competence and capability;
- Provided opportunity to prepare for practice in Queensland;
- Provided opportunity to prepared to sit the FRACGP examination;
- Provided case management of the status of the registration, visa, Medicare provider number, mentoring and supervision, practice and examination preparation;
- Guaranteed AoN status (for registration) and DoMWS status (for Medicare provider number) subject to satisfactory practice and progress towards obtaining the FRACGP.

It also means the needs of spouses/partners of overseas-trained doctors are assessed prior to appointment and applied to the process of matching of doctor and practice opportunity.

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<sup>4</sup> Or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) if and when the latter college achieves accreditation of its fellowship program by the AMC.

<sup>5</sup> Communities in the Very Remote and Remote categories of the Accessibility and Remoteness Index of Australia (ARIA) assessed by Medically Underserved Communities of Queensland to need two or fewer general practitioners.



It also means assurance of high standards of medical practice for communities in AoN and for the State, better management of the risk of medical incompetence and adverse patient outcomes and subsequent legal actions in negligence.

## Project Principles & Operation

QCD operates in the following manner:

### REGISTRATION OF PRACTICE OPPORTUNITIES

Medical Jobs @ Health, Queensland's state medical workforce marketing and recruitment program, registers practice opportunities from employers with the public and private sectors.

### MARKETING

Medical Jobs @ Healthmarkets QCD within the Queensland Health site on the World Wide Web at URL: <http://www.health.qld.gov.au/> → Careers → Medical Jobs @ Health → Overseas Trained Doctor Recruitment Programs. The site markets QCD and D4B as well as other programs for overseas-trained doctors. Experience with D4B and the Medical Jobs @ Health RMO 2003 Recruitment suggests on-line marketing is sufficient for the purpose and represents best value for money.

### REGISTRATION OF SEEKERS

Medical Jobs @ Health registers overseas-trained doctors seeking practice opportunities in Queensland in temporary or permanent capacities or temporary leading to permanent. This process is largely on-line. Medical Jobs @ Health obtains for each seeker a standard data set in an electronic expression of interest form.

### APPLICANT ASSESSMENT

This module of Medical Jobs @ Health assesses competence and capability<sup>6</sup> of applicants in the following domains:

- English language communication in Australian application;
- Cultural safety – Australian culture generally, and rural and indigenous cultures specifically;
- Clinical Practice of Medicine – in diagnosis and management of illness and injury, preventive health management and public health management;
- Function within the Australian Health System.

The process incorporates four progressive steps. It progresses only the successful applicants in each step. At each step unsuccessful applicants receive advice of the remaining options (if any) available to them. Depending upon the reliability and quality of their credentials, OTDs recruited for limited temporary service may be subjected to an abbreviated form of assessment.

### Screening of Seekers' Expressions of Interest

The Medical Jobs @ Health Team performs an initial screening of seekers' expression of interest. The screening outcomes include:

- Advice that no practice opportunity is likely in Queensland;

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<sup>6</sup> Fraser SW, Greenhalgh I. *Complexity science* Coping with complexity: educating for capability, *BMJ* 2001; 323:799-803

In this article, Fraser and Greenhalgh define competence and capability as follows:

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

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

Medical Jobs @ Health applies these definitions.

- Advice of the pathways to practice most suitable to each applicant;
- An invitation to assessment of professional credentials via RACGP and ACRRM assessment forms for the QCD and D4B projects or a standard Medical Jobs @ Health curriculum vitae for other Medical Jobs @ Health projects.

### **RACGP/ACRRM Assessment**

Medical Jobs @ Health forwards assessment forms<sup>7</sup> of candidates invited to apply for QCD and/or D4B to the FRACGP and ACRRM. A modified procedure applies for those applicants previously assessed by the RACGP. The Colleges assesses the candidates according to the joint college National Reference Panel's guidelines into categories 1 to 5. (See Attachment 1.) Medical Jobs @ Health invites applicants assessed in National Reference Panel categories 1 to 3 for a structure interview.

### **Structured Interview**

At quarterly intervals, Medical Jobs @ Health convenes State Interview Panels to assess applicants in a structured interview format. This assessment process serves both Queensland Country Doctors and Doctors for the Bush projects. A State Faculty of Assessors comprised of suitably qualified and interested persons supplies assessors for the Panels. At the same time, a parallel interview process offers to spouses/partners of applicants opportunity for assessment of personal, educational, employment, social and cultural needs. The spouse/partner interview applies an assessment tool developed by the Queensland Rural Medical Families Network and conducted by qualified members of the Network. Applicants may attend for personal interview or be interviewed by teleconference technology.

### **Structured Clinical Assessment**

Medical Jobs @ Health invites applicants successful in the structured interview to submit to a structured assessment of their clinical competence and capability. Designed by ACRRM, this component of the assessment module requires personal attendance. Assessors drawn from the State Faculty of Assessors conduct the clinical assessment in a standardised format.

### **Structured Referee Interviews**

Medical Jobs @ Health Team members conduct structured interviews of referees nominated by applicants successful in all preceding components of the assessment module.

### **Applicant – Opportunity Matching**

Guided by the recommendations of assessors, the Medical Jobs @ Health Team guides successful applicants to apply for suitable practice opportunities in AoN/DoMS to which the QCD (and D4B) applies. The public or private employer of each practice opportunity assesses the each applicant's relative merit for the practice opportunity and appoints the successful applicant.

### **EMPLOYER SPONSORSHIP**

An employer choosing to appoint a successful applicant to QCD practice opportunity sponsors the doctor for:

### **Area of Need Approval by Delegate of the Queensland Minister for Health**

- As per Section 135 of the *Medical Practitioners Registration Act 2001*.

<sup>7</sup> Accompanied by applicant payment of \$300 to each College.

- For registration purposes.

### **District of Medical Workforce Shortage Approval by the Delegate of the Commonwealth Minister for Health and Ageing**

- For exemption under the *Health Insurance Act 1973* to enable access to Medicare rebates

### **Registration by the Medical Board of Queensland**

- *Medical Practitioners Registration Act 2001* Section 135 (Area of Need) registration for those eligible to sit the FRACP examination within two years;

### ***Medical Practitioners Registration Act 2001* Section 138 (General Practice) registration for those eligible for FRACGP ad eundum gradum.**

### **Medicare Provider Number by the Commonwealth Health Insurance Commission**

- To enable access to Medicare rebates.

### **Resident Status by the Commonwealth Department of Immigration, Multicultural and Indigenous Affairs**

- For subclass 422 temporary resident status.

