

**OVERSEAS TRAINED DOCTORS IN RURAL AND
REMOTE AUSTRALIA: DO THEY PRACTISE
DIFFERENTLY FROM AUSTRALIAN TRAINED
DOCTORS?**

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ABBREVIATIONS

ACRRM	Australian College of Rural and Remote Medicine
AIHW	Australian Institute of Health and Welfare
AMC	Australian Medical Council
AMWAC	Australian Medical Workforce Advisory Committee
ANTRDs	Area of need temporary resident doctors
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographic Information System
ATDs	Australian trained doctors
BEACH	Bettering the Evaluation And Care of Health
CI	Confidence intervals
CME	Continuing medical education
COPD	Chronic obstructive pulmonary disease
DIMIA	Department of Immigration and Multicultural and Indigenous Affairs
Dr DOC	Dr Duty of Care program
ECG	Electrocardiogram
EPC	Enhanced primary care
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FTE	Full-time equivalent
GMC	General Medical Council
GP	General practice/general practitioner
HbA1c	Glycated haemoglobin
IMGs	International medical graduates
MBS	Medicare Benefit Schedule
NRP	National Reference Panel
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
OMPs	Other medical practitioners

OTDs	Overseas trained doctors
PBS	Pharmaceutical Benefits Schedule
PIP	Practice Incentive Program
PLAB	Professional and Linguistic Assessment Board
Qld	Queensland
RACGP	Royal Australian College of General Practitioners
RAMUS	Rural Australia Medical Undergraduate Scholarship Scheme
RDWA	Rural Doctors Workforce Agency
RRMA	Rural, Remote and Metropolitan Area – see section 3.4
RRMEO	Rural and Remote Medicine Online
RTPs	Regional training providers
RWAs	Rural workforce agencies
RWAV	Rural Workforce Agency Victoria
SA	South Australia
Tas.	Tasmania
TRDs	Temporary resident doctors
UK	United Kingdom
USA	United States of America
Vic.	Victoria
WACRRM	Western Australian Centre for Rural and Remote Medicine
WA	Western Australia
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians commonly referred to as the World Organization of Family Doctors.
WWAMI	Washington, Wyoming, Alaska, Montana and Idaho

DEFINITIONS

Overseas trained doctors

The term ‘overseas trained doctors’ (OTDs) refers to doctors whose medical training has not occurred in the country in which they are currently practising. This term is used most consistently in Australia, but other countries use different terms. For example, in the past the United States (US) referred to these doctors as ‘foreign medical graduates’. Currently the most universal term for these doctors is ‘international medical graduates’ (IMGs). However, in this thesis the term ‘overseas trained doctors’ will be used, as this is the term adopted by the Australian Government when referring to this group of doctors and is also the term used in the policy which is being analysed.

Commonwealth Government of Australia and Australian Government

During the period covered by this study, a change in terminology occurred for the federal government in Australia. Up until 2001 the term ‘Commonwealth’, as in Commonwealth Department of Health and Aged Care, was used to describe initiatives/policies that are generated by the federal government in Canberra. Since 2001, term the ‘Australian Government’ has been adopted instead of the term ‘Commonwealth’ and to describe such initiatives. As this study covers both periods, I will use both terms, but they have the same meaning.

Medical practitioner

The term ‘medical practitioner’ is used in this thesis to describe the whole medical workforce as opposed to the medical workforce associated with a specific speciality. In the United States, the term ‘physician’ is used in the same context.

General practitioner

In Australia the term ‘general practitioner’ is used to refer to those medical practitioners who have specialised in general practice. While this term is used in a number of countries, it is not used in North America. Canada and the US use the term ‘family physician’ or ‘primary care physicians’, but for the purpose of this thesis I will use ‘general practitioner’.

Some other definitions such as rurality will be explained in detail in the text (see section 1.3.2).

ABSTRACT

Over the last seven years the recruitment of overseas trained doctors (OTDs) has formed a significant part of Australia's policy to address the medical workforce issue of geographic maldistribution to ensure that communities in rural and remote Australia have access to adequate general practice (GP) services. This policy has not been without problems, particularly in the areas of assessment of skills and qualifications, appropriate orientation and integration into Australian communities, and retention of these doctors within rural and remote communities.

To date there has been little evidence-based research on the role of OTDs in the medical workforce in Australia. This study explores the service provision and quality of care provided by OTDs using the 5 Year OTD Scheme as the case study. In doing so, it assesses the adequacy of this strategy and discusses the implications for future workforce policies and programs.

A mixed method design was used in the study. The quantitative component involved secondary analysis of Medicare Australia data for all OTDs participating in the 5 Year OTD Scheme in 2002 and all Australian trained doctors (ATDs) practising in rural and remote Australia in the same year. A log Poisson regression model was used to assess the interactive effect of the various GP characteristics, such as age, sex, experience and practice location with OTD/ATD status on the rate of a particular service item per patient, adjusted for patient age and sex.

The qualitative component involved two focus groups with OTDs which were used to help explain the relationships between variables found in the quantitative component of the study. Template analysis was used to identify themes from the focus group.

Significantly different rates per patient between OTDs and ATDS were found across most service items and GP characteristics examined. The greatest variation was found among items relating to in-surgery consultations and non-surgery consultations such as nursing home visits. Fewer differences were found between groups relating to pathology, imaging or procedural services. Analysis of surrogate quality items identified few differences between OTDs and ATDs.

The focus group identified a number of other factors that influenced their patterns of service and accounted for some of the differences identified in the quantitative analysis. These factors included knowledge of the health care system in Australia, cultural and communication influences, health conditions of patients, patient and community attitudes, remuneration influences and training influences. These had varying degrees of influence on their patterns of service.

The reasons for the differences found between OTDs and ATDs are partially explained by the characteristics of the GPs examined and partially explained by other external influences that relate to the particular circumstances of the OTDs, such as knowledge of the Australian health care system and cultural and communication issues. Understanding the nature of practice is central to ensuring appropriate professional support measures. The study findings highlight the need for a targeted training program for OTDs that address the areas that have the greatest influence on patterns of service to ensure that rural and remote communities receive the same quality of service from OTDs as provided by ATDs.

THESIS DECLARATION

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give my consent to this copy of my thesis, when deposited in the University Library, being made available in all forms of the media, now or hereafter.

Signature:

Date:

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