



THE CONSULTANCY BUREAU

REVIEW OF REMUNERATION AND CONDITIONS OF ENGAGEMENT FOR AMC EXAMINERS AND SIMULATED PATIENTS PARTICIPATING IN AMC CLINICAL EXAMINATIONS AT THE NATIONAL TEST CENTRE

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April 2016

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MANAGEMENT CONSULTANCY SERVICES

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Executive Summary

1. This report contains findings and recommendations from a review of remuneration and conditions of engagement for AMC examiners and simulated patients participating in AMC clinical examinations at the National Test Centre.

2. The review was informed by:-

- The AMC's clinical examination, history and current NTC context.
- Direct observation of examiner and simulated patient roles in two clinical examinations.
- Discussions with examiners and simulated patients.
- Receipt of written and telephone submissions from 10 current AMC simulated patients and consideration of comments supporting an SP-generated petition.
- Research of Medical School and Specialist College relativities for examiners and simulated patients in Victoria and other parts of Australia.
- Drawing conclusions in an AMC context.

3. Examiners

Discussions with a range of Melbourne-based, Victoria-based and interstate examiners confirmed that:-

- Examiners are complimentary of the AMC's support for them in their role and contribute to the AMC's processes because of the intrinsic motivation and satisfaction derived from supporting the organisation and the medical profession.
- Collegiality and continuing professional development are also significant reasons advanced for involvement.
- The current flexible conditions for travel and accommodation were highly valued.
- The amount of payment was a secondary consideration compared with the above three aspects.
- Relativities with Specialist Colleges confirmed that for the majority, examiners perform their role on a voluntary unpaid basis for the intrinsic reasons outlined above.



- Colleges and universities that pay examiners typically pay \$80 per hour.
- There is a loading for Chairs of examination panels in the cases where payments are made.
- The review concluded that the sessional rate of \$343 for 3.5 hours provided an hourly rate of \$98 which compared favourably with relativities researched.
- There was a need to adjust this rate slightly to account for changes since the 2010 Federal Remuneration Tribunal rate change of 2.5% applying to Chairs and members of AMC's committees which was selected as the most appropriate basis for adjustment.
- The new rate of \$350 per session or \$700 for a full examination day was considered reasonable and approximately 50% of the rates that might apply for VMO sessional rates performing clinical procedures in Victorian public hospitals.
- The Chair of examining panels was assessed as requiring a 35% loading (equivalent to the loading for Chairs of AMC committees) and be compensated for an additional 2.5 hours per examination day to reflect additional work performed. Chairs of examiners would therefore be paid \$1,282.50 for each examination day.
- As observers of examiners and simulated patients are expected to provide meaningful feedback to Chairs in respect to all aspects of the examination including the roles of examiners and simulated patients, it is considered that a 10% additional remuneration rate of \$110 per hour or \$770 per examination day, would be appropriate.

The review concluded that the additional costs of these recommendations would be:-

- An additional \$11,885.13 for the 12 examinations in May/June 2016.
- An additional \$65,368 for the 66 examination days in 2016/17 inclusive of superannuation.



4. Simulated Patients

- The history and context of simulated patients portraying scenarios at the AMC's clinical examination was researched and the performance of simulated patients at two clinical examinations across all stations observed.
- Simulated patients performed reasonably straightforward roles in the examinations, with acknowledgement that at times there are more complex roles to be performed.
- The review considered the recent simulated patient training program piloted at the NTC and the complexity of NTC SP roles and concluded that it would be prudent to retain one level of payment for simulated patients, but provide a reasonable 50% loading for simulated patients performing training and/or audio-visual training or demonstration roles.
- Relativities for simulated patients within the university sector confirmed that the AMC needed to increase rates from a quite low base to raise these in a measured way consistent with their role and mandate. Rates between \$27 and \$45 per hour were evident, with a number around \$30 per hour.
- The recent rates determined for marshals of \$26 per hour were noted and the AMC's medical examination context was also considered, including the rates paid to junior doctors in Victoria of some \$35 to \$37 an hour in PGY1/2.
- The review did not consider that rates paid to simulated patients in Specialist Colleges were appropriate relativities due to the more complex nature of the specialist examinations being conducted for Fellows of the College.
- Rates paid in the entertainment industry were not considered appropriate relativities as this is not the industry in which the AMC conducts its affairs. The AMC is an education, accreditation and assessment not-for-profit regulator assessing International Medical Graduates who, if successful, will most likely assume junior or base grade doctor roles.
- The appropriate rate of payment for simulated patients for their NTC roles was considered to be \$30 per hour. A new rate of \$240 for an examination day is recommended.



- A \$45 per hour rate should apply to SP trainers and those agreeing to model performance in videos to assist in training activity.
- Simulated patients could be afforded an additional hour at the \$30 rate at a time when post-examination debriefing sessions of 30 minutes are added to an examination day, and to allow some 30 minutes for preparation time to enhance SP role preparedness.

5. Conditions of Engagement

- Simulated patients can elect to continue to complete the Statement by a Supplier form appropriately to their circumstance where the AMC pays them directly without withholding tax.
- Certain SPs with appropriate ABNs can render invoices to the AMC.
- SPs could seek casual employment, but the overhead involved is not in the AMC's best interest. The model preferred is contracting SPs who submit an appropriate invoice utilising a modified timesheet on the day of the examination.
- Superannuation at 9.5% should be paid for any SP earning more than \$450 in a month – this amount would be earned if SPs performed more than two simulated examination days in a month.
- SPs could be paid electronically as soon as IT adjustments can be made, but if the new rates are implemented immediately, then cheque payments will need to continue for a little longer.

The issue of KPIs were considered for SPs with the recommendation that:-

- All current requirements, plus the need to attend a training session in one's own time, the requirement to complete electronic feedback forms at the end of each station, and the requirement to attend the envisaged debriefing process, should be regarded as conditions necessary to transition to the new SP payment rates.
- SPs who fail to give adequate notice of an intention to cancel their commitment to attend an examination would be counselled on the first occasion, but removed from the database if the situation again occurred without adequate reason.



6. Financial Implications

- Revised arrangements for simulated patients for May/June 2016 would be an additional \$21,859.
- The revised arrangements for 2016/17 would require an additional \$149,265, plus an additional \$43,560 if the additional one hour was paid for debriefing and pre-reading preparation time PLUS Superannuation of \$4,138 – Total \$196, 963.
- Training costs – assuming 5 training sessions of 30 simulated patients with 6 SP trainers at \$45 per hour would amount to \$6,750.

The consultants expressed their appreciation to all who constructively contributed to the review.



1. Introduction

This report contains findings from a review of conditions of engagement and levels of remuneration for examiners and simulated patients (SPs) participating in AMC clinical examinations held at the National Test Centre. This clinical examination forms one part of pre-registration requirements for International Medical Graduates from certain jurisdictions to practise in Australia. Some 66 examination days are held at the National Test Centre per year with a small number of examinations still held in Perth and Townsville in hospital settings. It is now timely to review rates of remuneration for examiners and SPs in a way that recognises the value of the work undertaken in the AMC context and references other rates of remuneration for comparable work undertaken by examiners and simulated patients in medical OSCE settings in Melbourne and Victorian markets.

The Melbourne, Monash and La Trobe Medical Schools use clinical examiners and simulated patients (SPs) as do many of the Specialist Colleges located in Melbourne. There is a growing trend towards the incorporation of other forms of simulation in objective structured clinical examinations (OSCEs) such as interactive computer enabled video technology and mannequins which simulate patient functionality. A number of allied health professions also use simulated patients and other simulation technology for teaching and examination purposes.

The AMC draws its pre-accredited examiners and its simulated patients from databases of those who have registered their interest in performing such roles.

The AMC's clinical examination (OSCE) is designed to test candidate (International Medical Graduate doctors) competency at a standard equivalent to the competence expected of an Australian trained graduate doctor when first registered, ie a junior doctor. This standard is calibrated periodically against standards established for Australian Medical School graduates.

The requirements are less onerous than certain Specialist College examinations conducted for more senior doctors seeking progression into or within their College.



These relative standards need to be taken into account when considering relativities with other positions.

Recently, a number of SPs with backgrounds in the acting, live performance and television industries have made strong representations to the AMC that its rate of \$160 per day for SP work is below industry standard and should be increased.

An online petition has been circulated to this effect.

There is therefore some urgency to review the rates of remuneration for SPs.

The AMC examiners' remuneration has not altered since 2010, and the review also considered trends in examiner rates of pay in other Melbourne-based OSCE settings for medicine.



2. **Historical Context**

The AMC relied on the services of real patients as well as lay role players in its earlier hospital-based clinical examinations before the development of the NTC. Personnel involved (patients and their hospital doctors in various specialties performing examiner roles) volunteered their time, whilst other patient role players (often sourced by the AMC's examiners) were paid a modest honorarium. Examiners now accredited by the AMC are drawn from senior Fellows of a number of the Specialist Colleges.

Examiners were historically paid a rate reflecting Commonwealth Government 3.5 hour sessional rates applying for clinical roles as Visiting Medical Officer in repatriation hospitals. The Commonwealth's role in repatriation hospitals ceased some years ago. The rate of remuneration for examiners, with some minor adjustment over time, has remained. Current rates of \$343 per half-day were originally based on this scale, which is now redundant.

Examiners are paid under three arrangements currently:-

- As a Company by rendering an ABN Tax Invoice.
- As individuals providing an ABN invoice.
- As individuals casually employed where the AMC withholds 49 cents tax and pays relevant superannuation.

Currently, simulated patients participating in the AMC clinical examination process have been paid \$80 per one half-day examination or \$160 per day for performing role playing/ simulated patient roles for two examinations requiring portrayal of two patients. This rate has not changed for some years and is at the lower end of rates paid to role players/SPs in other settings. Superannuation has not been paid in the past due to the below threshold level of payments and intermittent nature of the work performed by any one contracted SP.

Simulated patients complete a "Statement by a Supplier" Tax Office declaration so that they can be contracted on a needs basis by the AMC and paid as a contractor without the provision of an ABN and without tax on earnings being withheld by the AMC.



In more recent times those expressing interest in performing simulated patient roles have included personnel with live performance acting experience or careers. These personnel are currently advocating strongly for AMC rates of remuneration for SPs to be increased and suggest appropriate benchmark comparison remuneration should be drawn with the performing arts and acting industries. A current online petition has attracted some 150 endorsements from interested personnel not necessarily performing SP roles for the AMC.

The AMC must recover the full cost of conducting examinations for candidates at the NTC, and currently a cost per participant doctor of \$3,200 per examination is charged.

