Submission No. 166

(Overseas Trained Doctors)

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Subject: Overseas trained Doctors

Honourable MP Steve Georganas, CHAIRMAN of THE FEDERAL STANDING COMMITTEE on HEALTH and AGEING: OVERSEAS TRAINED DOCTORS INQUIRY

Further to the request by Prof J Svigos I am submitting my own reflections over a decade that resulted in us relocating to Australia.

I am in complete agreement that Australia should have its own independent assessment body to validate the claims of an OTD. Even in India where I come from; though we have a body governing medical education and training, the skill levels, knowledge and practices of trainees would vary immensely. I trained in Christian Medical College in India one of the better training facilities in India. I was working as a specialist obstetrian & gynaecologist when we decided to move to Australia.

My first contact with the Australian Medical force was in 2002 when I applied to the Women's and Children's Hospital (WCH) Adelaide for the post of a registrar in obstetrics on an Overseas Training Visa(OTV). I was dealing mainly with a specially allocated staff member in the Hospital who liaised with me to have the Visa requirements met. I was required to meet the immigration requirements only and on arrival had to complete the formalities with the medical board for registration. I realised later that the nodal officer had dealings with the College (RANZCOG) and the AMC to get the OTV position for me. Over the years thought the nodal officer changed and though my own Visa status changed to a Medical Practitioner Visa; the allocated officer guided me through it all.

Five bodies needed to be dealt with independently

- 1. The Dept of Immigration and Multicultural activities
- 2. The Australian Medical Council
- 3. The SA Medical Board (currently the APHRA)
- 4. The College RANZCOG and of course
- 5. The Hospital/employer

The presence of the nodal officer in WCH helped, with me dealing mostly only with applying to the Hospital every year and the Immigration dept every year (It was expensive; however I had no other choice).

In the meantime I was encouraged by Prof Svigos, Prof Robinson and the director of WCH Dr Peat to undergo higher training in Maternal Fetal Medicine while at the Hospital through RANZCOG, which I successfully completed in 2008.

My contact with the onerous processes in being a registered doctor in Australia began in 2008 when we decided to apply for permanent residency status. And of course the nodal officer was no longer involved as I was applying to hospitals in Brisbane.

The QLD health website would not even allow me to apply since I could not tick all of the boxes needed. I was caught in a chicken and egg situation. I needed permanent visa to get a job whereas I could not apply for a permanent visa without a job.

A position at the Mater Mothers Hospital in Brisbane was recommended by Prof Svigos and Prof Robinson. I was able to obtain an interim position at the Mater Maternal Fetal Medicine Unit while I undertook the journey of being recognised as a specialist obstetrician in Australia and obtain permanent visa.

I needed to pass an English Test after working in Australia for 5 years, needed to get nearly 1000 gms in weight of notarised documents off to the AMC, another set of documents to RANZCOG for assessment after having been one off their MFM trainee for 4 years, a set of documents to immigration and a set of documents to QLD Medical Board. It was as if these bodies did not talk to each other and functioned independently of each other. I was sorry for the kind Justice of Peace who patiently attested all my documents. As you are aware some of these documents are required to be obtained from home country where often the only rule that speaks is of bribes. One is at the mercy of officials to get many of the certificates processed especially a certificate called "Certificate of Good Standing" which has a shelf life of 6 months only.

I must admit though that the processing time mentioned was adhered to in most case. There was no undue delays that I experienced other than the one I had from the Medical Board in India. Having been appalled by the case of Dr Patel, QLD was the most difficult to comply with all its requirements which had been tightened to an extent that was almost impractical to fulfil.

The only reason why I survived through this period was that I was already holding a job in Australia (too expensive otherwise) I was helped with the process of obtaining higher training through my years in Adelaide and in obtaining a job suitable for my skills and training when I finished my training. For this I will always be grateful to my mentors at the WCH Adelaide.

In this context I would highly recommend the "one stop shop solution" put forward by Prof Svigos. Hopefully this 'shop" would have interest in more than the OTD whose services the country desires but also would have an interest in their settling into housing and their children getting into some schools. Someone needs to be actively involved in the life of the OTD who needs a lot of help in working through a system alien to them. I trust the enquiry would result in softening the edges around the processes that are in place. I hear various other colleges may have a different disposition towards OTD. I am limited in that I speak only for the specialty of O & G.

Thanking you for reading through my reflections.

Joseph

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