### **MUTUAL OBLIGATIONS**

OTDs approved for QCD, State and Commonwealth jurisdictions, Colleges of General Practice and Rural and Remote Medicine and Employers accept certain obligations within terms of QCD memoranda of agreement. These obligations are:

#### **QCD approved Overseas-Trained Doctor**

- Obtain the FRACGP within two years, or three years only by special recommendation of the State Interview Panel.<sup>8</sup>
- Serve in an AoN/DoMWS for 10 years.

#### **Queensland Health**

- Guarantee AoN approval status for 10 years in the location of appointment or other location determined by mutual agreement between doctor and State and Commonwealth jurisdictions.
- Case-manage the OTDs status in relation to:
  - Registration;
  - Residence Visa;
  - Medicare provider number;
  - Mentoring/Supervision;
  - Learning agreement and progress towards FRACGP;
  - Preparation for practice.

#### **Commonwealth Department of Health and Ageing**

- Guarantee DoMWS approval status for 10 years in the location of appointment or other location by mutual agreement between doctor and State and Commonwealth jurisdictions.

<sup>8</sup> Which includes representatives of RACGP and ACRRM.

- Guarantee of access without restriction to Medicare rebates after 10 years of satisfactory service in a DoMWS.

### **RACGP & ACRRM**

- Arrange a suitable professional mentor and a supervisor of practice at least until obtaining the FRACGP.

### **Employer**

- Provide or arrange orientation and preparation for practice.
- Provide access to bridging and other courses suitable for preparation for the FRACGP examination.

### **FRACGP – REGISTRATION**

Once a QCD OTD succeeds in obtaining the FRACGP, she/he becomes eligible for registration by the Medical Board of Queensland under Section 138 of the *Medical Practitioners Registration Act 2001*. This form of special registration does not place geographic restriction on the practice of the OTD though it restricts the OTD to practice in general practice.

### **SECTION 138 REGISTRATION – PERMANENT RESIDENCY**

Upon Section 138 registration by the Medical Board of Queensland, an OTD is eligible for employer sponsorship for permanent resident status through either the Employer Nomination or Regional Sponsored Migration Schemes.

It is a concern to some that while OTDs practice as temporary resident doctors, they and their families are subject to the social, business, education and health care limitations consistent with temporary resident status. However, alteration of this circumstance is not proposed for the following reasons.

- By formalising the “ten-year” program in QCD, the period of temporary status is limited to two years or three years at the most.
- Within QCD, doctors have security of AoN and DoMWS status.
- Granting special status for this group of temporary residents to obtain benefits of permanent residency is fraught with boundary and precedent issues for other classes of temporary residents including doctors recruited specifically for temporary resident practice.
- It is appropriate to maintain a strong incentive to obtain the FRACGP within the prescribed period.

It is proposed however, that prior to acceptance into QCD, overseas-trained doctors and their spouses/partners are fully informed of all implications of the process, including temporary resident status.

### **PROFESSIONAL PRACTICE SUPPORT**

QCD doctors receive support in professional practice from existing Commonwealth and State programs. Depending upon location and entitlements, Commonwealth program support may be provided by the Queensland Rural Medical Support Agency and or local Division of General Practice. This includes continuing medical education and support to access it, Rural Assistance Program, Rural Retention Program (flexible payments), Rural Other Medical Practitioners Program, locum relief and the clinical, corporate and workforce support programs provided through local divisions.

QCD doctors employed by Queensland Health receive the standard benefits of employment as Medical Superintendents (or Medical Officers) with Right of Private Practice and Full-time Medical Superintendents or Senior Medical Officers. These include accommodation, vehicle, communication

equipment, private practice facility (where right of private practice), conference and study leave and indemnity entitlements.

## Reference, Advisory & Appeal Functions

The Medical Workforce Advisory Committee of Queensland is establishing a Rural and Remote Medical Workforce Advisory Subcommittee. Appendix 2 contains its commission and membership.

It is proposed that this subcommittee be requested to accept reference, advisory and appeal functions for QCD (as well as D4B). Both State and Commonwealth jurisdictions may refer project related issues to the Subcommittee and receive advice from it.

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

## Management

It is proposed that Queensland Health accepts responsibility to manage Queensland Country Doctors in parallel with Doctors for the Bush within Medical Jobs @ Health.<sup>9</sup> Queensland Health commits its Medical Jobs @ Health infrastructure and resources to operate the project, including marketing, registration of seekers, applicant assessment, applicant-opportunity matching and case management of QCD doctors.

## Evaluation

The longer-term dynamics of medical workforce recruitment and retention for AoN/DoMWS D4B experience indicate that longitudinal evaluation offers much greater value than occasional snapshot evaluations. The State jurisdiction expects evaluation of Doctors for the Bush inter alia, to identify indicators and benchmarks of successful workforce recruitment and retention as well as to identify tools that provide efficient means of longitudinal assessment of the rural and remote medical workforce.

Common longitudinal evaluation of Queensland Country Doctors and Doctors for the Bush is proposed, applying these indicators, benchmarks and tools. The State jurisdiction will expect the evaluation to produce useful evidence for policy and strategy development regarding:

- Trends in supply, recruitment and retention of rural doctors generally and OTDs in particular;
- Impact of OTD recruitment programs on number and vocational status of the rural medical workforce;
- AoN/DoMWS satisfaction with supply, recruitment and retention of rural doctors generally and of OTDs specifically;
- Impact upon practice opportunities for local graduates;
- Value for money of the OTD recruitment process;
- Success of OTDs obtaining FRACGP;
- Value for money of the mentoring and supervision process;
- Satisfaction of OTDs' spouses and families.

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

# Ministerial Decisions Required

## QUEENSLAND MINISTER FOR HEALTH

Implementation of this proposal, requires the following decisions of the Queensland Minister for Health:

1. Approve continued operation of the five-year program, Doctors for the Bush in collaboration with the Commonwealth;
2. Approve a formal ten-year program, Queensland Country Doctors as described in this document to operate in parallel to Doctors for the Bush in collaboration with the Commonwealth;
3. Authorise within the operation of Medical Jobs @ Health the assessment (as described in this document) of competence and capability of overseas-trained doctors prior to entry into practice in Queensland.
4. Until registered by the Medical Board of Queensland under a section of the *Medical Practitioners Registration Act 2001* other than Section 135:
  - 4.1. Guarantee Area of Need status (according to the powers conferred upon the Minister by Section 135 of the *Medical Practitioners Registration Act 2001*) to overseas-trained doctors contracted in terms of either Doctors for the Bush or Queensland Country Doctors, subject to satisfactory discharge of the obligations of the contracted doctors; and
  - 4.2. Require as a condition of guaranteed Area of Need status for each doctor in either Doctors for the Bush or Queensland Country Doctors:
    - 4.2.1. Attainment of the Fellowship of the Royal Australian College of General Practitioners (or similar accredited vocational qualification) within the period prescribed;
    - 4.2.2. Formal mentoring and supervision; and
    - 4.2.3. Case management of registration, immigration and Medicare Provider Number status.
5. Authorise inclusion of an application for \$y of new funding in the 2003/04 budget for travel and administration costs relating to the assessment of overseas-trained doctors.
6. Propose the collaboration in Doctors for the Bush and Queensland Country Doctors to the Commonwealth Minister for Health and Ageing.