This review seeks to assess conditions and arrangements for examiners and simulated patients to better reflect work value in the AMC's OSCE context, to ensure greater internal consistency and external relativity.



3. Approach

The review was undertaken by:-

- Researching previous and current AMC practice in respect to conditions and levels of remuneration for simulated patients and examiners.
- Seeking and reviewing written documentation from the AMC and from the National Test Centre regarding examination arrangements.
- Observing two 16 active station clinical examinations involving examiners, simulated patients, examiner observers, the Chair of examiners and examination marshals. (AV monitoring enabled full coverage of examiner and simulated patient roles.)
- Interviewing a number of examiners and simulated patients involved in clinical examinations at the National Test Centre.
- Researching the role, conditions of engagement and level of remuneration currently paid for examiners and simulated patients in other medical and allied health fields, performing roles in OSCE examinations.
- Considering roles and scheduled rates for those paid as actors or performing artists in the entertainment industry who are engaged as casuals in a variety of television and small and large live audience settings.
- Researching the role of examiners and SPs in Specialist College examinations and university teaching and examination contexts as one benchmark for examiner and SP payments within the AMC.
- Considering the AMC's level of payment to clinical specialists serving on its several committees as members and Chairs based on Commonwealth Remuneration Tribunal guidelines.
- Considering the AMC's and National Test Centre's (NTC's) continuing viability as a user pays funded facility and the already quite considerable costs of conducting clinical examinations (some \$3,200) for International Medical Graduates.
- Drawing conclusions to fairly and reasonably address work value, consistency and relativity and recommend appropriate rates for the AMC given its mandate, responsibility to the community and to the medical profession, and its funding circumstance.



4. Examiner Arrangements and Conditions

4.1 AMC requirements

The AMC has established strict eligibility and assessment criteria to be appointed as an examiner, which include:-

- Fellowship of a relevant college and registration with AHPRA and/or specialist registration with no restrictions, conditions or undertakings.
- Evidence of current or quite recent satisfactory clinical practice.
- Continuing substantive involvement in education/assessment, particularly relating to medical students in their senior years and of junior doctors.
- Appropriate currency of clinical practice (full or part-time) including practice within five years of being retired as being acceptable where the applicant has continuing medical registration, ongoing continuing professional development (CPD), and ongoing involvement in teaching and/or assessment.

Successful applicants are appointed for an initial period of 12 months where they must undertake appropriate examiner training prescribed by the Board of Examiners and undertaking a minimum of two examinations with assessment and feedback during the next 12 months. Satisfactory performance would then enable confirmation for a period of a further three years when a new application would need to be lodged.

Successful applicants sign an AMC non-disclosure agreement and support Chairs of examiners assigned to each examination where exam training/preparation, examination logistical requirements and feedback on performance as an examiner are provided by Chairs.

Examiners are selected to reflect the range of 16 stations within the clinical examination as follows:-

- 5 physicians (may be from General Practice)
- 3 surgeons
- 3 paediatricians



- 2 psychiatrists
- 3 obstetricians/gynaecologists
- The AMC maintains an inventory of some 470 medical specialists accepted to perform the role of examiners and is currently revising this database.
- Examiners are sent at six monthly intervals, with six months' lead-time, a schedule of examinations where they might express interest in performing examining roles.
- The AMC, because of the concentration of examinations now within the National Test Centre, seeks local examiners or those from nearby jurisdictions including Tasmania, South Australia and Sydney. Where there is difficulty in covering requirements, examiners from further afield would be included in panels.
- At each examination a Chair is appointed with extensive, relevant examination and AMC committee experience. Two observers drawn from the experienced examiner ranks are also assigned.
- Examiners are provided with comprehensive clinical examination scenarios with roles described for examiners, requirements of candidates, and requirements of role players/ simulated patients. This paperwork is provided one week ahead of the examination, together with the assessment marking sheet now provided in electronic tablet form.
- Examiners may attend a two-hour briefing session on the evening prior to the examination where they are paid \$98 per hour for two hours (recently appointed and/or explanation of any changes to examination procedure).
- Examiners may attend a briefing session on the morning of the examination on the operation of the electronic tablet used for scoring. They then attend a Chair's briefing explaining logistics requirements and emergency procedures during the examination (some 30-40 mins total).
- Examiners attend a post-examination debriefing session (some 30 mins) with the Chair where each station is reviewed from a range of perspectives to ensure continued suitability.
- Observers provide feedback to the Chair who then develops written feedback statements for examiners.



- Observers are drawn from the ranks of more experienced examiners and Chairs are those Chairs or members of the AMC's clinical examination panels involved in establishing and setting examination content, approving content and overseeing the standards applying for the AMC's clinical examination processes.
- During an examination, one examiner with relevant background is assigned to one of 16 active 10-minute scenarios to observe, assess and determine the performance of candidates. Examiners oversee the portrayal of the patient condition by the SP and may seek minor adjustment to the role to ensure consistency for the 18 candidates attending for their 8-minute scenarios at each station (2 mins prior reading time for each station).
- Examiners currently perform their role in the clinical station room, directly observing candidate performance and SP portrayal of the patient condition.
- Technology could currently enable remote observation and assessment by examiners. Other trends include technology to better simulate patient condition through interactive computer/video-based simulation, use of low fidelity simulation tools, integration of mannequins simulating patient condition, and video portrayal of real patients with chronic illnesses, especially neurological related conditions.
- The NTC, supported by the views of some of the examiners interviewed, could usefully include higher proportions of former and real patients in the SP makeup for each examination.

4.2 Examiners' Perspectives

The review discussed examiner perspectives with the Chair of Examiners for the two observed AMC clinical examinations and with a number of examiners involved in these examinations.

The conclusions from this limited but very consistent consultation were:-

- Examiners, Specialist College Fellows, support the AMC in its clinical examination processes because of an allegiance to their discipline of medicine and a genuine commitment to support and give back to the profession, including assessing doctors from other jurisdictions not automatically accepted for registration in Australia.



- Examiners appreciate the importance of continuing professional development and have a genuine interest and commitment to training, education and examination processes to enhance the quality of medical practice in Australia.
- Examiners welcome the opportunity to share medical interests with colleagues.
- Most examiners expressed satisfaction and understanding that the level of remuneration was regarded more as an honorarium for performing their role, and considered this a far less significant issue than the intrinsic motivation for being involved in the examination process.
- Other examiners, especially Melbourne-based with existing VMO roles, considered current Victorian VMO rates of approximately \$167 should apply. (Rates range from \$140 to \$240 in practice.)
- The review considers that clinical sessions as a VMO should attract a higher rate than the AMC's examiner hourly rates due to a VMO's higher accountability for clinical treatment and practice and risk, cost of professional indemnity insurance etc. A senior specialist in a clinical examination role does not have the same patient treatment responsibilities. Nevertheless the role has high levels of accountability for the assessment of candidates where decisions are subject to oversight by a Chair of Examiners and ultimately, formal review processes.
- All examiners interviewed strongly supported and confirmed the importance to them of the AMC's current flexible approach, and agreeable conditions for travel and accommodation where necessary for examiners in that:-
 - They are provided with standards of travel and accommodation appropriate to their professional circumstance within the medical profession and in the community generally.
 - These arrangements can be flexibly applied within their allocated budgets and AMC guidelines to accommodate individual needs and preferences especially for those travelling from interstate should they wish, for example, to extend travel plans at their own expense or stay in alternative accommodation.



- The AMC's conditions at the NTC, including examination facilities, the provision of meals and support services on the day of the examination, were considered of a high standard and very satisfactory.
- Melbourne-based examiners do not now benefit from the extent of supported travel that they may previously have experienced. However, they are offered taxi or public transport reimbursement in travel to the NTC. One of the examiners contacted did consider that examiner rates should be increased and that compensation for hours over the two clinical session times of 3.5 hours could be paid.

Examiners deserve to be highly valued throughout the AMC engagement and assessment process, and the majority feel that they have excellent support. The current travel and accommodation allowances apply to those attending from interstate. With time, examiners may all be in a position to perform assessments of candidates remotely via video link to their home location. At this point the need for travel and accommodation would be significantly reduced. The rate of remuneration could be revisited at this time.

The review concluded that the AMC would continue to be supported by the required number of assessed and accredited examiners from the relevant Specialist Colleges primarily due to the intrinsic value placed on the role by incumbents. The importance of appropriate conditions surrounding the examiners' role (as distinct from the absolute level of honorarium paid) was the critical factor emphasising the importance of the AMC's maintaining appropriate standards in supporting its examiners including flexibility of travel and accommodation conditions. This finding is consistent with the AMC's experience with its committee members over many years.

4.3 Equity and Relativity Considerations

Conditions pertaining to examiners, educators and trainers in other medical settings were considered including examiners for the Specialist Colleges, examiners of junior doctors and more senior undergraduate medical students, and those involved in the education and training of junior doctors. Doctors performing education, training and examiner roles in all



of these settings experience different arrangements and conditions unique to the particular setting. There are, however, some general conclusions of relevance, which are:-

- Examiners and educators for the Specialist Colleges almost invariably perform these roles on a voluntary, honorary basis, and do so for the intrinsic reasons outlined above. Their contribution is seen as an important “giving-back” to the profession and one of significant value to maintain professional standards within the particular college or within the particular university system.
- Examiners in these different settings experience a variety of conditions, but are generally well supported with travel, accommodation and meals. Preparation time, training or examination time and feedback are performed in the examiner’s own time. There are no daily or hourly fees.
- In respect to educators, trainers and examiners in university systems, those involved are generally drawn from the ranks of currently practising and registered medical professional academics or public hospital registered clinicians with adjunct roles or closely associated roles between the particular hospitals and the university or universities concerned.
- Where external medical practitioners are invited to perform university roles in OSCE settings, they can receive remuneration. For example, Monash (Rural Health) uses a partial fee rate from nursing where examining nurses are paid \$88 per hour and doctors \$104 per hour. These rates were reported to be currently under review to reflect university examination marking rates of some \$60 per hour.
- The RACGP uses GPs in certain OSCEs where a rate of some \$80 per hour may apply. Chairs of examination panels are paid \$110 per hour (a loading of some 37.5%).

The current sessional rate for AMC examiners of \$343 for 3.5 hours (\$98 per hour) is approximately 50% of the prevailing rate for sessional senior specialists in Victoria’s public hospitals without loadings or allowances.

However, the AMC rate is considered reasonable and appropriate as an honorarium payment reflecting the “examining” role as distinct from “performing clinical procedures” in a hospital setting role.



It was concluded that college examination processes are supported principally by the contribution of volunteer approved examiners due to the intrinsic value they place on the role and as contributing towards the professional development of the individual candidate, the profession, and their own continuing professional development. University examiners are usually sourced from existing members of Medical School academic personnel or conjointly appointed hospital medical officers for no fee.

