PEOPLE AND PLACE

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SCREENING OF DOCTORS TRAINED OVERSEAS: A RESPONSE

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This response critically evaluates claims in the September 2004 issue of People and Place that the medical knowledge and clinical skills of Overseas Trained Doctors employed in Australia are inadequately assessed.

The paper by Bob Birrell in *People and Place* vol 12, no. 3, 2004 presents some strong arguments about the evaluation of overseas medical practitioners recruited to work in areas of workforce shortage in Australia, which has inspired wide attention and discussion.

The correction of a few inaccuracies, and the inclusion of some wider perspectives on the issue, would have made this a more useful contribution to what is undeniably a very important debate.

Screening of 'Area of Need' doctors

It is important to correct some misconceptions about the NSW process. The paper correctly states that the Medical Board of NSW runs a video-conference-based evaluation for 'Area of Need' applicants located overseas. What is omitted is that, while the video-conferencing is used in a minority of cases, NSW Medical Board conducts a clinical face-to-face interview for all applicants for these positions, which may well be more comprehensive than the screening conducted by prospective employers. The interview process uses active clinicians who work within the relevant area of practice, and who are likely to encounter Area of Need doctors in their day-to-day work. The questions used are tailored for the particular style of practice for which the application has been made.

The NSW Board does not rely simply on screening performed by any recruitment agency. Not only is the NSW Board's process more thorough, but it seeks to avoid the inevitable appearance of conflict of interest associated with a financial interest in successful placement (which cannot be avoided by for-profit agencies, no matter how good their intentions).

A cautious approach is taken in this assessment process, with any doubt about the applicant's suitability for the position leading to more detailed investigation and specific stipulation of conditions if the placement is to be approved. This may include the condition that the practitioner may not be rostered to work alone overnight or on weekends. If there is continuing doubt about suitability, the placement is not approved. An even more cautious approach is applied for video-conference interview, as there is less opportunity to accurately assess non-verbal cues.

Hospital postgraduate training positions

A large number of overseas-trained doctors enter hospital practice as postgraduate trainees, without the requirement for the Australian Medical Council (AMC) examination and the post-AMC period of supervised training. These doctors compete for these positions (usually at Registrar level) on the open market. While it is true that

these applicants are only screened by the NSW Board on paper, this process cannot be directly compared with the recruitment of doctors to isolated general practice positions. Postgraduate trainees are being employed within a governed system, working in a tiered structure with defined accountability and within structured risk-management systems. In other words, the Board do not provide the only screening process for doctors applying for these positions, and the government institutions in which they are employed bear a major responsibility for their screening and supervision, and for limiting the associated clinical risk. As a result, very few complaints or problems arise in relation to this group of doctors.

Realities of workforce shortages

In an ideal world, there would be no shortages in the medical workforce, and anyone applying from overseas to work in Australia would be required to pass an examination and also serve out a period of supervised training. If such a situation were ever achieved, the job of Medical Boards would be much less complicated. However, the demand of the community for services has led to the development of fast-track pathways to employment.

Would our communities — both general and medical — accept the loss of this fast-track system, and be prepared to wait for their potential doctors or colleagues to serve out a prolonged time in hospital? Who would actually perform the work in the positions that remain vacant? Can we be sure that hospital experience is what all these overseas-trained doctors need? While Birrell considers the question of whether consumers are better off with 'a doctor who has not been assessed than with no doctor at all', he answers this question with anecdote. His quote about the 'exploding femur…', quoted from the *Courier Mail*, only adds further folklore to the debate. The 'publicly available audit of Overseas Trained Doctor's (OTDs) performance' is proposed as a solution, without a concept of what such an audit of performance might measure.

Requirements for supervision

Birrell's proposal that the solution to this problem is a mandatory period of supervised training in hospitals seems superficially attractive, but it assumes that the current hospital system has the capacity to absorb this enormous burden of supervision. Hospitals are already facing the consequences of the large and rapid increase in overseas-trained doctors who are passing the AMC exam. These doctors are now graduating throughout the year, and mostly seek hospital placements to complete their supervised training year. Hospitals already feel the burden of new graduations of local interns at the beginning of each year. Is there the capacity in the system to safely absorb, supervise and manage this proposed additional load? Wouldn't this be simply displacing the clinical risk into another part of the health system?

The way forward

The reality of our health system is that the association between workforce shortage and some degree of clinical risk is inescapable. The challenge for all regulators is to work towards minimizing the risk, using the resources available to them in the most effective way they can.

The NSW Board recommends a clinical face-to-face screening interview for all applicants to Area of Need positions, conducted by a body that is independent of the employer (ideally the Board itself). Where it is not practical for a smaller group to run the process in-house, con-

sideration could be given to contracting-out the service to an independent third-party. Decision-making regarding placement must be carefully made, matching the applicant to the position, and taking a cautious approach. Detailed reporting is required from the supervisor for each position.

Finally, the way forward must include vigorous and well-informed debate between all stakeholders, so that practical solutions can be found for this long-term problem. Where possible, perceived problems should be backed up with data. The journey towards solutions to these problems must involve a cooperative approach that combines evidence, natural justice, common-sense and sustainability.

Note

This paper is submitted as an expression of personal opinion only, representing the author's dual perspectives as both a clinician and a regulator. It does not purport to represent the views of any organization or authority.