

The Australian Medical Council Graduates – Setting Them Up To Succeed

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Aim

- A Pilot project
- Competency
- Communication
- Cultural understanding
- Create and retain a capable workforce

• Nature and Extent of the Problem

- 25- 30% of the workforce IMGs
- Learning needs are different
- Need fine tuning
- Keen to do a good job
- Needy- but unmet needs

Strategic importance

- 15 –16 AMC interns
- Heterogenous group
- Varying needs
- Used to create majority of the work for the JMO unit
- “Problem Doctors”

Planning & Implementing solutions

- Commonwealth funding
- NSW health
- \$ 77000
- Pilot 2006 for successful transition
- 0.5 admin officer , 0.2 supervisor

Planning & Implementing solutions

- Orientation- tailored
- Weekly group learning - learner identified topics
- IMG and AMG tutors
- One to one mentoring
- One to one learning plans / communication /accent
- Social support
- Open door policy

Outcomes & Evaluation

- IMET Review
- Improved access through ED
- Improved discharge planning
- Improved communication in ward setting
- Employer of choice for IMGs
- Increased retention rate and returning rate
- Satisfied supervisors and Interns

Sustaining Change

- HNE provided ongoing funding
- NSW health rolled out the program to all Areas

Lessons Learned

- It can be done
- The AMC interns need some fine tuning
- Will make them better doctors
- They appreciate
- Safe practice
- Small price to pay!

Future Scope

- Can be implemented elsewhere
- Other states are interested
- Mini- CEX pilot now has become the national tool