The honorarium paid to the AMC's examiners of \$76 per 9-hour examination day (based on the \$343 sessional rate) is considered to be fair and reasonable given external relativities. The rate currently established is considered appropriate even though the original sessional award foundation for its creation no longer exists.

However, it would be appropriate to amend this rate consistently with increases provided in the Commonwealth Industrial Tribunal determinations varied from time to time to cover those performing the role of Chair and member of professional bodies (even although the Australian Medical Council is not directly mentioned in this schedule). The AMC is included under the provision for offices not specified, and the AMC has adopted these rates over many years for its committee system. They were increased marginally from 1 January 2016 by some 2.5% over the 2010 rates. A rate of \$350 per session for one half-day examination and \$700 for a full day is therefore suggested as a slightly revised baseline payment for the AMC's examiners.

Whilst the OSCE examination period is 3 hours and 20 minutes, examiners also undertake briefing and marking instruction in addition to this time. This time should not be included as additional to the 3.5 hours of paid time as it is regarded as preparation-related orientation and investment in the role. Where examiners attend training/briefing sessions on the evening prior to an examination, they should now be paid the pro rata rate of \$100 per hour or some \$200 for two hours.



4.4 Other Relevant Issues

The Chair of examining panels has a role which involves additional time and responsibility to that of an examiner or observer. Chairs are required to undertake a deal of preparation time involving the assimilation of the content of all 16 stations, and the appointment of appropriate examiners to stations.

Chairs need to be thoroughly familiar with all station content so that they are in a position to properly guide, oversee and ensure consistency in the assessment processes for the examination. Chairs provide briefing sessions to examiners and conduct the concluding debriefing session. They prepare and disseminate written performance feedback on each examiner based on issues such as the consistency of examination processes and findings, feedback from the two observers monitoring each of the clinical assessment stations, and the Chair's own discussions with individual examiners. They therefore are placed in a position of assessing the performance of their peers.

In discussion with relevant examiners, Chairs also make judgements in respect to the suitability of simulated patients and the need for enhanced pre-briefing, training or development, or indeed the continued performance in the role of a simulated patient.

It would be prudent to maintain the 35% margin currently applying for the AMC's Chairs of committees relative to rates for members, ie Examination Chairs paid an hourly rate of \$135. Chairs need to be compensated for the additional work value of the role and the additional time associated with each examination. Chairs have estimated that some 2.5 additional hours are involved. Typical Chair work value loadings are –

- RACGP Chairs \$110/hr (a 37.5% margin over examiners at \$80)
- AMC committees 35% (\$377 Member, \$510 Committee Chair)

It is therefore suggested that a Chair be paid a 35% increased sessional fee for each examination, ie of \$350 to \$472.50. They should claim the additional 2.5 hours @ \$135/hr for each full day examination to cover the additional time involved.



In respect to observers, these roles require some preparatory work and familiarisation with the stations, and provision of feedback to the Chair about particular examiners, role players and stations. A 10% loading to that applied to examiners would be reasonable for observers, ie \$110/hr or \$385 per examination.

It is suggested that a rate per examination be maintained for examiners, observers and Chairs rather than hourly rates, to avoid the administrative difficulty of slightly differing time requirements from one examination to the next. The \$100/hr briefing session fee for the night before should be maintained.

4.5 Recommendations - Examiners

It is recommended that:-

- Current conditions surrounding the engagement and support for examiners be continued with retention of the AMC's flexible approach to travel, accommodation and meal arrangements in keeping with the conditions prevailing for senior experienced professionals in specialist medical practice.
- Information be provided to all examiners about the process of Chairs providing feedback to all examiners to ensure they are fully apprised of their role in the AMC's context. The roles of observers, and how observers and Chairs are selected, should also be fully understood by those performing examiner roles.
- The rate prevailing for a half-day examination for examiners be adjusted from \$343 to \$350 to account for the approximate 2.5% increase in the tribunal determined committee rates applying since 2010 when the examiners' rates were last reviewed, ie \$100 per hour for the 3.5 hour session.
- Observers receive 10% additional remuneration (\$385 per session or \$110/hr).
- Chairs receive an additional 35% remuneration plus an additional 2.5 hours payment at this rate to compensate for their higher work value and time commitments to the conduct of examinations (\$472.50 per session or \$135/hr), plus the 2.5 hours at \$337.50/hr, bringing the fee per examination to \$1,282.50.



- Impact of the additional cost per examination for the AMC if recommendations are adopted would be:-

| | |
|----------------|-----------------|
| ○ 16 Examiners | \$224.00 |
| ○ 2 Observers | \$84.00 |
| ○ 1 Chair | <u>\$596.50</u> |
| | \$904.50 |

| | | |
|----------------------------------|---|--------------------------|
| For 66 examinations in 2016/17 | | \$59,697.00 |
| Additional superannuation @ 9.5% | = | <u>\$5,671.00</u> |
| | | \$65,368.00 |

| | | |
|--------------------------------------|---|--------------------------|
| For 12 examinations in May/June 2016 | | |
| Fees 12 x \$904.50 | = | \$10,854.00 |
| Superannuation 9.5% | = | <u>\$1,031.13</u> |
| | | \$11,885.13 |



5. Simulated Patient Arrangements and Conditions

The Australian Medical Council has been using simulated patients/role players in the conduct of its clinical examinations for many years. In an earlier time, clinical examinations were conducted within major metropolitan hospitals and regional hospitals throughout Australia. In these settings examiners would include doctors from the particular hospital who might arrange volunteers from their current patients to perform the patient role in the OSCE examination. Other role players were secured (generally through the local hospital's network of contacts and might include relatives of examiners or actual patients, colleagues in the hospital setting or other personnel known to those associated with the examination). Simulated patients were actual patient volunteers or other volunteers. Payments, if any, were quite modest rates for a particular examination. The current \$20 per hour SP payment arose in this context.

With the centralisation of most clinical examinations now at the National Test Centre in Melbourne, the AMC is in a position to enhance the consistency and standard of the examination process to ensure objectivity, fairness and comprehension in the clinical examination materials and processes presented to candidates (the majority of whom are international medical graduates seeking confirmation of their clinical knowledge, skill and expertise as a prerequisite to applying for registration to practise safely as a doctor in Australia).

The AMC is endeavouring to achieve greater standardisation across the scenarios as portrayed by role players/simulated patients who now perform the majority of patient roles in the clinical examination. A minority of actual patients are still utilised within examinations when available, especially to portray conditions that cannot easily be simulated in a clinical examination context such as chronic illness and neurological disorders. Examiners emphasised the desirability of utilising more former and current patients in examinations.

In reality, patients are all unique, and therefore can be expected to display different behaviours and responses to a treating doctor for a similar condition. Role players must



memorise their scenario instructions and information and portray the patient role consistently for the 18 repetitions.

The current review of arrangements and conditions of engagement and employment for role players/simulated patients is forming part of the process to enhance the consistency and standardise satisfactory levels of simulation within the clinical examination context. A group of simulated patients is working with examiners to develop an AMC relevant training module for SPs. A trial program of some 5 hours has been completed and is being refined.

Some 80-90 SPs are used regularly out of an active database of 140 SPs, recently revised from 240.

5.1 Current Requirements and Issues in Respect to Simulated Patients/ Role Players

- The term, “role player”, was replaced by the term, “simulated patient”, progressively during the last decade and has been confirmed in the literature in Australia as the prevailing term used within the university, medical college and allied health industry to describe role players simulating patient condition at OSCE style examinations.
- Simulated patients performing these roles at the AMC are currently contracted at the rate of \$80 per examination or \$160 for two examinations conducted over one day, which is the usual NTC format.
- Whilst an examination runs for some 200 minutes (3 hours 20 minutes), there are requirements before an examination that involve the time and effort of simulated patients.
- Simulated patients who have indicated availability and been selected for a particular examination are provided with their simulated case material a week prior to the date of the examination. They are asked to prepare themselves to demonstrate this simulated patient role in readiness prior to attending on the day of the examination. (No fee is paid for this task currently.) If attending morning and afternoon examinations, two roles would be provided. SPs change role after each 18 candidate sequence.



- Simulated patients attend the Chair of Examiners' briefing session prior to the examination, generally held between 8.15 am and 8.30 am for 15 minutes. From 8.30 am until 8.50 am role players and examiners meet in stations to discuss that particular station's case.
- Currently simulated patients are not required for additional time after a clinical examination, but enhancements currently being explored for simulated patients would include a debriefing and "stepping out of role" session following the examination or, if attending two sessions, at the end of the examination day. In addition, SPs will soon be asked to complete feedback sheets after each candidate has attended a station.
- Simulated patients are currently provided with a detailed set of guidelines to inform them about the nature of the role and their preparation in order to demonstrate patient condition and attributes necessary to provide authenticity and consistency for candidates to reasonably address their clinical examination requirements.
- A 5-hour training program is being developed as a priority for the AMC's database of simulated patients (recently updated and now with active numbers of some 140).
- The training envisaged is to include a discussion of AMC requirements, the reinforcement of guidelines, viewing appropriate videos of simulated patient models showing appropriate simulated roles and video tips and tricks further illustrating desirable attributes and undesirable features of simulated patient roles. The most significant part of this training program, however, will be the demonstration and practice sessions of patient simulation where verbal, non-verbal and emotive elements of different scenarios are portrayed in small workshop-structured segments with oversight by experienced simulated patients and AMC examination Chairs.
- Simulated patients within the AMC's network (especially those with acting backgrounds and careers) have advocated that the rate currently paid by the AMC is well below average rates paid for similar roles performed for other health and medical organisations within Melbourne.



They consider that the AMC rates need to be increased to fairly reflect prevailing pay rates in the performing arts industry and for SPs in other organisations because of the value and complexity of work performed.

- Simulated patients, together with NTC staff, are aware of rates prevailing in other organisations, including the university sector in Victoria, within Medical Schools and within some of the Specialist Colleges where typical simulated patient rates range between \$27 and \$50 per hour (see **Attachment 1**).
- NTC personnel, as well as certain simulated patients, are aware that some organisations pay rates much higher than this, eg \$60 to \$120 per hour, for simulated patients asked to portray more complex roles involving significant preparation time and portraying skills, verbal, non-verbal and emotional, to properly portray certain psychiatric conditions, certain bereavement/bad news scenarios involving chronic life-ending illnesses, parenting roles in cases of serious infant illnesses or death, and other chronic conditions of the elderly including neurological-related illnesses. These simulated roles are required by certain Specialist Colleges where examinations are set at a more advanced level than the AMC's examinations. Colleges pay these rates to contract from a small pool of simulated patients recognised for their skills and experience.
- These higher rates are not considered applicable to the AMC's level of clinical examinations, nor could they be justified given the user pays operating context of the AMC.

