Submission No. 169
(Overseas Trained Doctors)
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Submission to Standing Committee on Health and Ageing

Inquiry into Registration Processes and Support for Overseas Trained Doctors

Introduction

While I have shared my personal experience and involvement in the registration process in Australia in my cover letter (not published), this submission is based on 30 years of work experience as a radiologist in Europe, USA and Australia.

The incomprehensible uncertainty for the lives of IMGs and their families caused by several layers of registration administration that do not communicate with each other and the introduction of new legislation which always upsets the old system must become part of the past. The IMGs from whom so much is expected must be able to live without psychological pressure as their Australian peers.

The present system is a shameful misguided procedure of elimination exposing the IMG to a process of abuse and frustration. It has not served Australia. It tainted this country in the mobile international medical doctors community.

A new system must be positively orientated towards the IMG, who is first of all a guest in this country (at least until he receives permanent residency status). It should be the duty of all involved to help the IMG to become a valuable member of the society or a citizen of Australia.
The entire process should be guided by humanistic ideals, collegiality, hospitality and a common goal to improve the Australian health care system.

The general direction is to streamline the process for AMC and APRHA and to lessen the anachronistic power of some specialty Colleges.
The guideline is humanity, equality, kindness and ethical conduct, as it is custom among the medical community in the rest of the world.

Recommendations, thoughts, suggestions

The presumption is that the IMG has been approved to practice medicine in the home country and has a valid job offer from a private or public medical facility in Australia, e.g., hospital, private practice, research institution, pharmaceutical company, etc.

I think there should be slightly different processes depending on four different categories of IMGs.

Categories:
1: Medical doctor without specialization; no or less than 5 years of clinical work experience
2: Specialized medical doctor; no or less than 5 years of clinical work experience
3: Medical doctor without speciality (=GP) with more than 5 years of clinical work experience
4: Specialized medical doctor with more than 5 years of clinical work experience

- All 4 category candidates must provide credentials and references etc with English translations to a centralized Australian evaluation institution, for example AMC, while still outside of Australia. This includes an English test for IMGs whose mother tongue is not English.
- The specialty Colleges will play at this entry level an important role in the evaluation process to assess comparability of the candidate to the Australian health care system. The Colleges will have to interview (not to examine) the candidate for this assessment. The Colleges must have up-to-date information of board certification processes in other countries to evaluate comparability. It has to be assured that the interview is fair, open, non-condescending and the expectations must be known in detail to the candidate before he participates in it. The interview is from colleague to colleague and has to follow ethical conduct among physicians.
- The College interview must be a standardized procedure followed by all Colleges. Irregularities or questions referring or based on experience and knowledge which are covered by other than the candidate's speciality should not be allowed. For example the College for Radiologists (RANZCR) must give up its claim and examination process about pathology and nuclear medicine. Instead it must focus on radiation protection and on its measures and means to protect the public from unnecessary radiological procedures. This is an international standard that has failed Australia.
- The College informs the AMC of the outcome of the interview.

- AMC informs the candidate about the outcome. APRHA receives information from AMC about the eligibility of the successful candidate.
- The AMC-approved candidate will set together with the employer and APRHA a starting date to work, so that the candidate is registered and allowed to work when he has arrived in Australia. Since accommodation etc. needs to be arranged, the day of commencement of work is certainly weeks past the arrival day.
- Immigration Dept. needs information from APHRA about the candidate, so that he can receive a temporary visa.
- Medicare is being informed by APRHA about the candidate and his commencement date of work. The SRAC approval for specialists is unnecessary and can be abolished.
- Category 1 and 2 IMG would have the choice to sit the exams for non-specialized or specialized doctors or will be evaluated on work-based assessments after being part of the Australian work force for 12 months. Prof Nair's (Newcastle) work-based assessment for GPs is a very successful example. For specialists, the ANZCA (College for Anaesthetists) has established modern procedures and a workplace based assessment that may be adopted by other Colleges.
- Category 3 and 4 IMG must not be assessed by an examination process designed for registrars. Category 3 and 4 IMGs will be work-based assessed after 12 months of work in the position they applied for when they came to Australia.
- Depending on the outcome of the assessments the IMG must receive permanent residence status from the Immigration Dept. or, when failed, leave the country within a reasonable time frame.

The work-based assessment may include a communication skill assessment regarding allied health care workers and patients.

Cultural differences have to be accounted for in any assessment and cannot be used against the IMG.

All IMGs must go through an orientation procedure before commencement of work. It should include Australian language usage and idioms as well as a thorough explanation of the Medicare system. This course can be outsourced but conducted by Medicare.

I think it would be prudent to give the IMG a time frame of 2.5 years to achieve his goal. During that time, the registration with APRHA would be conditional and the visa temporary.

An appeal procedure must be available at every stage of the process.

If all this will be known to the candidate before he applies for work in Australia, the candidate can plan his and his family's life and will be motivated and a valuable part of the Australian health care system.

Who would be responsible for work-based assessments? Not all Colleges are equipped to do that, RANZCR for example is already overwhelmed by interviews.

It will be of utmost importance to provide easy and simple processes to IMGs who are working in Australia for years to become quickly permanent residents if they desire to stay in the country. The current system left a vacuum for these IMGs, producing an enormous stress factor, which should have been avoided.

It is customary in other western civilization countries that a specialist is approved to practice medicine by the government not by a group or agency of specialists. A specialist can become a fellow or member of a College if he desires to do so but is not mandatory for practicing his specialty. The specialist Colleges offer excellent incentives in other countries to become a member/fellow. Australia should follow those examples.