## COMMONWEALTH MINISTER FOR HEALTH AND AGEING

Implementation of this proposal, requires the following decisions of the Commonwealth Minister for Health and Ageing:

1. Approve continued operation of the five-year program in Queensland (Doctors for the Bush) in collaboration with the State of Queensland.
2. Approve a formal a ten-year program as described in this document (Queensland Country Doctors) to operate in parallel to Doctors for the Bush and in collaboration with the State of Queensland;
3. Until the completion of five years (Doctors for the Bush) or ten years (Queensland Country Doctors) of satisfactory service and subject to continued satisfactory service in the terms of the respective project, guarantee District of Medical Workforce Shortage status and therefore exemption from the ten-year moratorium under section 19AB(3) of the *Health Insurance Act 1973*.
7. Require as a condition of guaranteed District of Medical Workforce Shortage status for each doctor in either Doctors for the Bush or Queensland Country Doctors and until their attainment of registration by the Medical Board of Queensland other than under Section 135 of the *Queensland Medical Practitioners Registration Act 2001*:

- 7.1. Attainment of the Fellowship of the Royal Australian College of General Practitioners (or similar accredited vocational qualification) within the period prescribed by the respective project;
- 7.2. Formal mentoring and supervision; and
- 7.3. Case management of registration, immigration and Medicare Provider Number status.
- 4. Guarantee reduction in the 10-year moratorium on provider numbers under section 19AB of the *Health Insurance Act 1973* to five years for each doctor completing five years of satisfactory services in the five-year program (Doctors for the Bush).
- 5. Guarantee for each doctor completing five years (Doctors for the Bush) or ten years (Queensland Country Doctors) satisfactory service in the terms of the respective project, no restriction of his or her provision of professional services that attract a Medicare benefit.
- 6. Authorise as appropriate to Commonwealth Government processes, the contribution of \$x to support the collaborative operation of five and ten-year programs in Queensland – specifically to underwrite quarterly assessment and mentoring and supervision.

## Operational Costs

Queensland Health commits the resources of Medical Jobs @ Health to operate QCD, D4B and assessment of OTDs generally. However, it invites financial support from its project partner, the Commonwealth Department of Health and Ageing to underwrite additional specific costs incurred by:

- the quarterly assessment process;
- the mentoring and supervision processes for this project and continuation of Doctors for the Bush;
- evaluation of D4B and QCD.

Expected annual operational costs specific to QCD, D4B and Assessment of OTDs are<sup>10</sup>:

### Project Management for QCD, D4B & OTD Assessment

Staffing and general office costs

Southern Coordinator – 60% of \$109 000

Northern Coordinator – 10 % of \$109 000

Staff Search Development Services – 20% of Medical Workforce Funding (\$200,000)

Medical Advisor for Rural Health Services – 15 % of \$150,000

Travel and other specific administration costs

### Total Project Management

### Quarterly Applicant Assessment (QCD, D4B & OTDs gen.)

Fares & accommodation for Assessors @ \$10 000 per quarter

Training and maintenance of professional standards for Assessors

### Total Applicant Assessment

### Mentoring and Supervision (for QCD & D4B)

50 payments to mentors @ \$ 250 per mentoree

50 payments to supervisors @ \$ 500 per supervised

### Total Mentoring and Supervision

### Evaluation of QCD and D4B

### TOTAL ANNUAL BUDGET

*Total Queensland Health contribution*

*Total invited Department of Health and Ageing contribution*

<sup>10</sup> These do not include the costs of practice support of doctors provided in existing Commonwealth and State programs.



PREPARED BY: Dr Denis Lennox  
Medical Advisor for Rural Health Services  
Queensland Health  
(07) 4699 8671

Dr Michael Catchpole  
Principal Medical Advisor  
Queensland Health  
(07) 3234 1572

# Appendix 1

## NATIONAL REFERENCE PANEL CATEGORIES

The National Reference Panel (NRP) on Overseas Trained Doctors (OTDs) was established to oversee the development of standards for assessment of general practice skills. The NRP on OTDs developed a five-category classification, based on postgraduate general practice qualifications and general practice experience that applies to doctors who may wish to contract to a State/ Territory Five-Year Scheme. The five categories are as follows:

### CATEGORY 1:

General Practitioners who hold

- Fellowship of The Royal New Zealand College of GPs (FRNZCGP);
- Certificates in Family Practice from the College of Family Physicians of Canada (CFPC) and successful completion of both parts of the Medical Council of Canada Qualifying Examination;
- Both Membership of the Royal College of General Practitioners (MRCGP UK) and Certificates from the Joint Committee on Postgraduate Training for General Practice (JCPIGP) UK.

Doctors who hold these qualifications are eligible for admission to Fellowship of the RACGP ad eundem gradum.

### CATEGORY 2:

General Practitioners who hold:

- Membership of the Royal College of General Practitioners UK (MRCGP)
- Membership of the Irish College of General Practitioners (MICGP);
- Membership of the Faculty of General Practitioners; or Member of the College of Family Practitioners, South Africa by examination (MFGP or the new MCGP)
- The Certificate of the American Board of Family Practice USA (ABFP);
- The Certificate of the Joint Committee on Postgraduate Training for General Practice (JCPIGP) UK;
- Masters of Medicine (Family Medicine) from the National University of Singapore;
- Registration as a Family Physician with the Health Professions Council of South Africa (formerly the South African Medical and Dental Council of South Africa)
- Masters of Family Medicine, South Africa;
- Masters of Prax Medicine, South Africa.

Doctors who hold these memberships/qualifications are required to undertake the RACGP Fellowship exam. They have two years in which to complete the exam.

### CATEGORY 3:

Doctors who have general practice training and post graduate qualifications not recognised by RACGP but who have more than five years of full time general practice experience.

Doctors in this category are eligible for award of Fellowship of the Royal Australian College of General Practitioners (FRACGP) via the practice eligibility route after a determination by the RACGP

of the equivalence of their general practice experience to five years full time of Australian general practice and completion of the RACGP examination.

#### **CATEGORY 4:**

Doctors who have no general practice training or postgraduate qualifications, but more than five years full time general practice experience in another country.