5.2 The Perspectives of the AMC's Registered Cohort of Simulated Patients

- The AMC established a working group of simulated patients and several examination Chairs with considerable experience of the AMC's NTC examination process to review and address a range of simulated patient training requirements. In this forum the topic of remuneration was raised.
- Those involved in the working group (especially those with performing arts and acting backgrounds) reflected that the skills required for a simulated patient are akin to those required for an actor and should be remunerated according to the Live



Performance Award (2010) and/or rates advocated in the Media, Entertainment and Arts Alliance Equity Minimums.

- Whilst some 50% of the AMC's simulated patient database members may have roles as actors in other settings, the remaining 50% are from other backgrounds. The AMC continues to utilise actual patients (now in small numbers but likely to increase) in its clinical examinations as well.
- The AMC invited all simulated patients on its database to forward submissions to the organisation conducting this review to raise any issues that they felt were relevant to simulated patient arrangements and conditions of engagement, including levels of remuneration.

During this review, and as a result of the AMC's invitation, five simulated patients were interviewed during the course of an examination being held at the National Test Centre to canvass their viewpoints on this issue. Some five written, and several telephone, submissions were received. The major conclusions drawn from this consultation process were:-

- Of the over 100 active simulated patients/role players listed on the AMC's database, less than 15 responded to the invitation to provide direct written or telephone feedback on the issue.
- Despite this quite low response rate, most simulated patients working within the Melbourne metropolitan area are aware that the AMC rates of contract remuneration are below rates applying in other medical and allied health settings where they also undertake simulated patient roles. They appreciate that the AMC has commissioned a review to address remuneration issues.
- An 'on-line' petition developed independently by one AMC simulated patient at last assessment had attracted over 150 endorsements, primarily from those in the arts, entertainment and acting industries. It is unclear whether in most cases respondents were experienced SPs or whether they were SPs on the AMC's database.



- The petition seeks differential and higher rates of remuneration for SPs that are equivalent to rates paid by other medical entities and comparable to rates paid within the arts, entertainment and media sectors, especially for performing artists.
- Some responses to the petition assert that:
 - Institutions in Melbourne paying rates of between \$44 and \$66 an hour and additional preparation time, required similar or less demanding roles for their simulated patients.
 - The AMC's simulated patients should be fairly remunerated for the work value of their role – rates should increase.
 - The AMC's clinical examination process depends on actors, that simulated patients of necessity needed to be actors with significant acting experience, and that the AMC had some degree of obligation to provide support and employment for actors who might not be currently engaged in other performing arts or entertainment related acting roles.
 - Simulated patients had work value equivalent to the examining medical specialists, and that because the AMC received significant support through taxation and charged very significant sums to candidates, it was well positioned to pay additional remuneration to simulated patients. (Minority comments)

The comments overall fairly reflected a desire from those with acting backgrounds to receive a fair level of remuneration, and in addition some recognition for preparation time, especially for the more complex simulated patient roles.

- Those providing direct feedback to this review confirmed that in the case of those pursuing an acting career, casual or intermittent simulated patient roles could form an essential part of their income during periods when the performing arts and entertainment industries were not providing consistent work for actors or other forms of performing artists, eg dancers, musicians and other theatrical performing arts support personnel.
- Because of this, simulated patients, even if indicating availability for an AMC examination date, would be always tempted and may accept later offers of simulated patient work or acting assignments within the media, arts and



entertainment industries on the same date, where significantly higher rates of pay were offered.

- Feedback, however, did confirm that the AMC, with its current format of 66 examinations per year, could provide a periodic/regular source of simulated patient income which was a relevant factor in considering choice of conflicting engagement opportunities. Six months' notice is generally given of the AMC examination schedule.
- A consistent theme expressed by AMC simulated patients responding, however, was that they felt undervalued within the AMC's examination process. They believed that, although the AMC provided excellent facilities including food and refreshments on the day, the lack of attention to simulated patient requirements and recognition of their high standard of work was disappointing. When the low rate of payment was taken into account, this further confirmed their perceptions of the low value the AMC places on their roles. These viewpoints/perceptions were strongly held by those responding.
- One simulated patient who has been performing the role for more than 10 years for the AMC confirmed that rates for simulated patient roles were low, and might be modestly increased. The interview with this simulated patient revealed a deeper understanding of the role and context of the AMC and the importance of focus on the demonstrated competence and capability of candidates during clinical examinations. There was a depth of understanding about financial circumstances of clinical examinations and the fact that international medical graduates, as candidates, needed to pay for the full cost of their clinical examinations. In many circumstances their own financial situation was as tenuous as some portraying simulated patient roles. A modest increase was said to be warranted.
- Simulated patients felt that the AMC could provide better training for them prior to involvement in simulated patient roles.
- A desire was expressed for payment for the time involved in preparing for roles, in a fairer allocation of remuneration to better reflect the actual hours spent performing roles during clinical examinations, and most importantly, a greater strength of engagement with the AMC. The chance to "debrief" and "come out of role" at the



end of each examination process was advocated for the more complex or emotionally stressful roles.

- The simulated patient working group confirmed a range of enhancements that would be desirable including:-
 - Greater access to online training support materials including links to sites showing particular patient conditions.
 - The opportunity for simulated patients to undertake training specific to the AMC's requirements prior to performing their simulated roles (5-hour program being developed).
 - For the AMC to have more realistic simulation material available for examinations to emulate certain conditions such as wounds, pregnancy, heart murmurs etc, which would include props and makeup for simulated patients as well as other simulation devices including audio-visual mannequins, which could be used in conjunction with a simulated patient in a particular station, eg mannequin to reflect various heart and respiratory conditions, a paediatric mannequin to reflect certain vital signs and issues, and a simulated ear examination to minimise the risk of accidental damage or injury to a simulated patient during a clinical examination.
 - To have better trained examiners who could intervene promptly if candidates were inappropriately or invasively examining simulated patients, or alternatively, were not appropriately physically examining a simulated patient for particular symptoms or indicators of condition.
 - To ensure a more consistent and practical approach to training and preparation.
 - The issue of simulation of more invasive but nevertheless commonly occurring procedures such as prostate examinations was mentioned. Standardised patients, as SPs are referred to in the United States, have a range of additional payment conditions and training for those willing to accept more invasive procedures). At the present time the AMC does not expect its simulated patients to undertake such roles during clinical examinations.



- AMC simulated patients also raised a number of physical and logistical issues in respect to the examination, including most consistently, the variations in temperature and how cold the rooms could become when simulated patients were lying or sitting without movement for the candidate conduct periods during the examination.
- The hardness of beds, difficulty in communication with certain examiners, difficulty in raising concerns about scenarios that became only obvious during the first one or two candidate contacts were also raised as a significant feature.
- All examiners and SPs familiar with examinations prior to the NTC confirmed that the standard of consistency in the assessment of candidates had improved significantly and continued to improve at the NTC.

Overall, the simulated patients/role players who responded to the invitation to provide comment offered helpful, constructive and informative feedback. The review expresses appreciation for their feedback.

5.3 Review Findings Regarding SP Role and Feedback

Two clinical examinations were reviewed, including all stations utilising audio-visual capability, to gain first-hand appreciation of what was involved in a simulated patient's role. Based on this experience, the review makes a number of observations about the feedback previously received and viewpoints offered:-

- Those providing feedback who were pursuing acting careers understandably saw their role as a simulated patient as primarily performing or acting, and therefore linked the role to Awards that have been designed for the performing arts and entertainment industries with live paying audiences. In these contexts the quality of the production and the calibre of the actors powerfully influence attendance figures.
- Those responding in this way revealed limited understanding of the AMC's primary role and circumstance and selectively drew on AMC's published material (or more concerningly, material published on other websites purporting to fairly compare a number of regulatory and assessment bodies with the AMC), which provide a very selective and at times incorrect assessment of the AMC's mission, values, role and financial circumstance.



- Of more concern, however, was the recurring perspective and viewpoint identified through discussion, telephone calls and written submissions that simulated patients judged their role to be one of prime or preeminent importance in the clinical examination. The viewpoint could best be described as “simulated patient- centric”. The review acknowledges that simulated patients/role players have an essential and important part to play in clinical examinations but the focus always in these examinations must be on the candidates and their competence as assessed by senior specialist examiners.
- Examiners are usually very senior Fellows of their particular Specialist College, have the full accountability for assessment of candidates and reporting their assessment to the Chair of Examiners panel. They are the AMC’s accountable officers central to the assessment process and bring a lifetime of specialist experience in developing examination content, constructing and articulating scenarios, writing up scenarios and in observing, judging and assessing the performance of candidates in respect to the scenarios with which they have been presented.
- Examiners provide all of the essential clinical information to candidates during their 8 minute station necessary for a candidate to judge the physical, physiological and clinical signs and symptoms that a simulated patient cannot portray in the limited timeframe or in the constrained manner available in an 8 minute clinical examination station.
- The review understands and acknowledges that an actor is the primary focus of any role in the performing arts and entertainment industries. Simulated patients working within an AMC environment have highly valued roles to perform, but in the context of the AMC’s examination process and the central role of examiners in assessing candidate (doctor) performance.
- The AMC seeks patient authenticity from its simulated patients in line with scenarios developed so that examiners may assess the candidate doctor’s active listening skill, ability to communicate medical conditions into lay terms in explanation to patients, and the ability to lead and maintain control of the patient interview situation.



- Patients in everyday reality are diverse, unique and variable. They reflect emotion in different ways. The AMC does not require the over-embellishment of stated scenarios by SPs, but a realistic portrayal of a patient, reflecting scenario information provided and doing so with reasonable consistency for the 18 candidates at each examination.

In summary, simulated patients generally considered AMC pay rates too low and that the AMC should demonstrate that it values SPs through remuneration, paid preparation and training time, greater inclusion as part of the AMC team, and debriefing after examinations.

5.4 External Relativities – Simulated Patients and Junior Doctors

The AMC's clinical examination process forms part of the assessment of an international medical graduate's capability and suitability for registration to practise medicine safely in Australia. The AMC's examinations are calibrated against standards in Australia's Medical Schools to ensure standards being applied in the assessment are compatible with standards adopted in Australia for securing a medical degree enabling registration to practise medicine within Australia.

The core function of the AMC's National Test Centre is the assessment of clinical competence and fitness to practise medicine safely in an Australian context.

Although actors and those pursuing acting careers are increasingly involved in providing simulated patient services (especially in Victoria), the Australian Medical Council is not an entertainment or artist employer. People other than actors may apply for inclusion in the database and comprise some 50% of SPs expressing interest.

