

Annual Report of the Director of Orthopaedic Services To The AOA AGM, 15 October 2008

IMG ASSESSMENTS:

There have been large numbers of IMG's assessed on the papers as "not comparable" this year.

Interviews for those who were considered to be potentially partially or substantially comparable were held on the following dates:

07.12.2007
07.02.2008
18.04.2008
12.06.2008
08.08.2008
02.10.2008

At the time of writing, the Interviews of 2.10.2008 have not taken place.

All of the IMG's interviewed on the other dates however from 07.12.2007 to 08.08.2008 inclusive were assessed under the new IMG Assessment Guidelines of the College as either "partially comparable" or "not comparable". There were no IMG's assessed as 'substantially comparable' (Article 21) at interview.

APPEALS:

Four IMG's have requested reassessment in the last 12 months.

Of these, two IMG's have gone on to the Censor-in-Chief Review Committee.

One of those reassessments was successful at the Censor in Chief Review Committee, and one was not. There is a further Censor in Chief Review Committee decision pending in relation to a third IMG.

Success by an applicant at the CIC Review Committee means that the College Committee has overturned the decision made by the Interview Panel, with two AOA personnel sitting on each Interview Panel. There are no Orthopaedic Surgeons on the College Censor-in-Chief Review Committee Panel. An IMG who fails at the Censor-in-Chief Review Committee can then make a formal appeal to the College. That is rare.

ARTICLE 21:

Article 21 assessments continue to be contentious.

The body of opinion in the AOA is divided, with some AOA members considering that specific IMG's should definitely be granted Article 21 status, and other AOA members believing that Article 21 should never be allocated under any circumstances.

It is important for AOA members to understand that at the present time the only avenue for the AOA to have input into the assessment of IMG's is via the College process.

The AOA has no registration with the Australian Medical Council (AMC) to assess IMG's, and therefore if the AOA does not work within the College process, then the AOA disqualifies itself from having any control at all over IMG assessments, and therefore no control over maintenance of standards.

ARTICLE 19:

Those IMG's who are assessed as Article 19 still struggle very significantly to pass the Fellowship Examination.

In the Fellowship Examination of September 2007 only two out of nine IMG's were successful.

In the Fellowship Examination of early 2008 only one of nine IMG's were successful. The causes for this are multi-factorial, but IMG's do have access to Bone School if they become affiliate members of

the AOA. This requires payment of a fee but it is a simple process. Attempts are made to allow IMG's time in major metropolitan centres to prepare for examinations but there are significant capacity restraints in this regard.

AOA BOARD RESOLUTIONS:

Due to questions raised by the College in relation to the AOA's continuing commitment to the College IMG Specialist Assessment Process, the AOA Board approved three Resolutions at its Board Meeting of 19 July 2008 as follows:

Resolution 1:

RESOLVED to implement the RACS Guidelines on IMG Specialist Assessment, particularly in relation to the Brennan Principles of fairness, transparency, and objectivity.

Resolution

RESOLVED that AOA maintains the right to implement the RACS IMG Guidelines according to its own expertise, regarding the knowledge and experience of AOA regarding the education and training of IMG's in relation to Australian-trained orthopaedic surgeons.

Resolution

RESOLVED that the Board has confidence in the AOA representatives involved in the RACS IMG assessment process.

A Special Resolution will be put to the AGM by an AOA member, in relation to Specialist Recognition, and the methodology for Specialist recognition in Australia.

The Board has decided to circulate a paper outlining the Board's position in relation to that Resolution put forward by the AOA member.

AREA OF NEED POSITIONS:

Area of Need Positions also continue to be a contentious area.

The Orthopaedic Services Committee is concerned that Area of Need Positions appear to be declared by State Governments without any consultation with the College or the AOA.

The College is then presented with a fait accompli, and the AOA (through the College) is then asked to adjudicate on the suitability or otherwise of the IMG. This is an entirely unsatisfactory situation, and has proven to be unworkable in a number of cases.

The description of Area of Need also appears to be very much in the eye of the beholder as far as the State Governments are concerned.

To this end it is intended that representatives of the Orthopaedic Services Committee will attempt to meet the Health Minister in each State Government, to offer the hand of assistance to the State Health Departments, at an earlier stage in the process. The OSC believes that if it can be consulted at an earlier time, it may be possible to fill many of the Area of Need Positions with Australian graduates, who at least can be certain of having passed the standards by which all other Australian Orthopaedic Surgeons are assessed.

A firm date has been given by Mr. Stephen Robertson, Queensland Health Minister, for 23 October 2008, and the various Regional Chairs of the OSC are attempting to obtain dates for meetings with NSW, Victoria, South Australia, and Western Australia.

ON SITE ASSESSMENT:

A number of hospitals in Queensland have been cause for concern, not least because of the large numbers of IMG's in these Regional areas.

In Queensland Dr. Don Pitchford has inspected the Area of Need positions in Nambour, Hervey Bay, Bundaberg, Rockhampton, and Mackay.

Dr. Pitchford has produced a detailed report which will be discussed by the Orthopaedic Services Committee, not only for management of the Queensland AoN positions, but also as a template for assessment of other AoN positions.

WORKFORCE DEFICIENCIES:

As per previous reports, there continue to be Workforce deficiencies in Paediatric Orthopaedic Surgery and Trauma, and possibly in other areas such as Spinal Surgery. There are certainly deficiencies in Regional and Rural areas.

The causes of these deficiencies are complex, and there have been discussions particularly in relation to Paediatric Orthopaedic Surgery in Victoria.

This matter now needs the close attention of the AOA.

The deficiencies need to be addressed at two levels.