#### **CATEGORY 5:**

Doctors who have no general practice training or postgraduate qualification and less than five years of equivalent full time GP experience in another country. Doctors in this category would not be eligible for FRACGP until they have completed five years of equivalent general practice. For further details regarding Fellowship of the RACGP, please refer to the RACGP web site: <http://www.racgp.org.au>

## Appendix 2

### COMMISSION OF THE RURAL AND REMOTE MEDICAL WORKFORCE ADVISORY SUBCOMMITTEE

*The Rural and Remote Medical Workforce Advisory Subcommittee reports to the Medical Workforce Advisory Committee of Queensland. Its commissioned goal is excellence in supply, distribution and appropriate skill of the medical workforce in rural and remote communities of Queensland.*

#### Primary Commission

1. Develop an understanding of the current number and distribution of doctors in rural and remote Queensland and of what they do.
2. Develop an understanding of the number of doctors needed now and in the future.
3. Develop an understanding of the skills required by doctors for sustainable practice in rural and remote Queensland.
4. Develop an understanding of the sustainable practice models appropriate to the variety of practice settings in rural and remote Queensland.
5. Recommend strategies to attain the number and types of doctors required, in the practice models and settings where they are needed.
6. Establish a collaborative interface with the Medical Subcommittee of the Rural Health Council to ensure complementary action by the two groups.
7. Provide accountability for its commission to the Medical Workforce Advisory Committee of Queensland and through it to the parent body, the Joint Consultative Group – Medical Specialist Colleges and Queensland Health; providing an annual report of issues, actions and outcomes.

#### Secondary Outcomes Specified

1. A process to support ongoing medical workforce planning for rural and remote Queensland
2. Tools to assist relevant organisations within ongoing information collection.
3. Collaborative action between and an effective forum for relevant organisations on medical workforce issues; organisations including government jurisdictions, medical colleges, medical educational and clinical representative organisations and the public.
4. A framework to assist decision-making on medical recruitment, retention and training priorities for practice in rural and remote communities of Queensland.

#### Membership

Chair: Appointed by the Principal Medical Advisor, Queensland Health (Chair of MWAC-Q)

### Members:

The President\* of the **Rural Doctors Association of Queensland**  
The President\*, **Australian Medical Association**, Queensland Branch  
The Chair\*, Queensland Faculty of the Royal Australian College of **General Practitioners**  
The President\*, Australian College of **Rural and Remote Medicine**  
The Director\*, Health Services Branch, Queensland State Office, **Commonwealth Department of Health and Aged Care**  
The Chair\*, **Queensland Rural Medical Support Agency**  
The Chair\*\*, **Health Consumers of Rural and Remote Australia**  
The Chair\*, **Queensland Divisions of General Practice**  
A Nominee of the **State Committee of Presidents of Medical Specialist Colleges**  
A District Manager nominated by the General Manager (Health Services), **Queensland Health**

\* Or nominated representative

\*\* Or two representatives

### Facilitator:

Medical Advisor, Rural Health Services, Office of Principal Medical Advisor, Queensland Health

### **Modus Operandi**

1. The Committee meets at least three monthly and more frequently as necessary.
2. Committee members receive advice of a meeting and its agenda at least one week in advance.
3. A simple majority of the membership of the Committee constitutes a respective quorum.
4. The Committee conducts its business accordingly to a plan reviewed and reported annually.
5. The Committee's business is otherwise guided by application of normally accepted conduct of meetings.
6. In case of a tied vote, the Chair casts the deciding vote.
7. The Health Advisory Unit of Queensland Health provides logistical support and the secretariat of the Committee.

# Bundaberg Hospital Commission of Inquiry

Statement of Denis Roland Lennox

Attachment DRL12



**Queensland Government**  
Queensland Health

# **MANAGEMENT OF INTERNATIONAL MEDICAL GRADUATES**

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



AUGUST 2003

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**PREPARED BY:** Dr Denis Lennox  
 A/Principal Medical Advisor  
 Queensland Health  
 Phones: (07) 4699 8671; 0408 780 501  
 Facsimile: (07) 4699 8705  
 E-mail: [denis\\_lennox@health.qld.gov.au](mailto:denis_lennox@health.qld.gov.au)



# Executive Summary

## Background

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

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

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

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

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

## Policy & Tactical Response

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Background

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

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

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

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

## CLINICAL SAFETY

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

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

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

## OTD MANAGEMENT EXPERIENCE AND LEARNING

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

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

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

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

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

## **OTD TERMINOLOGY**

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

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

## **Policy & Tactical Response**

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

### **CATEGORISATION OF INTERNATIONAL MEDICAL GRADUATES**

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

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

**Table 1**

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

## COMPREHENSIVE AND INTEGRATED IMG MANAGEMENT

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

This documentation:

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

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

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

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

### **2. A comprehensive assessment process:**

#### **2.1. In three phases:**

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

#### **2.2. Assessing in four domains:**

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

#### **2.3. Preferably accredited by the Medical Board of Queensland;**

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

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

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

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

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

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

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

Medical Jobs @ Health applies these definitions.

- 3.2. IMG – opportunity/employer matching;
- 3.3. Mentoring and oversight of practice until general registration or vocational status achieved;
- 3.4. Case management of:
  - 3.4.1. Security checking;
  - 3.4.2. Training;
  - 3.4.3. Registration status;
  - 3.4.4. Immigration status (where applicable);
  - 3.4.5. Medicare Provider Number status (where applicable);
  - 3.4.6. Mentoring and practice oversight – standardised for effectiveness and reliability;
  - 3.4.7. Trailing spouse and family circumstances and needs;
- 3.5. Career/professional advice.

**4. *Bridging courses including:***

- 4.1. Existing AMC Multiple Choice Question Bridging Course;
- 4.2. Existing AMC Clinical Bridging Course;
- 4.3. Existing Bridging Courses for FRACGP (GPEA and Tropical Medical Training);
- 4.4. Bridging Courses towards Fellowship of Specialist Colleges (not currently available) and preferably accredited by the respective college.



