

[REDACTED]

ambiguous. Not only that, I noted the time spent on reading, thinking and answering the questions. Time they would not have under an exam situation. I postulate that if any similar exam was given to registered doctors who are practising and told that their registration depended on their attaining a sufficient score, a number of them would fail. Add in other factors such as all key questions must be answered correctly, a percentage of questions won't apply and it will cover a broad range of medical subjects.

Two, the exam is not marked on the spot. Surely, the technology exists. In one exam, my wife's entire Part B, was lost. Unable to be retrieved. It was a case of too bad, try again.

Three, Commonwealth countries are given unfair preference. They can work, and then do the exam. Not so for Yuliya.

Four, when Yuliya attempted to go back to University here in Australia, her qualifications were down-graded to a bachelor degree. **Apparently**, the Odessa State Medical University, affiliated with UNESCO, IAF, UNICEF and USAID, which also trains international doctors, is somewhat sub-standard to Australian Universities. She wasn't smart enough for an Australian Medical University. Because it has been more than 9 years since she obtained her degree, she has to do another degree in another field, do very well, then reapply for medicine and hope.

She receives NO credit for her past experience.

Five, despite numerous attempts at the AMC exam, her results over time appear to remain the same. Seems to run against what one would expect. After receiving results, there appears to be no official appeal, only feedback, without exposing any candidate's answers for comment.

Six, specialist assessment is unfair because candidates are pushed towards a Non-Specialist Pathway that causes a stalling in skill level. Specialist's interview was a five (5) minute formality emphasising on dates of attained degrees and years of practice, but were no questions directed to test clinical knowledge and experience.

Seven, without exposure to hospital environments and patients, it makes it almost impossible to study appropriately.

Eight, without monetary assistance, financially disadvantaged doctors struggle to buy expensive books, pay for travel, exams and etc.

Nine, repeating a doctor's recognition seems to be an unnecessary and costly requirement for those who have done this prior.

Ten, whilst INTERNSHIP positions are available in Queensland hospitals, OTD's are priority six(6) and seven (7) out of eight and consequently still not offered any INTERNSHIP position while remaining on the list.

Eleven, Yuliya applied twice for a Medical Officer position in the ADF, and put into an endless circle where without registration they will not take her and without a position the Board won't consider registration.

Twelve, GAMSET shouldn't be imposed on OTD's who have studied medical subjects and proved their logic. Costly in time and effort and unnecessary repetition.

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In summary, I think that a post-grad university course should be available to OTD's which works together with the AMC which would assess a doctor's knowledge properly, fairly and thoroughly also allowing them to be observed in a working environment and taking into account their field of expertise. Bridging programs are run by English teachers and are insufficient. Scholarships would be helpful for disadvantaged. It would be appropriate to publish a free booklet with complete information about the Australian health system and how it works at every level. Despite the country of origin, it would be good to see fair and equal rules and regulations applied to all IMGs not giving preferential treatment to Commonwealth countries. Revise MCQ questions removing ambiguity, and reconsider specialist's assessment process. Support IMG's prepared to undertake internship positions.

Thank you for any considerations.

Yours Faithfully,
Craig Wilmot

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