Firstly, I consider that selective streaming can and should occur within SET, to enable selected trainees (possibly self selected) to train into sub-specialties which can be identified as having either current or potential deficiencies.

It will be necessary for all sub-specialty groups to make a detailed analysis of Workforce, so that these deficiencies can be identified. This should not actually be difficult in the problem areas of Paediatric Orthopaedic Surgery, Trauma, and Rural and Regional areas, as the numbers are smaller in these groups.

Secondly, the craft groups need to adopt a stronger mentoring profile, into Post Graduate Training and appointments, so that the potential benefits of streaming within SET can be appropriately utilised.

To this end I support the proposal put forward by Professor Peter Choong, to encourage trainees to sit for the Fellowship examinations in SET 4, so that they could be then sent to appropriate regional areas to obtain greater operative experience, but still within a supervised training environment.

Not only would this assist greatly with Workforce in the Regional areas, but it may well illustrate to some of the trainees that practice in a Regional area has benefits of which they may not have been previously aware.

TRAINING COMPARISONS:

One of the difficulties with IMG assessment, relates to the actual assessment of "substantial comparability" of training, exit examination, and the depth and scope of practice.

The Orthopaedic Services Committee is keen to continually update its expertise in this area. Recently the President, Dr. John North, made an inspection of the South African Training and Examination systems, and provided helpful knowledge in this area.

It is hoped that the OCS can send two Representatives to the United Kingdom in 2009, as observers to the United Kingdom examination, to further update knowledge in that area.

TOOKE REPORT:

Sir Jonathon Tooke has delivered a detailed report to the National Health Service in the U.K. in relation to surgical specialties. Part of this report relates to what many people believe to be a contentious issue. In the Tooke Report it appears to be the opinion of the Tooke Committee that even after graduation as Specialists, British Surgeons are still not ready to practice at a satisfactory level in independent practice and require further training.

Although no such report has been commissioned in Australia, the Tooke Report is food for thought in relation to the assessment by the Orthopaedic Services Committee of United Kingdom graduates as IMG's.

TRADE PRACTICES ACT:

A situation arose at a Queensland Hospital in 2008, in relation to the Trade Practices Act. The Medical Advisory Committee at the hospital had requested advice from members of the Orthopaedic Department of the hospital in relation to the application by an Orthopaedic Surgeon for admission and operating privileges. Subsequently the Medical Advisory Committee declined the registration, but then subsequently modified that, after consultation with the hospital administration, to a form of limited registration.

Even though the Orthopaedic Surgeons do not themselves make the decision in relation to the registration, but only provided information to the Medical Advisory Committee, all members of the Orthopaedic Department then received a letter from the ACCC, which they regarded as threatening in its tone and implications.

As a result of this a delegation lead by AOA President John North consulted with Mr. Alan duCret, Queensland Regional Director of the ACCC. Mr. DuCret wrote an article in the August 2008 AOA Bulletin. In the particular instance quoted above it appears that the ACCC may not have fully understood the manner of operation of each Medical Advisory Committee, in private hospitals.

In the specific instance as above the Orthopaedic Surgeons were found not to have breached the Trade Practices Act in any way.

The ACCC appears to be slow to accept that decisions made by Medical Advisory Committees are made in relation to patient care and maintenance of standards, and appear to be willing to see anti-competitive behaviour where none exist.

The above situation however does serve as a warning to all AOA members at private hospitals, in relation to the importance of maintaining an arm's length approach, when providing advice to a Medical Advisory Committee. It also serves as a warning as to the acceptable structure for the Medical Advisory Committee in terms of the Trade Practices Act.

SAFE WORKING HOURS:

In previous reports I have indicated that Safe Working Hours have not impacted adversely in relation to training.

It appears that the situation is now potentially arising where Safe Working Hours may impact adversely on training.

Those entering SET 1 now may do so at an earlier stage in their careers, and this is particularly true in relation to operative experience.

Because of Safe Working Hours junior staff who are intending to apply to the Orthopaedic Training Programme (SET) may find that their operative experience is limited, and also their exposure to potential referees may be limited.

At the present all that is required is a watching brief in this area.

CHANGE IN PERSONNEL:

Dr. Emerik Trinajstic, who has been the Regional Chair of the Orthopaedic Services Committee in WA, resigned in early September 2008. The OSC thanks Dr. Trinajstic for his excellent work in relation to IMG's and Workforce in WA over the last two years.

Dr. Trinajstic has been replaced by Professor David Wood. The OSC warmly welcomes Professor Wood and looks forward to his contributions, which will be considerable in view of his knowledge and experience.

VMO POSITIONS:

In early 2008 a survey was conducted in relation to the availability of VMO positions for new graduates.

The somewhat surprising result was that the only State in which this is currently a problem is New South Wales, with up to 35 young graduates appearing to wish to have a VMO position, and yet are unable to obtain one.

HOSPITAL TRAUMA ROSTERS:

The AOA has been involved for more than 12 months, in relation to the Trauma Roster at a major metropolitan hospital.

The position of the AOA is that it can provide an opinion in relation to the assessment and relative capabilities of an IMG, if that IMG has been through the formal assessment process. In the above situation however it appears that the hospital administration are intending to ignore the advice of the AOA, and also the advice of the College.

It is a cause of some frustration to the Orthopaedic Surgeons at the hospital in question that the AOA cannot take a stronger stance. Neither the AOA nor the College however can directly interfere with the rostering processes which occur within each hospital. Although the AOA has been happy to assist with advice in relation to one particular IMG, the AOA does not have the power to change a decision made by a Medical Advisory Committee, or hospital administration.

D S Stabler
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12 September 2008