

2007 NSW Health Awards Entry

Entry Title (50 characters or less)
Australian Medical Council Graduates - Setting Them Up To Succeed
Abstract (120 Words)
<p>Australian Medical Council Graduates (AMCGs) join the NSW Health system for a year of supervised training once they have successfully completed the Australian Medical Council written and clinical exams. This is a discrete cohort of the broader International Medical Graduate (IMG) population (formerly referred to as Overseas Trained Doctors). In the past they have been expected to perform on equal footing as the Australian born and trained graduates, within the same timeframe. This has placed the system under enormous pressure.</p> <p>The Centre for Medical Professional Development successfully applied to the Commonwealth Dept of Health and Ageing for \$77,000.00 (administered by NSW) to pilot a professional development program to support the transition of this group of doctors to the Australian clinical setting.</p> <p>The 12-month pilot addressed the needs of 15 graduates. Qualitative and quantitative outcome measures following program implementation demonstrated a 39% increase in AMCG retention, and a significant increase in knowledge, clinical competence and confidence of participants. Based on the outcomes of this pilot, NSW Health has adopted the program recommendations providing each Area Health Service with a grant of \$80,000 to role the program out across the State.</p>
Aim (30 Words)
To pilot a Professional Development Program that provides Australian Medical Council Graduates with an improved and equitable opportunity for unconditional registration and a subsequent increase in retention rates.
Nature of the Problem (100 words)
<p>Hunter New England Health has a medical workforce of approximately 1500 staff, of these approximately 20% have trained overseas.</p> <p>Within this population approximately 15 AMCGs join the system each year. Of this group approximately 50% will be assessed as high risk clinically and/or culturally, creating enormous pressure on resources. While this group only represents a small proportion of the Junior Medical Officer intake, the result is often that an inordinate amount of the supervision time provided to junior doctors is taken-up by this minority group – creating frustration and resentment.</p> <p>In the past placing them as supernumerary has been one of the few options available to the team – an expensive bandaid solution. The absence of support provided to newly commencing AMC Graduates has resulted in the doctors feeling that they are being 'set up to fail'. The end result has been the AMC feeling stressed and stretched, seeing out there year in misery, performing poorly and desperate to return to familiar territory in Sydney.</p>
Extent of the problem (150 words)
<p>Feedback from a needs assessment undertaken by the Centre for Medical Professional Development reflected an over-representation of doctors trained overseas. Central to this feedback were themes highlighting the absence of a supportive infrastructure and doctors reporting feeling overwhelmed and under-supported in their transition to working in the Australian clinical setting.</p> <p>To understand the extent and complexity of these issues and to further explore the contributing factors, focus groups were held with representative doctors, their supervisors and colleagues. Consultative meetings were also held with key managers and most importantly the doctors themselves told their stories. Analysis of their stories (narrative) was central to identifying the issues and most importantly in determining strategies to respond to their diverse needs.</p> <p>In consultation with key stakeholders the following problems were identified as barriers to achieving</p>

competence, confidence and ongoing commitment:

- unfamiliar accent, local vernacular/Aussie slang, cultural differences
- poor skills of supervising doctors
- working in isolation in unfamiliar systems
- lack of empathy from the broader team and colleagues
- lack of understanding of how western systems works
- lack of social structure
- negative stereotyping by media eg., Dr Death scenario, and subsequent racist backlash.

Strategic importance (100 words)

This initiative relates directly to Building A Sustainable Health Workforce as outlined in the NSW State Health Plan. This program is about providing AMCGs with an equitable opportunity to succeed (giving them a fair go) in the clinical environment. It recognises the recent changes in the demographics of the Australian medical workforce and the need to provide a supportive infrastructure that acknowledges and responds to their professional development needs. By supporting AMC Graduates we are also ensuring we have a culturally diverse workforce to respond to our patient demographic. This program has been a collaborative initiative with the Commonwealth and State Governments and a range of local stakeholders.