Medical Schools and the Colleges currently rely on categories of employment in their own enterprise agreements or other scales as a basis for determining hourly rates of pay for SPs.



Attachment 1 contains a summary of a range of different conditions in universities and colleges of particular relevance to the AMC. The review wishes to acknowledge the relevant list of rates in other organisations provided by one of the NTC's clinical examination team which were generally found to accurately reflect independent enquiries made as part of this review.

5.4.1 Melbourne Medical School

Simulated patients are paid at the University's "*demonstrator, not medically qualified*" rate. SPs are paid to attend training sessions as well as for their work in simulated patient OSCEs. The program has a two hour minimum engagement rule. Simulated patients are engaged as casual employees of the University and work is discontinuous and tends to be confined to biannual examination periods.

The current rate specified in the agreement from May 2015 to May 2016 is \$44.39 per hour. However, within the School at its different campuses there does appear to be a range of rates paid to SPs which vary from some \$30 to the stated \$44.39.

5.4.2 University of Tasmania

A simulated patient is stipulated to be a lay person trained to simulate the historical, physical and emotional features of a real patient's clinical problems in a reproducible and valid manner. Simulated patients are expected to portray certain symptoms, undergo physical examination, display emotional characteristics of real patients, and may attend training. Simulated patients are paid as a health education officer level 3 at the rate of \$32.49 an hour. Weekend penalty rates raise this level to approximately \$52 an hour. At the end of a training program designed for SPs, they are given an accreditation certificate.

5.4.3 Australian National University

Staff engaged to simulate patients become casual employees of the University and are paid \$28.99 at the present time, rising to \$29.86 in July 2016. The University may classify an SP as a performer and provides an additional loading when SPs are required to perform before large lecture classes.



5.4.4 Griffith University

Griffith pays its simulated patients according to its enterprise agreement as other required academic activities such as conducting practical classes, demonstrations, workshops etc. The rate is currently \$42.38, plus on-costs for the University including superannuation.

Some interesting features of Griffith's model are:-

- The Griffith Medical School has recently introduced a 10 credit point articulated University program of one week's duration for all simulated patients (simulated patients may not perform the role unless they have completed this one week program).
- University students may source this program with no additional payment as they are already paying to attend the University.
- Personnel from the broader community must pay \$1,300 for this week of training before they can perform roles as an SP. It would take the equivalent of 30 hours' examination time to recover this outlay in the Griffith system.

The rate paid to simulated patients applies to external personnel and to some student SPs. There are a number of SPs studying in the Film and Drama School who need to aggregate practice hours in a relevant field in organisations (including the University) and simulated patient work is favourably regarded. The end result is that a number of simulated patients are undergraduate and postgraduate students completing hours on a non-paid basis as credit towards programs other than medicine.

5.4.5 Monash University

Campuses include Rural Health at Bendigo and Gippsland. SPs are paid \$28-\$29 an hour with a three hour minimum for OSCE work. There are a number of retired or semi-retired volunteers who prefer not to be paid (interfering with pension entitlements) and in this case vouchers are offered to compensate for costs and meals etc associated with the SP role. SPs attend a two-hour training workshop to help equip them for the role. Taxi vouchers are also provided. Monash has developed an appropriate debriefing and step-out-of-role process for simulated patients considered necessary, especially in respect to the more emotionally taxing roles. Monash also has a Research Professor of Simulation Education in Healthcare who assisted by providing comment to better inform this review.



5.4.6 La Trobe University

SPs are paid some \$31 and an additional loading to \$35 if involved in video films for demonstration sessions. Sessions range from one to two hours to full day sessions and SPs are casually employed. The Bendigo School has some 22 simulated patients and La Trobe paid HEAL to train some of these patients, picking up full costs.

5.4.7 Specialist Medical Colleges

The College of Surgeons advised that they do not currently use actors or simulated patients for patient roles in clinical examinations, but medical students. Another source revealed that there were a number of SPs contracted who are paid between \$70 and \$100 per hour to simulate patients in more demanding scenarios and cases. They conduct some 2,000 members through OSCE-type programs each year. They have been talking to HEAL about the possibility of using their simulated patients. The College provides meals for simulated patients if they are providing meals for candidates to examinations. This College confirmed that medical students were sourced through University student contact officers and were used in SP, marshalling and registration processes. Students have provided positive feedback about the value of the experience, and are all keen to participate in additional sessions.

The College of Emergency Medicine has also been discussing the possibility with HEAL of utilising their simulated patients. The College provides a half-day training for SPs before the examination and provides scripts two days before this half-day training, which is generally two days before the OSCE examinations. Most of their SPs are proficient in at least two roles for the examination timeframe. Remuneration rates were not ascertained.

The Royal Australian College of General Practitioners has been using its examiners to play the role of simulated patients. GPs in both roles are paid \$80 per hour and examiner assessors are paid \$90 per hour. When the College uses simulated patients (actors) for role playing, they pay \$80 an hour and might consider using agency actors for certain simulated patient roles.



In summary, the usual range of payment for SPs within universities varies between \$30 and \$50 per hour. Organisations pay SPs as casual employees according to their own enterprise agreement. Some Colleges pay HEAL or 'acting' rates between \$60 and \$100 per hour.



6. Determining Appropriate SP Remuneration Levels Within an AMC Context

6.1 The AMC's Industry Context

The AMC is a relatively small organisation with some 86 employees, which depends on user pays fee based revenue to fulfil its obligations pursuant to national accreditation and registration requirements. As such, the AMC must conduct its affairs in a highly efficient, cost-effective manner with a minimum of operational overhead. It receives some funding from AHPRA from medical practitioner registration fees, but does not receive Government sourced revenue.

Traditionally and currently, the AMC relies upon the goodwill of the medical profession, and especially senior specialists, to commit their time to the AMC for honorarium type payments which are a fraction of their entitlements performing clinical roles in their chosen discipline. In similar vein, simulated patients traditionally volunteered their time (when they were real patients in actual hospitals) and accepted modest remuneration in the case of those volunteering to perform hospital-based simulated patient roles.

The AMC does not choose to have its own enterprise agreement due to its small size, and therefore aligns remuneration levels with other appropriate disciplines covered either by Awards, guidelines or relativities with counterpart positions.

In more recent years role playing patient assignments within the AMC's clinical examinations are being performed by those pursuing acting careers or those already established in acting roles in the performing arts industry. These people apply through an expression of interest screening process. Whilst it is understandable that they consider the AMC should pay rates equivalent to media, arts and entertainment Awards, these are not considered the relevant or appropriate guidelines for the AMC's accreditation and assessment functions within the education and medical sector.

The AMC's clinical examination is designed and structured to enable senior professional



specialists from the medical profession to assess the competence of doctors with foreign registration who are seeking registration to practise in Australia. Simulated patients are an important ingredient in this examination process. However, professional acting experience and skill is not sought nor required. For example, a current advertisement by La Trobe University states that no prior experience in role playing is necessary, and the AMC's Guidelines state that "no prior clinical or medical experience is necessary to portray the patient role". In other words, anyone may apply including prior patients, actors, students, the elderly and those of ethnic backgrounds with sound English speaking skill. The SP database must reflect as closely as possible the category of patient specified in the scenario.

6.2 Live Performance Award and other Entertainment Awards

From an industrial standpoint, the Live Performance Award (2010) or the Broadcasting and Recording Entertainment Award are relevant to the entertainment industry where issues such as performing in front of live audiences, and working in or supporting the entertainment industry are a key feature that defines coverage. For example, in the Live Performance Award, performance means "a performance by employees open to the general public on payment of an admission charge for which the employer receives payment or other benefit". The AMC is not in the entertainment industry. Simulated patients do not perform in front of a paying public audience. Previous acting experience is not specified as a requirement for a simulated patient to perform the role. **Attachment 2** contrasts some of the differences between the entertainment sector and the AMC's regulatory role of accreditation and assessment within the medical education and training sector.

For the sake of completeness, entertainment related Awards were reviewed.

- The Media, Entertainment and Arts Alliance (MEAA), as the actors' union, advocates equity minimums of \$235.16 for a 3 hour call or \$78.38 per hour for casual performers in theatre and other live performances including SP roles.
- Live Performance Australia (LPA) requires casuals to be paid 16.7% of the relevant



weekly adult rate, plus 25%. Maximum time is 3 hours. Weekly minimum rates range from \$814.20 for dancers (Performer Category 1 Grade 1 to Level 15 (conductor leader \$1090/week). These translate to casual rates of \$34.00 to \$45.50 per hour, significantly below \$78.

- The Broadcasting and Recorded Entertainment Award suggests hourly rates for actors (performers) of between \$23 and \$46 (Sundays).
- Anecdotal discussion with people performing casual acting roles confirm that rates much lower than these are paid for bit parts, eg \$100 per day or \$20 to \$30 per hour.
- An example of dancers currently working 8 x 4 hour calls weekly being paid \$1,000 approximately per week or \$31.25 per hour was provided.

The review concluded that rates paid to performing arts were quite varied. The AMC is not an entertainment industry employer and these rates are of interest but not directly relevant to the AMC context.

During the last 20 years, universities and the health professions more broadly, have made greater use of OSCE-style examinations including role playing patients, the designation now commonly accepted in Australia being “simulated patients”. Some universities mention simulated patient roles in their enterprise agreements, whilst other universities pay simulated patients according to other non-academic classes of employees, eg non-academically qualified demonstrator or support personnel for laboratory work.

Those responsible for OSCE examinations are increasingly seeking to standardise or gain consistency in presentations by simulated patients and have invested significantly in training and development programs for simulated patients operating in their own context.

Other organisations have instead sought members from the acting and performing arts industries to represent patients, especially in higher level examinations such as those conducted for Fellows of some Specialist Medical Colleges.

The AMC’s context is education, accreditation and assessment related to medicine, and



the standards of its clinical OSCE examination are consistent with standards applying to graduating doctors in the Australian system who have completed their PGY1 year in a public hospital. The AMC must be mindful of rates being paid within the medical profession when structuring its SP arrangements.

It is salutary that current Victorian Award rates for doctors are as follows:

Doctors in training (junior doctors)

| | | |
|------------------------|------------------|---|
| PGY1 (intern) | \$33.53 per hour | A weekly education allowance of \$40.30 |
| PGY2 | \$35.66 per hour | |
| PGY3 | \$38.66 per hour | |
| Medical Officer Year 1 | \$47.18 per hour | Weekly allowance for education \$50.80 |
| Medical Officer Year 2 | \$50.14 per hour | |
| Registrar Year 1 | \$44.89 per hour | Weekly allowance \$72 for education |
| Registrar Year 2 | \$47.45 per hour | |
| Year 6 and thereafter | \$60.00 per hour | |

As candidates for this examination are being assessed at a standard applicable to junior doctors in Australia, these Award rates do set an important context for the AMC's clinical examination.

