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CHAIRMAN of THE FEDERAL STANDING COMMITTEE on HEALTH and
AGEING: OVERSEAS TRAINED DOCTORS INQUIRY

Dear Mr Georganas,

Once again thank you for the opportunity to appear before your Committee on Friday 9th September, at the Legislative Council, Parliament of South Australia.

In response to your concluding remarks re providing further information for the Standing Committee to consider I would like to clarify a little further if I may, my responses to the questions asked by members of the Committee as well as inviting a number of former OTD's to write to you individually with their thoughts and suggestions.

Whilst recognising that I can only specifically comment on a relatively narrow area of your brief viz matters affecting Overseas Trained Doctors (OTD's) specialising in Obstetrics and Gynaecology, nevertheless having sat through the presentations of the preceding witnesses it was reinforced to me that there are common frustrations in the assessment and the training and accreditation processes which are by no means restricted to Australia but do require urgent correction in order to give our International Medical Graduates (IMG's), our colleagues, a more favourable sense of our respect and our need for the skills and knowledge they have to offer and will bring to our medical community and most importantly to our patients.

It is clear to me that a major obstruction to the timely processing of applications by IMG's occurs at the Australian Medical Board level.

As this is the first point of contact with the Australian medical system for most IMG's then it is very understandable that the frustration at what is often a lengthy, tedious and expensive process might be misinterpreted as discrimination by Australian doctors against their international colleagues.

Nothing could be further from the truth particularly as the Australian Medical Council is largely an administrative body with its members having a very different view of their responsibilities particularly in terms of urgency and cooperation, compared to the clinicians anxious to welcome IMG's into our medical workforce.

The constant requests to provide notarised copies of documents of proof of required standards which in turn are required to be re-requested by a number of different agencies and bodies is not only frustrating but is time consuming and costly to IMG's. Whilst the now National Registration and Accreditation Scheme has simplified the process to a small extent, the intersection of the process with the Health Insurance Commission and Medicare with the implications of the ten year moratorium on provider numbers for OTD's (Section 19AB) and possible exemptions along with the complexities of immigration and residency requirements makes for a very difficult pathway for IMG's to tread.

The suggestion of a 'one stop shop', as consistently mentioned, of a 'neutral' agency eg (Commonwealth Department of Health and Ageing) to embrace IMG's and be

charged with the responsibility to produce clear information that succinctly explains all steps of the assessment process and subsequent registration procedures and the roles of the different agencies must be seriously considered and supported. Such a 'shop' will need to be adequately resourced and appropriately staffed and would have the additional responsibility of ensuring that the above information is disseminated to all stakeholders viz the communities requesting/requiring an OTD, the jurisdictional/hospital representatives providing employment and the potential support personnel who may be required (see later).

Once the OTD application has been processed then the Colleges acting as the agent for the 'one stop shop' should promptly assess the IMG's.

The process of assessment developed by RANZCOG I believe is familiar to you and is well detailed in Submission No. 45 by our President Dr Rupert Sherwood and has been previously presented to the Committee by Dr Chris Hughes, Chair of the RANZCOG OTS/AoN Committee and Professor Ajay Rane, member of the Executive of RANZCOG.

RANZCOG Assessment Panels meet every 6 - 8 weeks in order to timely assess OTD's seeking to practice as Specialists in Obstetrics and Gynaecology in Australia. The formal and transparent assessment process is now able to employ Recognition of Prior Learning in the OTD assessments and is underpinned by a robust Appeals process which is available to the OTD's with an Appeals panel chaired by a lawyer, with community representatives and a minority representation of Fellows of RANZCOG.

Once the OTD's are notified of their assessment viz substantially comparable (no period of oversight required), substantially comparable (up to 12 months oversight required), partially comparable (required to complete specific skills assessment including the MRANZCOG written and oral examinations and a minimum of 12 months satisfactory supervised training) or not comparable (may need to pass the AMC examination and then apply to enter the MRANZCOG/FRANZCOG training program), then they may require further support and assistance before being able to take up a position in the obstetric and gynaecological workforce.

These provisos often represent yet another delay for OTD's and that is to find suitable training positions which will address some of their more specific skills/experience deficits as well as enabling a supported and supervised introduction to the Australian medical system often but not always at a Senior Registrar level.

Unfortunately there is a dearth of such positions available and the OTD's must compete with local Australian graduate trainees for such positions which can lead to frustration and misunderstanding.

Specifically funded Specialist IMG training posts within teaching hospitals (both central and regional) would go a long way to speeding up the process of oversight and supervision as the funding would also include the provision of a specifically appointed and dedicated salaried Training Supervisor who would be charged with identifying and remedying the specific and the general skills required by the OTD's to meet the expectations of our patients and their now adopted College.

As one of the intentions of welcoming IMG's to work in Australia was to address our medical workforce deficiencies in terms of numbers and distribution then for those OTD's placed in rural positions there will need to be further support and supervision

and once again this will be required to be specifically funded with the already Federally funded RANZCOG Specialist Obstetric Locum Service (SOLS) perhaps being involved as the dedicated Training Supervisors.

Once again such supervision is mandatory not only to maintain the high standards of care expected by our patients but also to protect our OTD colleagues who may often be required to work in locations requiring communication and operative skills in advance of those required in centrally located tertiary hospitals in which even our locally trained specialists would find difficulty and who all too often are not willing to work in such locations.

The above system and suggested improvements would perhaps counter the expressed concern of one member of the Committee with regard to the actual commitment of the Colleges to OTD's and in particular the following 2010 statistics of RANZCOG where 51 local graduates gained Fellowship and in the same period of time 51 OTD's were assessed and 28 were deemed substantially comparable +/- requiring a period of oversight and thus able to enter the obstetric and gynaecological workforce within 12 months. This I believe should serve to reinforce RANZCOG's commitment to OTD's.

In my current roles as a Senior Visiting Medical Specialist in the Maternal Fetal Medicine Unit at the Adelaide Women's and Children's Hospital as well as an Examiner of RANZCOG and the Advisor to the Reaccreditation Program of the 88 training sites of RANZCOG in Australia and New Zealand, I have had the opportunity to personally assess the outcome of the RANZCOG Assessment of OTD's who are now working or have worked as recognised specialists/senior registrars in obstetrics and gynaecology in Australia.

I have taken the liberty at your request to ask a number of recent former OTD's to write to you with their personal accounts of their experience in becoming registered as specialists in obstetrics and gynaecology including specific comments with regard to the support they may or may not have received and how the system might be improved.

I trust that this additional information will be helpful to your deliberations and I shall eagerly await the recommendations of the Committee.

Yours sincerely,
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