Table 2 Current Management of IMGs

Incomplete Operation Of Medical Jobs @ Health  
From July 2003

CENTRE FOR OIDS

UNITED STATES OF AMERICA

Some Private Sector

INTERNAL MEDICAL GRADUATE CATEGORY

	SEEKER REGIST- RATION	SCREENING & CAREER ADVICE	1 <sup>st</sup> ASSESSMENT, REFEREE CHECKS & CAREER ADVICE	2 <sup>nd</sup> ASSES. (Fitness to Practice) & CAREER ADVICE	PLACEMENT					BRIDGING COURSES		
					Prep for Employment & Post Assessment	Employment	Mentoring & Supervision	Case Management	Career Advise	AMC MCQ	AMC Clinical	Fellowship
<b>Category 1</b> Citizens and permanent residents who are graduates of AMC accredited medical degrees or AMC examination and eligible for general registration by the Medical Board without Area of Need limitation.	Yes	Yes	Yes	Required Case x Case	If not prev. opp.	Into practice opp.	N/A		Yes	N/A	N/A	N/A
<b>Category 2</b> <b>2 A</b> Citizens and permanent residents who are Fellows of or recognised by an Australian Medical College and eligible for registration by Medical Board without Area of Need limitation. <b>2 B</b> Section 138 Special Purpose Registration	Yes	Yes	Case x Case	Required Case x Case		N/A	N/A	N/A	Required	N/A	N/A	N/A
<b>Category 3</b> <b>3A</b> Citizens, permanent residents and temporary residents progressing towards permanent resident practice, and eligible for registration by the Medical Board for practice limited to Areas of Need and for a limited period. <b>3B</b> Progressing via the College recognition pathway	Yes	Yes	Yes if not previous	Yes if not previous	Yes	Yes	Required	Required	Yes	Yes	Yes	N/A
<b>Category 4</b> <b>4 A</b> Temporary residents not progressing via either the AMC examination or College recognition pathways towards permanent resident practice, but eligible for registration by the Medical Board for practice limited to Areas of Need for a limited period. <b>4B</b> Non-English speaking training, unknown Australian equivalence	Yes	Required	D4B Required Case x Case	D4B Required Case x Case	Required	Yes	Some	Required	Yes	N/A	N/A	Required
<b>Category 5</b> Citizens, permanent or temporary residents whose professional credentials are yet not assessed, who are not progressing on a pathway to permanent resident practice and not registered.	Yes	Required	Required	Required	Required	No public sector charge – high Agency charges	Some	Some	Required	N/A	N/A	N/A
Category 5 IMG proceeds into category 1-4 following assessment or is deemed unsuitable for medical practice in Australia												
No public charge – substantial charges by Agencies												
Approx. \$4,000 by Global – much higher by Agencies												
No public sector charge – high Agency charges												
No public charge – substantial charges by Agencies												

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

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

Table 3 Proposed Integrated Management of IMGs

Medical Jobs @ Health Incorporating Centre for IMG Private Sector		PLACEMENT											BRIDGING COURSES	
		SEEKER REGISTRATION	SCREENING & CAREER ADVICE	1 <sup>st</sup> ASSESSMENT* , REFEREE CHECK CAREER ADVICE	2 <sup>nd</sup> ASSES** (Fitness to Practice) & CAREER ADVICE	*Prep for Employment & Post Assessment	Employment	Mentoring & Supervision	Case Management	Career Advise	AMC MCQ	AMC Clinical	Fellowship*	
		Yes	Yes	Yes - Case by Case	Yes - Case x Case	If not prev. Possibly	Yes	N/A	N/A	Yes	N/A	N/A	N/A	
						FEE: ~\$2,000 (inc. \$500 PFE fee to employee)								
Category 1 Citizens and permanent residents who are graduates of an AMC accredited medical degree or AMC examination, eligible for general registration by the Medical Board without Area of Need limitation.		Yes	Yes	Case x Case	Yes - Case x Case	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A	
Category 2 Citizens and permanent residents who are Fellows of or recognised by an Australian Medical College and eligible for registration by Medical Board without Area of Need limitation.		Yes	Yes	Case x Case	Yes - Case x Case	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A	
Category 3 Citizens, permanent residents and temporary residents progressing towards permanent resident practice, and eligible for registration by the Medical Board for practice limited to Areas of Need and for a limited period.		Yes	Yes	Yes, if not previous	Yes if not previous	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	
		Yes	Yes	Yes - Case x Case	Yes - Case x Case	FEE: ~\$5,000 (inc. \$1,500 to employee)								
		Possibly	Possibly	Possibly	Possibly	Possibly	Yes	All else	Yes	Yes	N/A	N/A	Yes	
Category 4 Temporary residents not progressing via either the AMC examination or College recognition pathways towards permanent resident practice, but eligible for registration by the Medical Board for practice limited to Areas of Need for a limited period.		Yes	Yes	Yes	N/A	FEE: ~\$7,000 (inc. \$500 to employee)							Some	
		Possibly	Possibly	Possibly		Yes	Yes	All else	All else	Yes	N/A	N/A	N/A	
		Possibly	Possibly	Possibly		Possibly	Possibly	Possibly	Possibly	Possibly				
Category 5 Citizens, permanent or temporary residents whose professional credentials are not assessed, who are not progressing on a pathway to permanent resident practice and not registered.		Yes	Yes	Yes	Yes - Case x Case	Yes	Yes	All else	All else	Yes	N/A	N/A	N/A	
		Possibly	Possibly	Possibly	Possibly	FEE: \$1,000 (inc. \$500 to employee)								
		Possibly	Possibly	Possibly	Possibly	FEE: \$5,000 (inc. \$500 to employee)								
						Category 5 IMG proceeds into category 1-4 following assessment or is deemed unsuitable for medical practice in Australia								

\* Preferably accredited by Medical Board of Queensland and by the Skills Development Centre.

\* Preferably accredited by the Skills Development Centre.

\* Preferably College accredited.

## MANDATED IMG MANAGEMENT

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

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

## TWO ONLY MANDATED PATHWAYS FOR IMGs

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

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

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

## DOCTORS FOR THE BUSH AND QUEENSLAND COUNTRY DOCTORS

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

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

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

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

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

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

## Reference, Advisory & Appeal Functions

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

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

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

## Management

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

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

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

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

## Evaluation

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

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

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

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

# Jurisdictional Action Necessary

## QUEENSLAND

### Queensland Minister for Health

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

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

### Medical Board of Queensland

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

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

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

## **COMMONWEALTH**

### **Minister for Health and Ageing**

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

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

# Bundaberg Hospital Commission of Inquiry

## Statement of Denis Roland Lennox

### Attachment DRL13





Queensland Branch of Australian  
Medical Association

88 L'Estrange Terrace, Kelvin Grove 4059  
PO Box 123, Red Hill 4059

Tel (07) 3872 2222 • Fax (07) 3856 4727  
Email: amaq@amaq.com.au

12/9/03

Dr Denis Lennox  
Medical Adviser for Rural Health Services  
Queensland Health

Dear Dr Lennox

re 'Medical Jobs at Health'  
'Management of Overseas Trained Doctors'

A Committee of AMAQ met with individuals representing various other groups impacted on by this paper on 16 September; the group asked me to advise you of the following concerns they had with the paper and its recommendations.