As previously mentioned in this report, examiners are paid rates of \$100 per hour (less than half of this rate if their full hours of involvement including travel time from their practice is taken into account). Usual sessional rates for VMOs in Victoria range from \$140 to over \$200 per hour. Examiners perform roles as a contribution to the AMC in furthering the interests of safe medical practice in Australia.

The AMC recently reviewed the role of marshals supporting the organisation and logistics with clinical examinations currently performed by medical students. The appropriate Award selected to determine the \$26/hour rate was the Miscellaneous Award 2010 as



published in July 2015.

Considering all of these issues, and based on the observed level of skill and involvement required of simulated patients in the AMC's clinical examinations, this review considers that a level of remuneration between the level assigned to marshals and levels applicable to junior doctors in Victoria should be paid. It would be difficult for the AMC to justify simulated patients portraying a role in a doctor's assessment examination being paid more than a successful candidate (doctor) who would seek registration as a junior doctor.

6.3 Sourcing of Simulated Patients

Understandably, those pursuing or currently in acting careers who do not have current acting roles in the performing arts industry, express interest in simulated patient roles in Victoria. The AMC has both welcomed and accommodated this demand by enabling placement of those with such interest in their database which can be drawn upon to select people for simulated patient roles. Some actors make excellent SPs as do other people from many different backgrounds.

The AMC, along with a number of other organisations such as Griffith University, Monash University and certain colleges such as the Royal Australian College of General Practitioners, have devised or are devising specific training programs to better equip their simulated patients to carry out roles consistently according to their requirements.

In the case of Griffith University, the program has been formalised and articulated to the University system through the allocation of 10 credit points for the one-week intensive program. The program costs \$1,300 to complete and no simulated patients are accepted for roles within the University unless they have completed the program. Students of the University do not have to pay this fee as they are already enrolled and paying the Higher Education Contribution.

The AMC has recently piloted a 5-hour program, and other organisations are conducting



one and two-day programs depending on their needs and requirements.

Our Company has experience in developing and delivering simulated role playing training in the following contexts:-

- Policing organisations including critical incident stress debriefing, hostage negotiation situations, briefings to the media about hazardous, catastrophic and disaster events, informing families of the death of loved ones etc.
- Executive development programs where coaching in active listening and giving and receiving challenging feedback are key components. Examples include discussions relating to termination, suspected criminality, unsatisfactory performance, chronic illnesses, and drug and alcohol problems demanding certain management action.
- Coaching executives and managers involved in selection panels where insightful questioning and discussion in respect to work, career history and background is a significant feature.
- Role readiness for court processes including Commissions of Inquiry for those providing information and evidence to a court.

Based on this experience and the observation of the two examinations, the conclusion drawn in respect to the difficulty and complexity of the SP role at the AMC was:-

- Most roles were reasonably straightforward and required only moderate emotional portrayal as an essential part of the role.
- Some roles required commitment to memory of a deal of the history involved leading up to a particular case (some half to a page of information), judged the more demanding of the stations viewed on the day.
- All roles required accurate reflection of three or four lines of response to the candidate doctor's initial enquiry asking the simulated patient to describe the nature of their condition.

From this point on, the candidate has to listen to the doctor's questions and respond appropriately according to the provided scenario. If unsure of the required response as it has not been included in the scenario, an SP can simply say, "I'm unsure" or "I don't



know". Simulated patients may take small cue cards or succinct notes with them if they had a particularly long history to reveal when appropriately questioned. There is a 20 minute station discussion between SP and examiner prior to the first candidate and a chance for brief discussion with examiners after they have finished marking each session with the candidate doctor. After some 5 minutes of history taking, if not already requested the examiner asks the candidate to seek the necessary clinical related test outcomes.

SPs have responsible roles, but from the day's observation and reading all station scenarios, not overly complex. SPs however do require sustained concentration to perform the role for the 18 candidates in each examination. Nevertheless, experience has confirmed that lay personnel with appropriate role playing experience such as provided with the envisaged AMC's simulated patient training, would be able to competently demonstrate many of the observed roles after training, and if suited to the SP role, could quickly develop the capability to perform more complex tasks.

This progression on the job is evidenced through discussions with those involved successfully with AMC roles of simulated patients over a decade or more. These people have no acting background, but life experience and skill able to accommodate any of the roles at short notice undertaken within a typical AMC OSCE examination.

The review was advised that the NTC considers payment of a differential rate for experienced SPs portraying the estimated 25% of more complex roles. There are pros and cons of this approach reported by organisations which have some experience with this:-

- A differential rate could be motivating in encouraging attendance by more experienced SPs when conflicting opportunities arise.
- Enables those with 'acting' experience to be paid more in keeping with their expectations.
- Provides aspirational opportunity for all basic SPs to seek to develop their skills.

On the downside, organisations mentioned:-



- The difficulty in being perceived to fairly award advanced SP status.
- There are soon more advanced role players than there are stations requiring this level of skill.
- Addition of administrative complexity to a straightforward one level of payment for all SPs.
- Question whether 'advanced skills' are necessary for the level of AMC OSCE examinations.

Based on observation at the NTC and experience in other industries, the review concluded that SPs should be paid similar rates. The motivation to perform all OSCE SP roles was already present within the system due to:-

- The satisfaction of developing SP capability for all stations including variety and personal development factors.
- The desire to fulfil 'reserve SP roles' for each examination because of other SPs failing to attend.

However, the above viewpoint is formed without the extensive AMC examination and SP experience of Chairs of Examiners. If deciding on two levels, there would need to be objective and transparent development and assessment processes to determine 'an advanced' SP which were perceived to be fair and equitable by all SPs. In terms of level of payment, there would need to be at least 20% to 30% to make the difference worth the effort.

It was concluded that the relative pay rates for SPs working in the AMC's medical context should be between the Miscellaneous Award payment of \$26 an hour for marshals within examinations and the \$35 stipulated in the Award for junior doctors in Victoria's public hospitals.

Information from a range of other organisations using OSCEs in teaching, learning and examinations has been summarised in **Attachment 1** and in Chapter 5. Rates between \$27 and \$45 per hour are now typical. Higher rates equate to university enterprise



agreements, usually to cover other classes of support personnel with one or two exceptions.

If the AMC adopted a \$30 per hour rate for its simulated patients, it would be paying at a rate equivalent to certain of the universities undertaking examinations for doctors seeking graduation to become a junior doctor in hospital, eg Bond University \$27, Monash University \$29-\$30, University of Tasmania \$32.49, and ANU \$29.

Relativities with the Specialist Colleges are not considered the most appropriate as these Colleges, for the most part, have sought to secure the services of a limited number of experienced acting personnel from that industry in the conduct of their range of higher level OSCE-style examinations. They prefer to hire contractors already trained rather than secure and train their own SPs.

With the introduction of a training component for simulated patients, the AMC might again consider medical students to provide at least some of the simulated patient roles requiring younger personnel, but would still seek lay people in middle and later age groups from both sexes and a range of ethnicity to fulfil other SP roles provided they perform satisfactorily during training processes. The AMC would then be less dependent on SPs from the entertainment/acting sector.

The other highly desirable source of SPs would be former and current patients specifically suited to the content of some stations. The review was mindful that a number of the SPs observed were of a generation younger than the roles they were asked to simulate.

6.4 Other Relevant Conditions

The AMC has always provided a high standard of support for simulated patients in respect to the conditions of the National Test Centre, breakfast, morning tea, lunch and afternoon tea, which can be taken at appropriate stages during rest stations and for 30 minutes between the morning and afternoon examinations. The value of refreshment would approximate \$30 to \$50 considering actual costs and tax scales.

There is evidence in the literature that training and briefing of simulated patients prior to an examination, and debriefing and support to “come out of role” following examinations can



be worthwhile. Issues such as hours of work, hours spent preparing and learning the particular role, and whether training time should be paid or paid for or attended voluntarily as part of a prerequisite to gain employment are all relevant considerations outlined below.

6.4.1 Hours of work

The medical profession relies upon some flexibility in hours to cater for patient needs on a 24/7 basis. The AMC's examination process starts from sign-in at 7.45 am when breakfast/refreshments are available for attendants at the Chair of Examiners' briefing between 8.20 and 8.30 am.

| | |
|---------------------|--|
| 8.30 am – 8.50 am | Examiners and role players meet in station to discuss the role |
| 9.00 am – 12.20 pm | The morning examination session |
| 12.25 pm – 12.55 pm | Lunch |
| 1.00 pm – 1.15 pm | Examiners and role players meet in station |
| 1.30 pm – 4.50 pm | The afternoon examination session |

Simulated patients are therefore currently in attendance at the Centre from 7.45 am to 4.50 pm although they are required for actual work between 8.20 am and 4.50 pm (8 hours less the 30 minute lunch break). The period before the examination briefing is necessary to ensure that all role players have arrived, and that the four backup role players may consider roles they need to carry out in the place of last minute absences.

The review considers that simulated patients currently perform an eight hour day, which equates to the \$160 at \$20 per hour currently being paid. If the rate were to rise to \$30 an hour, then the daily rate for an examination would rise by 50% to \$240. If an additional 30 minute debriefing time were added to the day, then the hourly rate would apply in addition.

It is recommended that the AMC continue to pay SPs based on a fee rate for each examination (now to be \$120 and \$240) and refer to the \$30/hour fee rate only if additional fees are necessary for extending the day with debriefing time or paid preparation time. For acting as trainers or as video role play/simulation model developers, additional fees could



be justified as outlined below.

6.4.2 Payment of additional loading on hourly fees for SP trainers and/or reproducible video material to be used for training purposes

Certain highly experienced simulated patients will be used to conduct role playing/ simulated patient training sessions and/or agree to the AMC utilising their video footage of simulated patient skills as demonstration material for training sessions.

There is a precedent in Awards more generally that for personnel presenting to larger audiences, including precedents across university sectors using simulated patients, a loading of up to 50% should be applied to the rate of remuneration paid, ie if a \$30/hour rate was determined, then a \$45/hour rate would apply to those simulated patients asked to support the AMC in its training and video model preparation and training implementation work.

This rate is designed to compensate for preparation time and acknowledge the higher value and replicability of such work.

6.4.3 Payment for attending training

Arrangements between universities differ. Griffith has developed a full week's course which is mandatory and is paid for by SPs before they may undertake any SP work.

Other universities provide training at no cost to simulated patients, while others pay simulated patients for their training time.