Planning and implementing solutions (300 words)

In consultation with doctors trained overseas a tailored orientation program was developed, piloted and evaluated. From this evaluation and in tandem with the consultative and focus group feedback a comprehensive professional development program was developed. Considering the limited resources, it was decided to pilot a program specifically tailored to the needs of AMC Graduates. The program included the following innovative strategies:

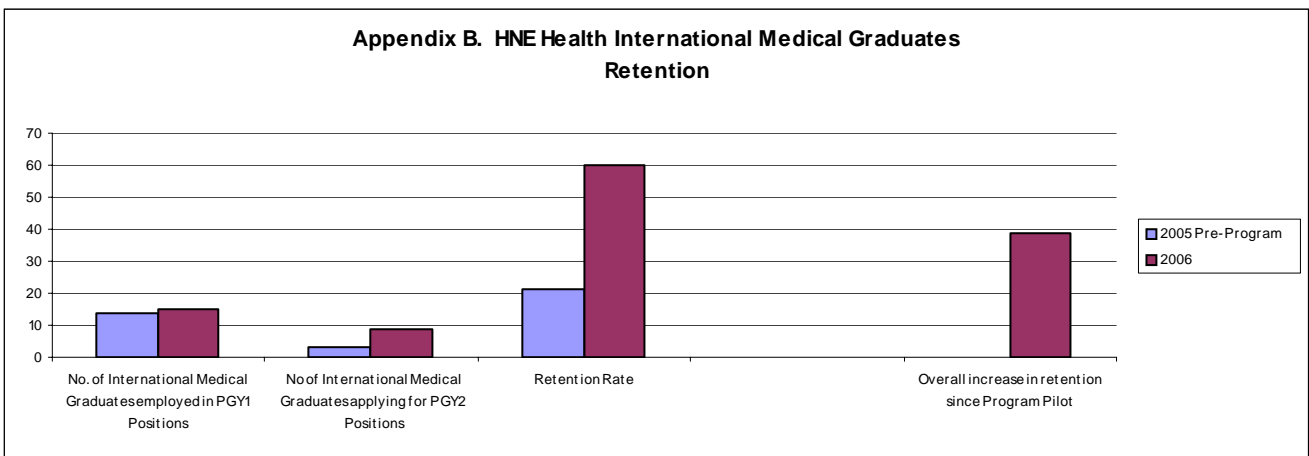
- establishment of a communication committee to monitor issues with input from the Multicultural Unit who have been strong advocates for doctors who have joined us from overseas
- appointment of a clinical supervisor and administrative officer
- development and implementation of a 3 day core training program
- development of individual case managed personal professional development plans
- piloting of the a Mini Clinical Exam (Mini CEX) assessment tool as an objective measure of competence
- weekly education support with lunch (ethnic cuisine – not just sandwiches!)
- provision of mentoring and tutoring
- voice/accent modification
- roll-out of Teaching on the Run across the Area Health Service to support supervisors and to provide skills in supporting the Junior Doctor in Difficulty.
- Working with the Multicultural Unit to pilot a ward in-service for colleagues and teams on how to support a doctor who has recently joined us from overseas
- Participation in the development of the Commonwealth program tailoring training for doctors specifically supervising doctors from overseas
- Development guidelines for identifying and supporting doctors from overseas who are struggling
- Development of a supportive website
- Social evenings to provide support to family members and networking opportunities (see Graphic A below)



GRAPHIC A: Prof Kichu Nair, (tbs) Kanjithanda, Dr Poonacha Kanjithanda, Dr Raj Kumar and Mr Terry Clout welcome new doctors.

Outcomes and Evaluation (200 words)

Comparative data for the year prior to the intervention to the year post the intervention showed a significant increase in the retention rates of AMC Graduates at HNE Health. Reflecting an increase from 21% retention prior to the program to 60% post the program – a 39% increase in retention, reducing staff turnover. To become a Post Graduate Year 2 (PGY2), junior doctors need to successfully complete their year of supervised training and then be granted general registration by the NSW Medical Board. They then apply through a competitive interview process for PGY2 appointments. In 2007, 60% of our AMC graduates reapplied choosing to stay with HNE Health as opposed to 17% in the previous year. This is demonstrated by the graph in Appendix B



In addition the following outcomes were achieved:

- a significant increase in levels of knowledge in all areas tested
- a significant increase in levels of clinical competence
- a significant increase in levels of clinical confidence
- a significant improvement in the integration of the AMC Graduate into the team
- a significant reduction in the stress levels of supervisors
- a significant shift in work practise (Table C)

Table C – Except from 2006 AMC Evaluation Summary

Question: Please indicate in the first column you knowledge or skill level PRIOR to commencing the program. Then indicate your PRESENT knowledge or skill level in the second column.

(On an even interval scale of 1 = Very poor – 5 = Excellent).