A hallmark of this proposal and all associated systems and processes must be transparency.

It is felt strongly that any new process must address quality issues as its highest priority. The process must ensure that all doctors allowed to practice in Queensland in public and private sectors have passed the most stringent quality controls and must undergo language, clinical and practical assessment before being registered to practice. It must be agreed from the start that the quality control will never be relaxed notwithstanding pressures which may arise to fill medical vacancies in public and private sectors in future. The vetting process must never be watered down to meet workforce shortfalls.

Further to ensure ongoing quality delivery of service, adequate and appropriate support, supervision and mentoring is mandatory. This will mean that virtually all potential registrants only be allowed to work for an initial defined period of time with and for Australian registered doctors and in the case of general practitioners, these doctors must be recognised GPs ie vocationally registered. In the case of the few doctors who are judged by the quality control process as being capable of solo/remote unsupervised practice, they must receive paid mentoring from a nearby senior colleague. In all cases for a defined period the registrants' practice will be oversighted by a process to be established to ensure the initial quality check was accurate and this will necessitate the supervising and mentoring doctors reporting deficiencies to the quality control process which must then respond appropriately by suspending a registrant from practice if necessary, or ensuring remedial work is undertaken.

Concern was expressed regarding the capability of Queensland Health to conduct such a system-it was queried whether the skills and resources existed within QH. Accordingly consideration should be given to the system being as outlined but run by a consortium of interested and involved groups, though funded by QH with some recovery of costs from applicants.

If such a consortium approach is impractical, to ensure that workforce pressures do not cause friction between the Queensland Health agency and its employees who administer the system and private sector employers and agencies seeking the services of registrants, Queensland Health must agree to release to the private sector all Overseas Trained Registrants who wish to work in the private sector, and must ensure that QH agencies or hospitals do not pressure the registrants to work in the public sector. The Overseas Trained Registrants must retain freedom of choice of where they will work within the area of need restrictions of the Commonwealth and the State with the only limitation to this being the quality issue.

Although the document foreshadows a private sector 'integrated OTD management process', any proposed accreditation system to allow and support such private sector involvement must be defined now and incorporated into the paper to ensure the viability of any such future private sector venture.

It is essential that a review of the processes and the system occur twelve months after its commencement, and thereafter at defined intervals.

The Committee is otherwise fully supportive of the aims of 'Medical Jobs at Health'.

Yours faithfully

  
Dr Marsh Godsall  
Chair  
AMAQ OTD/TRD Committee

# Bundaberg Hospital Commission of Inquiry

## Statement of Denis Roland Lennox

### Attachment DRL14



## MINISTERIAL POLICY ON AREA OF NEED

### 1. BACKGROUND and PURPOSE

The number and distribution of Australian graduate medical practitioners is insufficient to meet the essential needs of Queensland public hospitals and certain sections of the private health care sector. Overseas-trained, temporary resident doctors (TRDs), recruited from overseas, provide a temporary solution in areas of need. The Ministerial Policy provides guidelines to identify and declare areas of the State that lack medical practitioners and that warrant the services of TRDs.

The policy aim is to guide the allocation of TRDs to those areas of the State facing the greatest challenge in recruiting medical practitioners, namely, remote and rural Queensland, areas of regional Queensland and other areas of special need.

The Policy should be read in conjunction with the Queensland State Medical Labour Agreement that describes the mechanisms for processing application requests through the various State and Commonwealth Government authorities.

### 2. LEGISLATION

Sections 17C.(1)(d) and 17C.(h) of the *Medical Act 1939* respectively permit conditional registration of TRDs at the discretion of the Medical Board of Queensland for service in areas of need and communities of need.<sup>1</sup> This Policy relates specifically to these sections of the *Medical Act 1939*.

The *Medical Practitioners Registration Bill 2000* currently before parliament also addresses areas of need.

Section 135 of the Bill provides for the Minister to decide there is an area of need and for the Medical Board of Queensland to grant special purpose registration for practice in an area of need.<sup>2</sup>

#### *Practice in area of need*

*135.(1) The purpose of registration under this section is to enable a person to practise the profession in an area the Minister has decided, under subsection (3), is an area of need for a medical service*

*(2) A person is qualified for special purpose registration to practise the profession in an area of need if the person has a medical qualification and experience the board considers suitable for practising the profession in the area.*

*(3) The Minister may decide there is an area of need for a medical service if the Minister considers there are insufficient medical practitioners practising in the State, or a part of the State, to provide the service at a level that meets the needs of people living in the State or the part of the State*

<sup>1</sup> "Communities of Need" describes a special subset of "Areas of Need" - refer to Section 2, Page 2 of the Doctors for the Bush Project Policy for explanation.

<sup>2</sup> Queensland *Medical Practitioners Registration Bill 2000*, Available URL:  
[http://www.legislation.qld.gov.au/Bills/Bl149\\_00.htm](http://www.legislation.qld.gov.au/Bills/Bl149_00.htm) <Accessed 2000, October, 24>

## MINISTERIAL POLICY ON AREA OF NEED

*(4) If the Minister decides there is an area of need for a medical service, the Minister must give the board written notice of the decision.*

Sections 140 and 141 of the Bill prescribe the period of special purpose registration and conditions that the Board may impose upon special purpose registrants:<sup>3</sup>

### ***Period of special purpose registration***

*140. If the board decides to register the applicant as a special purpose registrant, the registration remains in force for the period, not more than 1 year, decided by the board when deciding to register the applicant as a special purpose registrant.*

### ***Imposition of conditions by board***

*141.(1) The board may decide to register the applicant as a special purpose registrant on conditions the board considers necessary or desirable for the applicant to competently and safely undertake the activity the subject of the application*

*(2) If the board decides to register the applicant as a special purpose registrant on conditions, it must as soon as practicable give the applicant an information notice about the decision*

## **3. CURRENT APPLICATION<sup>4</sup>**

Ministerial policy on area of need is currently applied as follows:

### **3.1. PUBLIC SECTOR**

The public sector consists of public hospitals and other health services conducted by Queensland Health through the District Health System

#### **3.1.1. Eligible Health Services:**

Generally, eligible public sector health services are those based in provincial and rural population centres where difficulties are found in recruitment of Australian graduates

#### **3.1.2. Specialized Services:**

For selected specialized services in which there is demonstrated significant difficulty in recruitment of Australian resident and registered doctors, or there are insufficient numbers of formal trainees to meet the service needs, such as in neonatal intensive care or emergency departments, the service may be approved to access TRDs.

