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## **NATIONALLY CONSISTENT APPROACH TO THE ASSESSMENT OF OVERSEAS TRAINED DOCTORS**

Health Workforce Queensland is a rural Workforce agency that routinely recruits and supports Overseas Trained Doctors and matches these Doctors to Rural and Remote Communities in Queensland. Overseas Doctors have been an important solution to Australia's Medical Workforce shortage for a number of years and although student numbers have been increased at University Medical Schools, the shortage of general practitioners in Queensland remains a significant problem.

**Overseas trained Doctors are a vitally important part of the Medical Workforce. In Queensland there are 983 rural and remote Doctors. Overseas Trained Doctors represent 41% [415] of all rural and remote Doctors in Queensland with 19% [189] being temporary residents. These well-qualified Doctors come from all over the world with the larger numbers originating from the United Kingdom, South Africa, India and Pakistan.**

It is important to ensure that high-quality Doctors are available and that Australia maintains a welcoming approach to Overseas Trained Doctors and that we provide the necessary supports and quality checks. Australia's placement within the international Medical recruitment market is important and any restrictive and potentially bureaucratic barriers will immediately reduce the number of well-qualified Doctors wishing to move to Australia. "There needs to be a balance between welcoming Overseas Trained Doctors and measures that ensure that we recruit high-quality Overseas Trained Doctors."

**Health Workforce Queensland is seeking a sensible National approach to the assessment and placements of Overseas Trained Doctors with the support of Rural Workforce Agencies and in collaboration with State health departments, Medical Registration Boards, Medical recruiters and employers.**

There is currently no formal assessment process for Overseas Trained Doctors in Queensland, other than Medical Board registration. Medical Boards should not rely on Recruitment Agencies' or employers' reference checking processes. The Medical Board is ultimately responsible for the decision to register a Medical Practitioner therefore they should conduct their own independent background checks. There is also a requirement for the verification of qualification information provided applicants and this is clearly a Medical Board responsibility.

**A nationally consistent assessment process would need to include a clinical assessment to evaluate Overseas Trained Doctors' clinical competencies, communication skills within the clinical setting and English language proficiency tests. The assessment process would need to provide recommendations on the appropriate placement setting for the Overseas Trained Doctor to match the level of decision-making, clinical profile, available supports and supervision. This will ensure effective placement, skills matching and supervision to the specific vacancy.**

**A national assessment process would need to ensure that short-term Locum Doctors are able to enter the country and be placed promptly, otherwise these arrangements will reduce the supply of locum Doctors and this would have a disastrous impact on rural and remote General Practice. Locum Doctors usually stay less than six months and are well qualified.**



A national assessment process would require Federal and State funding to ensure national uniformity within the General Practice and Hospital context of each State/Territory. State and Territory Medical Boards would need to conduct these assessments or accredit an independent agency to perform the assessment process and appropriate indemnification arrangements would need to be in place.

**Health Workforce Queensland has recently been awarded an Australian Government contract to assist Overseas Trained Doctors to gain Fellowship status with the Royal Australian College of General Practice. These support programs are vitally important as they provide a structured approach for the professional development of each Overseas Trained Doctor as an individual learning plan is generated and are used to guide the professional development of the Doctor. This allows an individually tailored approach, as each Doctor's needs are different.**

There has also been a call for a structured supervision period for Overseas Trained Doctors and whilst we support this approach "in principle" the practical application for rural and remote placements requires further consideration. There is an issue of General Practice's capacity to undertake this supervision in many rural and remote areas and additional funding will be required.

**Overseas Trained Doctors remain a vitally important part of the Queensland Medical Workforce and we need to ensure that an effective and sensible National approach to the assessment and placements of Overseas Trained Doctors is in place.**

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