

# Inquiry into Registration Processes and Support for Overseas Trained Doctors

now Citizen of Australia.

<p><u>Submission No. 01</u> (Overseas Trained Doctors) <i>mol.</i> Date: 13/12/2010</p>
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Committee Secretary  
Standing Committee on Health and Ageing  
House of Representatives  
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I must start by congratulating the Government of Australia through the Federal Parliament of Australia, the Minister of Health and Ageing Hon. Nicola Roxon and the House of Representatives of the Federal Parliament for taking this important step to really understand the plight of an important arm of the Australia's health workforce, the international medical graduate (IMG).

This submission will cover number of areas:

1. My personal experience.
2. What I learnt from my personal experience.
3. What I think should be the way forward.

I will start off outlining what happened to me in the registration processes including the movement to Australia in 2004. In Late October 2003, I responded to a job advertisement. I had to send quite a volume of paperwork. In addition to my [REDACTED] registration, I had to submit transcripts of my University Degree (MBChB), letters from all past employers and 2 referees reachable by phone and email. The CV itself had to include such detail as my practice blue prints description or photos, a

typical patient case load of patients per week, de-identified data of 100 consecutive patients, supporting documents we used in the practice such as rosters and baby growth chart monitoring cards. Late February 2004, I received a phone call from my prospective employer's recruiting agent saying that my name was shortlisted by a [REDACTED] employer and that the following 2 days I was to attend a telephone interview. Same afternoon [REDACTED] of the interview, I was informed I got a job in [REDACTED] and that my paperwork was going to be forwarded to the Medical Board of Queensland for registration. In the meantime they (agent) forwarded the relevant state health act for me to familiarise myself especially with registration requirements and subsequent progression to full registration. In late May 2004, the Medical Board of Queensland informed me that I was registered as an Area of Need Medical officer on condition that I attend an interview in [REDACTED] before proceeding to my workplace in [REDACTED] [REDACTED] and I got accompanying paperwork and information which were in plain understandable English. One did not need to have a solicitor to assist with explanation. Essentially the gist of the contents of the supporting documentation meant the following to me:

1. My registration of June 2004 was only in effect only valid until such a time I presented for an interview in [REDACTED] and that it could go either way and I could actually lose it and return to [REDACTED] before I could even start work in Australia. My question was; do I really make definitive arrangements to move with this condition in place?
2. From the date of registration, I had 4 years in which to achieve full registration. I thought that was quite generous given that the UK at that time insisted on passing its examinations before even looking for a job, Canada and the US had lengthy processes and expensive too. Australia was by far a reasonable option for me.
3. I would leave Australia after the 4 years if I failed to achieve full registration by that time. I checked around and discovered that it was not entirely true at the time as I could simply move to another at the expiry of my Queensland 4 years if I needed to. The only states I could not move to were Tasmania (for it took into account other registrations in Australia) and ACT (because it was not an area of need). Again this was attractive for me.

I then submitted an application for a sponsored 422 work visa. We went through hoops, but we got the visa in October 2004. I moved to Australia, arriving on [REDACTED], attended the interview in [REDACTED] got registered from that day and started work (orientation) on [REDACTED] My Orientation took a month whilst waiting for Medicare provider number. I was taken through cultural orientation for a good 5 days in the process. Cultural orientation was really interesting, in

██████████ I attended multi-racial schools and having attended school with people from various European cultures, I learnt that what we did in ██████████ was purely ██████████ though. For instance in ██████████ the phrase "May I have patient X's file?" was equivalent to "May I please have patient X's file" in Australia. "Please" would be tautology in ██████████ as "May I" does it all. A fact I was not told before starting work came out during the orientation, I could also seat the RACGP examination in place of the AMC examination.

In ██████████, I sent my paperwork to AMC for assessment of my application to seat for the AMC examination. I was accepted by the AMC to sit their examination. I also started preparing for my submission for assessment of my overseas experience by the RACGP in ██████████. I also then learnt that the format of the CV the recruitment agent gave me was in effect the slightly modified RACGP form to complete. That did not take me time to do so. I submitted my paperwork and in 6 weeks (as promised on their website) I got the assessment back stating that I would be eligible to sit the RACGP exam in a year's time (in 2006). So far everything went well and according to what the paperwork told me. And I was on course to settling in Australia. I invited my family to join me in Australia after I received all these documents.

I got quite disillusioned by the whole registration process as soon as I started working and meeting other IMGs who had a very different experience to my own. There were some that came in through New Zealand and South Africa who did not understand the process as I was made to understand it and they had been part of groups from same countries ( India, Pakistan and Bangladesh). Some of them had completed their 4 years of conditional registration without anything happening to them in Queensland despite the rules stating that their registration would have been terminated on the expiration of 4 years of conditional registration in Australia. It looked like Queensland Medical Board went against its own rules. Being somebody who did not read law or used a solicitor all the way through, I thought that that was beyond me, beside I knew no other ██████████ graduates where I worked and yet these other doctors were in teams from same countries.