The use of TRDs under such circumstances does not lead to an undesirable net increase in the number of specialists in Australia as such individuals are not part of formal training programs. The registration of TRDs under s.17C (d) should not be confused with registration under s.17C (a) *Graduates from Non-Accredited Institutions - Postgraduate Training*, where the primary demonstrable purpose is to provide for postgraduate training.

<sup>3</sup> Queensland Medical Practitioners Registration Bill 2000, Available URL: [http://www.legislation.qld.gov.au/Bills/BI149\\_00.htm](http://www.legislation.qld.gov.au/Bills/BI149_00.htm) <Accessed 2000, October, 24>

<sup>4</sup> Michael Catchpole, (March 1999) Queensland Ministerial Policy on Area of Need, excerpt from document.

## MINISTERIAL POLICY ON AREA OF NEED

### 3.2. PRIVATE SECTOR

The private sector consists of all medical services outside the public sector including medical deputizing services, locum services and independently arranged bona-fide locums, other after hours medical services including solo and group practices. Applications for TRDs to fill such positions should be considered by the mechanism described below and may be "declared" as rural or remote services for the purpose of the application.

#### 3.2.1. Eligible Health Services:

Generally, eligible private sector health services are those based in provincial and rural population centres where difficulties are found in recruitment of Australian graduates.

Apart from the exceptions listed below, TRDs will not be supported to work in the private sector in SouthEast Queensland. This includes the Brisbane Metropolitan area, Gold Coast, Toowoomba and Nambour. This restriction also applies to the metropolitan areas of Townsville and Cairns. Applications, which are unclear at the margins of these locations, should be considered by the mechanism described below and may be "declared" as rural or remote services for the purpose of the application.

As a general rule this policy does not support the use of TRDs to fill permanent positions which can not be filled by Australian resident practitioners. This includes general and specialist private practice including solo and group practices. Applications for TRDs to fill such positions should be considered by the mechanism described below and may be "declared" as rural or remote services for the purpose of the application.

#### 3.2.2. Exceptions:

Private sector health services not eligible for TRDs under the above general policy may be granted exemption and approved to utilize TRDs in the following circumstances:

##### ➤ Locum Services:

Bona-fide locum services that provide genuine temporary replacement for permanent practitioners in Queensland including those areas in geographic area not otherwise approved for TRDs.

While not mandatory, indicators of the bona fides of a locum agency include:

- holding of registration as a private employment exchange;
- routinely providing, as a core function, locum tenens to a wide cross section of practices and institutions throughout Queensland, and
- generally no association with an individual practice or group of practices

##### ➤ Independently Arranged Locums:

Locum positions arranged directly between a Principal and TRD (other than through a locum service) in Queensland, including those areas in geographic areas not otherwise approved for TRDs.

Indications of the bona fides of such a locum position include:

- the temporary replacement of a permanent resident practitioner while that person is absent from the practice for reasons such as recreation, sick, continuing medical education, sabbatical or maternity leave; and
- the placement is for a defined period not normally exceeding two months.

## MINISTERIAL POLICY ON AREA OF NEED

### ➤ **Deputizing Services:**

Medical services that provide after-hours medical cover for permanent medical practitioners in Queensland including those in geographic areas not otherwise approved for TRDs

While not mandatory, indicators of the bona fides of a Medical Deputizing Service include:

- the holding of a Certificate of Approval to conduct a Medical Call Service under the Medical Act 1939;
- membership of the National Association of Medical Deputizing Services Australia Ltd (NAMDS);
- Provision of services to a broad cross section of general practitioners within its area of operations; and
- generally no association with an individual practice or group of practices

### ➤ **Rural Secondment:**

Private sector health services in those geographic areas not routinely approved for TRDs but which provide secondary support for health services in rural or remote areas by way of secondment or rotation may be approved. Such approval will be on a 1:1 basis with each TRD spending an equal period in the parent health service and the rural or remote secondment

### ➤ **Declared Rural or Remote Services:**

In areas where there is a significant difficulty in recruitment of Australian resident and registered practitioners, a private sector health service may be supported to utilize TRDs

## 3.3. TYPE OF PRACTITIONER

The areas of need provisions apply for both specialist and non-specialist practitioners for both the public and private sectors. The provisions for exemptions apply equally for specialists and non-specialists.

## 3.4. PROCESS FOR OBTAINING AREA OF NEED SUPPORT

The Ministerial Area of Need Policy provides guidelines for the endorsement of applications for temporary visas and medical registration from applicant medical practitioners or their sponsors to undertake medical practice in specified roles. It is not a process for either approving the visa, which lies with the Department of Immigration and Multicultural Affairs (DIMA), nor for approving registration, where the sole responsibility lies with the Medical Board of Queensland

## 4. QUALITY ISSUES

The current area of need policy is subject to two major issues with negative quality impact:

### 4.1. STANDARDISED OBJECTIVE PROCESS

Few dispute that areas of need exist. A lack of medical services is readily identified in a qualitative manner. However, the process of quantifying need lacks a more scientific method of measurement of supply and particularly of demand or need. How then may the delegate of the Queensland Minister for Health accurately determine that an area of need exists? How may the delegate manage excessive/unreasonable demand? The Doctors for the Bush project until recently also lacked an objective methodology to determine "communities of need" as a subset of area of need and experiences the same risks.

Without a more objective methodology, the current determination of area of need also lacks a quality-controlled process that is transparent and subject to scrutiny. Neither do have applicants (individuals

## MINISTERIAL POLICY ON AREA OF NEED

or communities) have opportunity to analyze criteria to validate results and advocate consideration of special or abnormal features of an individual community need by providing further evidence of need.

The process needs a standardized, objective, consistent, defensible methodology that provides due process for application, decision and review.

### 4.2. DUPLICATE PROCESSES

Independently of the State Ministerial policy on area of need, the delegate of the Commonwealth Minister for Health and Aged Care determines "district of medical workforce shortage" for allocation of Medicare provider numbers under the appropriate sections of the Commonwealth *Health Insurance Act 1973*. Few medical practitioners (and few members of the community) comprehend the existence of dual processes to determine medically underserved communities. The duplicated processes also risks mismatched determinations by the two jurisdictions.

Significant potential in terms of effectiveness in medical workforce outcomes as well as efficiency in the process is achievable though Commonwealth and State jurisdictions integrating priorities into a single process to determine medical workforce need

## 5. "MEDICALLY UNDERSERVED COMMUNITIES OF QUEENSLAND"

The Epidemiology Services and Health Advisory Units of Queensland Health recently collaborated to develop a simple, inexpensive yet accurate methodology to model demand for and supply of general practitioners in Queensland communities. The result called Medically Underserved Communities of Queensland (MUCs-Q) provides a standardized model for determining the expected level of need for general practitioner services in specific Urban Centre Localities, Local Government Areas AND District Health Authorities in rural and remote Queensland.

