SCREENING OF DOCTORS TRAINED OVERSEAS: A RESPONSE

Sue Ieraci

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 videoconference-based evaluation for ‘Area of Need’ applicants located overseas. What is omitted is that, while the videoconferencing 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 videoconference 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 gen-
eral 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 super-
vised training in hospitals seems super-
icially attractive, but it assumes that the
current hospital system has the capacity to
absorb this enormous burden of super-
vision. Hospitals are already facing the
consequences of the large and rapid in-
crease 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 begin-
ing 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 clin-
ical 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.