Summary:	Pre-Program					Post-Program				
	1	2	3	4	5	1	2	3	4	5
Clinical Competence			7	5					11	1
Clinical Confidence		2	8	2		1 x NA		1	10	
Personal Competence	1 x NA		6	5					12	
Communication Skills	1 x NA	1	4	6					11	1

An independent audit undertaken by the IMET accreditation panel suggested that the program has contributed to:

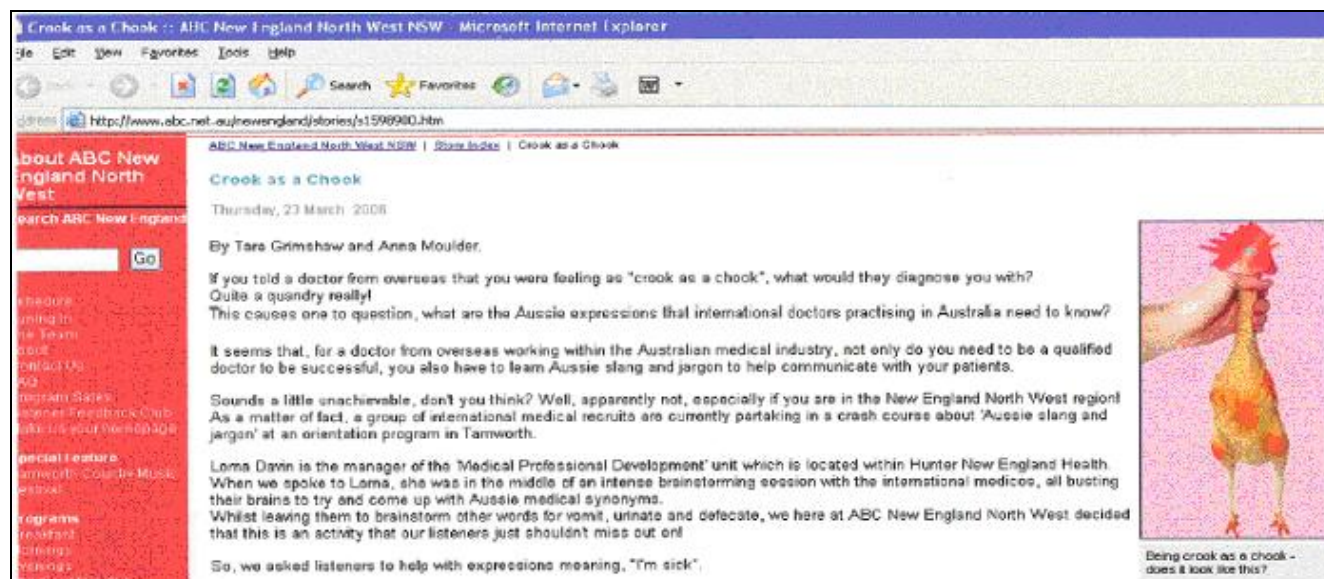
- improved access block performance, both in terms of ability of the AMCs to function effectively in the ED environment, as well as improved discharge planning on the wards due to improved communication with multidisciplinary teams.
- having had a significant effect on the number of incidents reported through IIMS relating to AMCs, at all levels of SACS. (Dr Nick Fletcher, Convenor IMET Accreditation Panel, Oct, 2006)

Additional Medical Workforce and Clinical Governance outcomes include:

- promoting and positioning HNE Health as an employer of choice for IMGs
- increasing the number of competent staff providing patient care and thereby decreasing the risk of an adverse event to a patient.

Positive media coverage promoted by the program has also increased community awareness of both the difficulties some of our doctors from overseas face and also the value they bring to our service. (Graphic D). (Graphic D).

Graphic D – Crook as a Chook. Source: ABC New England North West – 23 March 2006



Sustaining change (100 words)

Mechanisms have been implemented to ensure that all AMC Graduates now receive a tailored orientation program and an individual learning plan developed for them when commencing with the organisation as part of their mandatory training.

Draft guidelines have been developed to assist in identifying doctors who have joined us from overseas

and are struggling clinically, culturally or personally in their role, and how best to support them in our system. Regular assessment and appraisal, and mentoring and tutoring dependent on individual needs are now standard procedures in supporting all AMC Graduates as they join HNE Health. The program has facilitated a collaborative approach to the support of AMCGs. Supervisors now have someone to approach for support in their management of a struggling doctor rather than being left to deal with the issues in isolation or worse still to ignore them.

Future Scope (100 words)

A goal of the initial pilot was to develop a comprehensive program that was transferable to meet the professional development needs of IMGs in general and IMGs and AMC Graduates in other Area Health Services. NSW Health has recently announced its decision to provide all NSW Area Health Services with a grant of \$80,000 based on the outcomes of this successful Hunter New England Health model. Program staff have also provided the Institute of Medical Education and Training (IMET) with guidance and support on the establishment of this program. A conference paper has also been submitted to a national forum.