Four requirements underpinned development of the MUCs-Q Model:

- It is easily understood and replicated, and transparent.
- It satisfies the requirements of both Commonwealth and State jurisdiction's interests to determine "districts of medical workforce shortage" and "areas of need" respectively.
- It takes into account demographic and socioeconomic variation in determining the level of need – it responds to community need for medical services
- It is applicable at relatively small geographic levels.

The Medically Underserved Communities of Queensland paper attached provides a description of the methodology.

## 6. PROPOSED APPLICATION OF THE MUCs-Q MODEL

The following new process is proposed for determination of area of need (and ? district of medical workforce shortage) in Queensland:

### 6.1. GENERAL PRACTITIONERS (see figure 1)

- 6.1.1 Map general practitioner workforce demand<sup>5</sup> for regional and rural Queensland<sup>6</sup> by MUCs-Q method as frequently as the Australian Bureau of Statistics population projections for Queensland are updated (Results maintained in an Excel Spreadsheet)

<sup>5</sup> In technical economic sense, i.e., the calculated requirement of general practitioner full-time equivalents for each community



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- 6.1.2 Survey annually, general practitioner workforce supply of communities in ARIA<sup>7</sup> categories *Very Remote* (ARIA values 12 – 9.08) and *Remote* (ARIA values 9.08 – 5.80.)
- 6.1.3 Survey on application for area of need declaration (by community, individual or organization) general practitioner workforce supply of communities in ARIA categories *Moderately Accessible* (ARIA values 5.80 – 3.51), *Accessible* (ARIA values 3.51 – 1.84) and *Highly Accessible* (ARIA values 1.84 – 0) with urban centre population of less than 10,000.
- 6.1.4 Survey only upon acceptance of detailed, convincing case, general practitioner workforce supply of communities in ARIA Category *Highly Accessible* with urban centre population in excess of 10,000.
- 6.1.5 Determine excess demand over supply for each community and its geographic area of interest<sup>8</sup> as a percentage of demand.
- 6.1.6 Obtain local validation and relevant qualifying information for consideration from relevant Local Government and Queensland Health District
- 6.1.7 Adjust results as required upon authoritative local information.
- 6.1.8 Declare “area of need” when adjusted excess of demand for a community exceeds 10%<sup>9</sup> of demand and when an absolute excess of demand exists for the geographic area of interest or when the excess of demand for the geographic area of interest exceeds 10% of demand
- 6.1.9 Determine the sustainability of medical practice in those small communities where the excess of demand for medical services is less than one full-time equivalent of a general practitioner

### 6.2. MEDICAL SPECIALISTS

- 6.2.1 Map specialist workforce demand by specialist discipline throughout Queensland by application of Australian Medical Workforce Advisory Committee benchmarks as frequently as the Australian Bureau of Statistics population projections for Queensland are updated.<sup>10</sup>
- 6.2.2 Survey annually, specialist workforce supply by specialist discipline in referral communities in regional and rural Queensland<sup>11</sup>
- 6.2.3 Survey on application for area of need declaration (by community, organization or individual) specialist workforce supply in the relevant specialist discipline for referral communities in ARIA Category *Highly Accessible*.

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<sup>6</sup> Excluding urban centre localities in ARIA category *Highly Accessible* (ARIA value 1.84 – 0) with populations in excess of 10,000

<sup>7</sup> Commonwealth Department of Health and Aged Care (January 2000), Available URL: <http://www.health.gov.au/ari/aria.htm> <Accessed 2000, October 25>

<sup>8</sup> The geographic area of interest may be a whole Shire or Queensland Health District containing the target community and is determined by issues of access to medical services

<sup>9</sup> 10% is chosen as a “reasonable” criteria. That is, it is reasonable to expect doctors to carry an excess of demand of 10% but not more than this. It is not reasonable to expect a doctor to work more than 10% longer hours than the average. It is reasonable to expect a community to tolerate a medical workforce under-supply of 10%, but not more than this. It is not reasonable to expect members of a community to reduce their access to medical services by more than 10% of the average, or to wait for medical services one half a day longer than the average

<sup>10</sup> This mapping process also maps referral patterns based upon available subjective and objective data to determine a referral community for each specialist centre.

<sup>11</sup> Urban Centre Locations of ARIA value above 1.84.

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- 6.2.4. Determine excess of demand oversupply for the relevant specialist discipline within each referral community.
- 6.2.5. Obtain validation and relevant qualifying information from the relevant Medical Specialist College, Queensland Health District and Local Government
- 6.2.6. Adjust results as determined by the validation and qualifying information.
- 6.2.7. Declare "area of need" when adjusted excess of demand for a referral community exceeds 10%<sup>12</sup> of demand
- 6.2.8. Determine sustainability of system of specialist practice where the excess of demand is less than two<sup>13</sup> full-time equivalent specialist practitioners.

### 6.3. PRIORITY

Nothing appears to be gained from prioritizing the declared communities of need. In the interests of maintaining competitiveness in medical workforce recruitment and maximizing retention the system best matching of recruits and communities is superior to a system of forcing recruits into practice in a hierarchy of need.

### 6.4. QUALITY PROCESS

To reduce risks of bias, gaming, excess lobbying and grievance, a standardized, quality controlled process is proposed. These features of the process include:

- 6.4.1. Consolidation of the operation of the system within the public sector. The State and Commonwealth Ministerial responsibility for area of need and district of medical workforce shortage respectively also dictates such an arrangement. It may be possible to accredit non-government, representative organizations to perform surveys of supply.
- 6.4.2. Documentation and certification of the mapping and surveying processes
- 6.4.3. Publishing the documentation for transparency
- 6.4.4. Design of standard application form.
- 6.4.5. Design of standard validation and qualification form
- 6.4.6. Establishing a simple review/appeal mechanism.

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**Prepared by:** Michael Catchpole & Denis R Lennox  
Health Advisory Unit  
Queensland Health

**Contacts:** 07 4699 8671 (office); 0408 780 501 (cellular)  
07 4699 8705 (facsimile)  
[denis\\_lennox@health.qld.gov.au](mailto:denis_lennox@health.qld.gov.au)

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<sup>12</sup> Based upon a principle of "reasonableness" as explained in footnote 8

<sup>13</sup> Based upon the principle that a system of specialist practice within a referral community of less than two specialist practitioners is unlikely to be sustainable in the long term for reasons of life-style, professional support and efficiency

## MINISTERIAL POLICY ON AREA OF NEED

**Figure 1 General Practitioners Area of Need Declaration Process**