It would seem appropriate, given the AMC circumstance, that simulated patient training and assessment be provided at the AMC's expense but without payment for the hours involved for those already included in the database or for those who wish to be added to the AMC's database of potential SPs. This practice is in keeping with many other casualised work engagements requiring organisation-specific training or familiarisation/ assessment before commencing, eg all consultants and contractors wishing to enter



industrial sites or mining sites must undertake the necessary familiarisation safety training at their own expense prior to being allowed site access, generally requiring half a day of a contractor's time.

If training time were paid, then the AMC incurs the risk of more people attending training than are suited or intend to be SPs. For current SPs, training should be regarded as an investment to gain the recommended \$240 day rate with time provided to comply, ie pay the higher rate once SPs commit to training during the next, say, six to twelve month period.

6.4.4 The importance of a debriefing session following a simulated patient examination day

Whilst examiners and individual simulated patients can discuss station issues during the course of the day, there is an increasing trend towards simulated patient debriefing.

The AMC, to this point in its planning, envisages that simulated patients will be asked to maintain electronic feedback information about each station from the simulated patient's perspective to be compiled during the two-minute rest intervals between stations when examiners are completing their examination assessment.

Simulated patient debriefing arrangements as a group could be organised just as examination debriefing sessions are currently organised by the Chair of Examiners.

This would add 30 minutes to a simulated patient's examination day, and in terms of industrial convention, should be incorporated as paid time within the daily expectation of clinical examinations, ie an additional \$15 per day.

A number of examiners interviewed reflected that they considered middle aged and mature aged current or previous patients would be a preferable cohort for the majority of simulated patient stations and that the AMC might, in conjunction with its stakeholders engaged in the various Melbourne hospitals, seek former or current patients who are willing to take on



this role.

Under the proposed new arrangements, a range of contracting/casual employee options would be available for simulated patients and these are discussed in Chapter 7.

6.4.5 Should SP role preparation time be paid

At present no payment is made for preparation time for the AMC's simulated patients. The roles observed during the examination would require some 30 minutes to one hour of reading and role reflection time, which should really be regarded as an SP's investment in their contracted SP role.

In some organisations including universities, SPs are paid for preparation time, but in others are not. It is typical for educators to spend some of their own time before undertaking contract teaching and workshop assignments.

For these reasons, paid preparation time is not recommended. If payment were to be contemplated (eg because more SPs were arriving unprepared for an examination), then the issue could be revisited.

It is therefore recommended that the AMC raise payment for an examination day from \$160 to \$240 immediately. As soon as any additional time is added to the examination time compared to current arrangements, then the additional hourly rate would apply.

Should the AMC introduce the recommended debriefing for SPs and consider, say, a 30 minute payment for scenario preparation, then \$30 would be added to the \$240, ie \$270 for each examination day.



7. **Employing or Contracting Simulated Patients**

Currently the AMC contracts all of its simulated patients by seeking from them a Taxation Office “Statement by a Supplier” stating reasons for not quoting an Australian Business Number (ABN) on an invoice provided to the AMC to secure a payment for contracted simulated patient/role player sessions undertaken.

In practice, SPs sign a timesheet which indicates the date and time of examinations attended. They are currently paid at the rate of \$80 for one exam, and \$160 for two examinations, usually held in the morning and afternoon of the same day at the NTC in Melbourne.

During discussions with simulated patients it became clear that there was a deal of confusion about the reason for completing the Statement by a Supplier form. Viewpoints were sought from tax accountants and the Taxation Office in respect to this matter, with the following conclusions:-

- This form is intended to cover the situation of contractors performing work on an irregular basis in circumstances where they are unable to quote an ABN when rendering an invoice.
- It is likely that SPs would fall into this category if they, for example, had only very occasional clients but had not established a company or business name and were not in a position where the Australian Taxation Office would provide an ABN, ie they were not conducting an enterprise.
- In this case, the box, “*The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia*”, would be selected.
- Those SPs (especially former or current patients who are volunteering or offering their time on a paid basis to the AMC’s clinical examination process to perform SP roles) might prefer to select the box, “*Made in the course of furtherance of an activity done as a private recreation or pursuit or hobby*”, or “*wholly of a private or domestic nature*” (from the supplier’s perspective) where former or current patients have altruistic reasons for providing their services and in certain cases are not seeking remuneration for performing these roles.



It has been general practice at the AMC to encourage suppliers to tick the box, “*The supply is made by an individual or partnership without a reasonable expectation of profit or gain*”.

Whilst the sentiment of this statement is understood to apply to many SPs without a reasonable expectation of profit, the “*or gain*” term really casts doubt on this statement being indicated, as SPs who are paid for their time at examinations would generally derive benefit greater than the cost of being involved and attending.

From an AMC perspective, a completed Statement by a Supplier is required from every contracted SP if SPs are to render a non-ABN invoice. This Statement, once signed, allows the AMC to pay the full amount of the \$80 or \$160 fee directly to SPs, negating the need to formally register them as casual employees and withhold tax from the payment.

Where SPs can quote an ABN (and a number of SPs have indicated they have established business names and/or businesses with ABNs consistent with the role of an SP), then this should be indicated on the appropriate timesheet, which could serve as an ABN invoice to enable the AMC to once again pay the total daily examination level of remuneration (\$160) and not withhold tax. The AMC pays some examiners in this way.

Should an SP be unwilling, for whatever reason, to provide a Statement by a Supplier, and does not have an ABN, then the AMC would need to engage them as casual employees, and incur the expense of the overhead involved in formalising casual employment, preparing Group Certificates annually, and maintaining other essential records associated with the employment. If SPs did not provide a tax free threshold declaration, then tax would be withheld at 49 cents. This applies for some examiners currently.

The AMC should pay superannuation at a rate of 9.5% currently required statutorily for any SP earning more than \$450 in any month of the year.



Under revised remuneration rates suggested in this report, it is likely that all SPs who perform at least two days in every month for the AMC would be entitled to superannuation payments. As the AMC currently keeps such records for examiners and pays appropriate superannuation, this is not regarded as a significant impost – systems are already in place to do this for either contracted or casually employed SPs.

At present SPs are paid by cheque. Electronic payment will be practical in future, once IT systems within AMC are adjusted. Cheque payment would need to continue until July 2016.

In summary, simulated patients in future could be engaged under the following arrangements:-

- As contractors through providing an ABN invoice (an ABN Tax Invoice if registered for GST purposes), in which case the AMC pays the full amount of remuneration and does not withhold tax.
- Be engaged as a contractor through completing a Statement by a Supplier and indicating the box appropriate to their circumstance. The AMC is not obliged to withhold tax under these circumstances and would pay the full amount to the SP.
- The SP, for some reason, does not wish to complete a timesheet which acts as an invoice and instead prefers to be engaged as a casual employee, in which case appropriate tax would need to be withheld. The amount of tax withheld would be 49 cents unless the casually employed SP was able to provide the appropriate Taxation Declaration claiming the tax-free threshold. This option should be discouraged.
- The AMC would pay 9.5% superannuation in addition to the half or daily examination rate determined before tax, as required by law for all SPs provided they attend two examinations or more in the relevant month.
- Transition to electronic payments for all SPs as soon as possible.



Recommendation

That the AMC continue to engage SPs as contractors through the provision of a Statement by a supplier appropriately completed, or alternatively by provision of appropriate ABN-related invoice. The current timesheet signed at the end of an examination could easily be modified to suit these purposes.



8. Other Issues/International Relativities

In North America simulated patients tend to be called standardised patient and/or teaching associates. Candidates must have completed high school and undergo screening to become a casual employee. For example, at the John Hopkins University School of Medicine employees sign a consent and non-disclosure agreement and part of the screening process involves criminal background check, drug test and physical examination. The employer offers no benefits other than workers' compensation and as they are casual employees, there is no guarantee of work beyond that agreed on a single project by project basis. Standardised patients are paid US\$17 an hour for training and for their work on most projects. Projects requiring more experience and skills are paid at a higher rate.ⁱ

Pay schedules for standardised patients from the University of South Florida Health Science Center are classified as follows:-

- For interviewing only, \$7 an hour.
- Physical examination only, \$10 an hour.
- Focussed history and physical examination, \$15 an hour.
- Comprehensive history and physical examination (requiring training and student evaluation), \$20 an hour.

Rates of \$35 an hour are offered for intrusive examinations such as pelvic and rectal and prostate examination. Standardised patients are paid \$10 an hour for training.ⁱⁱ

Lisa D Howley, PhD, *et.al.*, from Carolina's Medical Centre and Eastern Virginia School of Medicine and the University of Colorado undertook North America research into standardised patient practice. Their research results focussed upon some 61 respondents of 117 affiliated organisations with the Association of Standardized Patient Educators. Some of the interesting findings from this study were that 88% of organisations used SPs in the performance assessment of learners and some 84% for small group instruction. Some 54% of programs hired between 51 and 100 SPs annually and paid an average of \$15 and \$16 an hour for training time and portraying a case respectively. For those SPs employed permanently, the most frequently reported salary range was \$30,000 to \$45,000 a year.ⁱⁱⁱ



In other interesting research, “*The Benefits and Risks of Being a Standardised Patient*”, Joseph Plaksin reviewed literature in 2015 and concluded that for standardised patients there were benefits of participation. The benefits in self-reported SP data outweighed the risks. Benefits included a sense of contribution to the health care field, an increase in collaboration with healthcare providers, and an improvement in health behaviours. Negative effects included anxiety, exhaustion and fatigue, and physical discomfort immediately following a simulation. The literature (some 67 studies were included) suggest that there are no long-lasting adverse effects from performing the role of a standardised patient. Their conclusion overall was that the benefits of being a standardised patient outweighed the disadvantages.^{iv}

These brief North America examples confirm that SPs in Australia in general experience significantly higher levels of payment than in the USA and the benefits of performing SP roles outweigh any short-term adverse impacts.



9. Key Performance Indicators for the AMC's Simulated Patients

The NTC desires to stipulate performance expectations of its simulated patients along the following lines:-

- To express interest in the role and sign concurrence and confidentiality agreements as at present.
- To attend a training session and receive certification for performing SP roles within the AMC's OSCE examination process (new requirement).
- To complete electronic feedback forms after each station segment (new requirement) and complete timesheets, invoices or Statement by a Supplier forms (current requirement).
- To attend a role debriefing session at the conclusion of the day's examination (new requirement).

It is considered reasonable that a simulated patient agree to adhere to the first three performance requirements in transitioning to the suggested new rate of \$240 per examination day. The necessity for these activities and the benefits to simulated patients and the AMC should be outlined during initial registration processes and especially at the envisaged training half-day.