I wrote my AMC MCQ paper in 2005 and I passed it with the result coming out in August 2005 or there about. I applied to sit for the AMC clinical examination, given a chance in 2006; but failing it in the process. At the same time I got an invitation for the RACGP examination, Which I also failed. I never applied for the AMC clinical examination again for two reasons, there was a long waiting list and that I would have needed to still pass RACGP examination anywhere to fulfil section 19 AA exemption after general registration anywhere. I pursued the RACGP route. I passed the second attempt of the RACGP exam in April-May 2007 examinations. Thus I was well within the 4 years required for my particular case with the Queensland Medical Board. I got unconditional registration

in general practice in late August 2007 (less than 3 years of my initial registration in Australia). From all this a number of points come out at the bottom (I must mention that this is how I understood issues and does not represent the views of other IMGs):

1. You were on your own once you arrived into Australia. No one cared whether you passed examinations or not.
  - a. The employer was happy as long as you continued to work and anyone who stood in their way would be fought with all the might the particular employer had. Should the medical board insinuate that they should have passed an exam, then support letters from other doctors and in some case legislators to try and show the concerned doctor was hard working and safe to continue to work. I felt that these forces should have pulled resources to try and get the area of need doctor time to study and be helped through the examination process, be supported to attend courses. There was no one to pay for the time the doctor did these things apparently. And not arm-twisting the medical board.
  - b. The medical board went back on its conditions and got itself entangled in a legal web in the process. How would they be able to deal with any other doctor that went beyond the 4 years if they failed to deal with the first doctors to breach these in the first place? The medical board failed to force the employers to make it the employer's responsibility also to see that the doctor passed the examinations. All the medical board ended up doing was in my eyes an attempt to merely ensure patient safety on paper by putting supervisory conditions.
  - c. Medical practice in Australia is business at par with selling groceries and trading stocks at the stock exchange and profit is the driving force. Supervision for most of these guys did not consist of tutorials on how to do things the Australian society and Medical Boards expected. It was a mere inspection of a few patients files at scheduled interval (fair enough) to satisfy the medical boards' supervisory requirement and then to get on with the business of making money with maximum time utilisation. I was fortunate in that I worked for a Commonwealth Government funded organisation that cared that one passed the examination after I alerted them to my difficulties. Here I would want to commend the AMSs of [REDACTED]  
[REDACTED]

2. Medical boards had the teeth to bite but applied discretions on when and on whom to bite. Those teeth can fall on any one anytime they chose and the rules can be changed any time someone gathered lots of papers including a few from influential people too.
3. Medical boards worked to avoid public backlash.
4. Undue pressure is also put on Colleges when the boards feel the heat. I thought it was very clear that Colleges are concerned with issues of training and assessment and the final output is passing the examination and the medical boards deal with issues of registration and they use a set of standards that are nicely laid out and if one fails to meet these they do not get registered. Ministers and politicians have the duty to understand their community and they feed back through laws which in turn feedback to rules that medical boards use. If there is public societal pressure it should pile on the politicians and not the colleges and medical boards directly.
5. I felt that the Australian Medical Boards (the former Queensland Medical Board in particular) had all the necessary tools to run a fair registration regime. They communicated this to me and I understood it very well. I progressed as guided. My main issue with the system is not following up on the rules. Or is differential application of the rules.
6. A big employer could play censor to the whole process. We saw it with Jyant Patel when QLD Health chose to censor certain information affecting registration and actually employing a candidate to a position of essentially supervising others with unconditional registration when he needed to be supervised himself. Who from his hospital would then supervise him professionally?

As for the way forward, I outline a few points below:

1. A comprehensive audit to understand why medical boards acted in the manner they did, mainly not following on the rules they set up initially and let people practice beyond the 4 years they initially set before we were even recruited.
2. The present assessment be maintained though with more streamlining, delineating the powers of participating organisations removing bottlenecks and duplication of requirements. I am sure every IMG wants credibility in Australia and so the standards of credibility still rest with Australian intuitions and not with each of the IMGs respective universities and countries. The often misused notion that in effect the standards amount to “requirement to requalify” is not only misguided, but demeaning to the Australian society at large.

Australians know what they want and to demand that from anyone wanting to serve them is self-respect and it is a human right in their own country. Look at the requirements to practice in the US and Canada. That is what I call a "requirement to requalify" being an IMG. US and Canada may still have their reasons that serve their people right.

3. AMC requirement that GPs who write their AMC examinations still do internship after passing all the components to gain general registration should be reconsidered. There are better ways to implement this. At 40 years of age (with 15 years of medical practice), I do not think I still want to be taking bloods and be a clerk to some 25 year old registrar (with 4 years of medical experience) on a ward round. I also do not think everyone GP in that situation would want to retrain and work as a hospital specialist. Can that requirement be left to colleges and employing hospitals for 2 reasons, the first being it will only affect a few GPs and secondly it will serve the affected organisation better as they are able to put the concerned recruited in the appropriate and relevant program for their purpose.
4. Recruiting agents and medical boards provide consistent information to potential registrants before they even apply for a visa to depart for Australia. And for the medical boards to follow up on the information they give potential registrants.
5. Legal requirement for employers and registrants to provide time for a minimum education program provided by accredited organisations that addresses identified standards. Australia recruits from everywhere and as such it would be difficult to study each country's courses, besides it would not be proper for Australia to do so. The simplest is to devise a minimum standards program and organisations should be rewarded for going beyond the program. What attracts some doctors to Australia may just be the perceived notion of better standard of care from which they will learn one or two things, but if it ends up being business as usual as long as you pass the examinations then this would not benefit Australia and the doctor at all.
6. IMGs in Australia will be trying to get Australian registration which would not count much outside Australia. They should be assisted financially towards achieving registration requirements as well. This should however, be balanced against other beneficial issues such as ability to gain permanent residence and citizenship at the end of all this. Australia is one of the few if not the only country in the western world where IMGs would be citizens after 4 years of contributing positively to a country.