Currently registered SPs' attendance at this training could be a mandatory component and required for those seeking to be included on the SP database prior to their participation in an examination.

The requirements to prepare for the examination and complete feedback sheets could be incorporated as part of the examination process paid at the new rate of \$240 for two examinations held on the same day. Should an additional 30 minutes be required for debriefing, then this should be a paid component at \$15. If preparation time of 30 minutes were added, then the fee for an examination would be \$270 per examination day.

Compulsory superannuation would be a payment in addition to this amount, equivalent to



another \$23 for the day, and refreshments etc equivalent to some \$30 on the day, would be provided. The benefits for a simulated patient for an examination day would therefore approximate some \$320.

However, in implementing the suggested new rates, the AMC should be mindful of the need to re-examine the situation should a significant number of SPs still consider rates to be inadequate in terms of their circumstance. Rates of absence from agreed examination attendance should be closely monitored.

Should this occur, then the AMC's first and perhaps immediate response irrespective of reaction to the new fee rate, would be to actively canvass opportunities for former and current patients to register interest in becoming an SP along with renewed opportunities for medical students.

The original reluctance to continue with medical students reported to the review was that students could be too accommodating of the medical terminology and context being used by candidates. As simulated patients they were not asking sufficient questions for candidates to describe their history, diagnosis and treatment plan in clear language suitable to lay people.

If university medical students in more senior years are interested in SP roles, then they would undergo training as could all other people interested in the roles. If they were considered ineligible following this training, then they would not be included on the AMC's database of potential simulated patients.

Any SP cancelling a scheduled examination with less than a week's notice (except in emergency circumstances) should be counselled on the first occasion, but removed from the database should this practice continue.



10. Recommendations – Simulated Patients

- SPs be remunerated at a rate of \$120 for one examination and \$240 for two examinations held on the same day.
- An hourly rate of \$30 be established for time additional to the current 8 hours (factoring in the 30 minute lunch break) spent during an examination day for the conduct of two examinations.
- Favourable consideration be given to paying an additional \$15 if 30 minutes is added to the day for simulated patient debriefing processes.
- Consideration be given to adding \$15 for 30 minutes to compensate for preparation time should the standard of preparation for simulated patient roles be considered unsatisfactory.
- Performance indicators for AMC simulated patients be introduced along the following lines. Existing simulated patients within the AMC's database be asked to commit to the following KPIs to qualify for receipt of the new recommended examination rates.
 - The signing of concurrence and confidentiality agreements.
 - Attending a training session at some stage during the next 12 months to enable continued performance of SP roles.
 - Completion of electronic feedback forms after each station.
 - Completion of timesheets, invoices and/or Statement by a Supplier forms as required.
- Those seeking to be included on the SP database receive training prior to participation in an examination, and commit to all KPIs.
- Simulated patients involved in providing training to colleagues and/or developing video presentations for use in training be paid a loading of 50% in keeping with many such provisions in Awards relating to an hourly rate of \$45.
- Engagement arrangements for simulated patients be clarified along the following lines:-
 - To complete a Statement by a Supplier form to render an invoice without declaration of an Australian Business Number (the current timesheet modified to form such an invoice).



- To provide an ABN invoice to the AMC (modified timesheet) and paid as a contractor without withholding tax.
- To be paid as a casual employee if desired, but in this case tax would be withheld at 49c unless the tax-free threshold taxation claim form was provided.
- The AMC pay superannuation at 9.5% for all contracted or casually employed simulated patients as their rate of remuneration would exceed \$450 a month if they completed more than one examination day in any month.
- The NTC explore options to source additional simulated patients drawing on former and current patients of middle and older generations.
- The AMC contemplate the use of senior medical students subject to training and assessment as for any other personnel applying to be an SP in the AMC's system.

10.1 SP Recommendation Implications 2016/17 (Additional Cost)

- 22 SPs per examination day (including 6 reserves covering patient demographics)
 - Additional \$80 per day for each = \$1,860
 - For 66 examination days = \$116,160
 - Superannuation @ 9.5% on \$240 x 66 x 22 = \$33,105
- \$149,265**

| | | |
|--|----------------|------------------|
| If an additional 1 hour @ \$30 were added for debriefing | \$43,560 | |
| and pre-reading/preparation for the 2016/17 examinations | | |
| Superannuation at 9.5% | <u>\$4,138</u> | \$196,963 |

| | |
|---|---------|
| For training roles SPs paid \$45/hr | |
| Assume 5 sessions of 30 SPs each with 6 SP trainers | \$6,750 |
| each session of 5 hours | |

Implications for May/June 2016

| | | |
|--|---|-----------------|
| 12 Exam Days x \$80 x 22 | = | \$21,120 |
| Superannuation @ 9.5% on 12 x 240 x 22 | = | <u>\$6,019</u> |
| | | \$27,139 |



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- i <http://www.hopkinsmedicine.org>, Work for the Simulation Center.
 - ii Standardized Patient Activities and Pay Schedule, University of South Florida Health Sciences Centre.
 - iii Howley, Lisa D *et.al.*, “Standardized Patient Practices: Initial Report on the Survey of US and Canadian Medical Schools”, Material in Medical Education Online.
 - iv Plaksin, J *et.al.*, “The Benefits and Risks of Being a Standardized Patient: A Narrative Review of the Literature”, published online 23 May 2015, Springer International Publishing Switzerland.



ATTACHMENT 1

| Organisation | SP pay rate (hourly) | Activity | Conditions | Training |
|---|--|---|---|---|
| Melbourne Uni Medical School (Indigenous Simulated Patient Program) | \$30 - \$45 | -OSCEs -Teaching assistants -Film work | -paid for min. 2 hrs regardless of hours done -"demonstrator, non-medically qualified" -casual employee of Melb Uni | -2hr info session (not paid) -training (paid) |
| Monash Uni Rural Health (Bendigo) | Paid SPs \$28 - \$29 Volunteers (vouchers) | -OSCE work (3hrs min) | -snacks provided during training only | -2 hour training workshop |
| La Trobe Uni (Bendigo) | \$31 or \$35 if filmed (optional) | -ranging from 1 – 2 hour session to full day of work | -classified as HE03 casual employee -no food provided -currently have 22 SPs | -trained with HEAL (paid for time and transportation) |
| Advertisements cited in news media in Melbourne | -\$50 for two hours -\$354 for six hours of filming (\$59/hr) | -simulated patient work -documentary for depression clinic | -ongoing work, work experience required, with references -acting experience required with references | |
| Actor/Actress (personal account) | -average is \$20 - 30/hr -\$100/day | | -most ongoing roles have extras (food, transport discounts) -one-off, all day roles as part of a performance | |
| Cancer Council | -would not divulge pay rates but pay SPs at higher end -believed \$100/hr | -100 workshops annually -4 hour workshops with tea break inc | -casual employee -6 professional actors -travel provided if necessary | -thoroughly trained and paid for their time |
| ANU | \$28.99 + loading for SP in front of large class | -3 hrs min | -casual employee | -training and assessment provided for role |

ATTACHMENT 1

| Organisation | SP pay rate (hourly) | Activity | Conditions | Training |
|---|--|--|--------------------------------------|---|
| HEAL (provide trained SP contractors) - Standard SP 1 hr prep - Advanced SP 3 hrs prep | \$70.00 \$40.00 \$90.00 \$80.00 | -Medicine, Physiotherapy, Mental Health, GPs etc -OSCEs Teaching and Assessment | -contractors select SP to suit needs | -all trained and paid whilst training - tailored to client needs |

OTHER

Victoria University (Health and BioMed Learning)

- Simulated clinics used for Nutrition, Osteopathy and Dermal Therapies.
- Actual patients come in and are treated by students undertaking their clinical practice exams.
- The Nursing Clinical model and Paramedic Clinical Model use Simulation Based Education (SBE) with technological mannequins.

Doctor of Osteopathy Lecturer at VU, worked with SPs in various organisations

- \$35-50/hr average rate of SPs
- \$100/day for one-off role or film work
- no acting background necessary, however often SPs are actors

Monash Psychology Clinical School

- virtual child to raise and treat
- no simulated patient actors used

Monash Medical School

- used SPs extensively until 2013
- now, Rural Health/Medicine use majority
- medicine incorporating many more Virtual Human Simulators of various kinds

ATTACHMENT 2

| AMC's Simulated Patient Requirements | Entertainment Performing Artists Related Awards |
|---|---|
| <p>The basis of medical practice typically draws on an interaction between a doctor and patient. In the case of an SP, a senior specialist medical examiner observes and assesses a candidate's competence and SP's appropriateness of role during and following each station episode.</p> <p>The AMC's processes, including assessment (examinations), and accreditation of medical teaching and education, are regulatory functions within the medical profession. The AMC is not an entertainment industry employer.</p> <p>Medicine is a 24/7 essential service where start times earlier than 9am are the norm.</p> <p>The AMC's examination process has a focus on assessing candidate competence. Examiners have essential clinical information and SPs provide the patient/candidate interaction component.</p> <p>SPs are provided with a clear role statement including context, scripts and information. Candidates gain this information through interviewing/ discussions with the SP.</p> <p>May take cues/dot points of scenario into examination room and can refer if necessary (preferably role is learned beforehand). The examiner may suggest enhancements/refinements after the first one or two stations if necessary.</p> <p>Portrayal of a patient (simulating condition) does require role playing ability.</p> <p>Advertisements, eg La Trobe, state no acting or direct experience necessary. Training may be provided.</p> <p>Conditions need to reflect examination based conditions/requirements with focus on the doctor/patient context.</p> | <p>Entertainment involves artists/actors/entertainers presenting a performance to a live audience or in television or film for many diverse audiences.</p> <p>The entertainment industry is subject to entertainment and performing artist and supporting personnel Awards and agreements.</p> <p>The entertainment industry regards late evening performances as normal. Early (before 9am) starts attract loadings of various kinds.</p> <p>Performances/acting is generally a portrayal of a role or part for the audience. The focus is the actor and perceptions of a paying audience.</p> <p>Actors have scripts and parts which must be reproduced perfectly. Often embellishment of the script is encouraged under the director's influence.</p> <p>Cannot have any obvious cues or prompts and there is singular direct accountability for performing.</p> <p>Quality of performance is judged by the audience who collectively decide whether to support the production (success) or not (failure).</p> <p>Professional actors develop skills and capabilities above the level of role playing required for most AMC examination scripts.</p> <p>Advertisements emphasise acting experience - demonstrated through auditions as a selection mechanism. Training is paid for by the individual.</p> <p>Awards are based on time, place and nature of performance role (size of live audience/television) across different genres, music, dance, theatre etc.</p> |