Submission to the House Standing Committee on Health and Ageing Inquiry into Registration Processes and Support for Overseas Trained Doctors Recommendations to assess qualified health care providers The House of Representatives

Parliament House

Canberra

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My name is Dr. Naftaly Zuker and I was recently interviewed by RANZCOG to become a Specialist IMG in Australia (SIMG) for Obstetrics and Gynecology (O&G). Throughout the year-long application process, I encountered several unpleasant and unnecessary hardships from RANZCOG that I believe can be avoided in the future when evaluating qualified overseastrained physicians. There are several intrinsic and dangerous flaws that I encountered during my interview with the OTS review board and I hope that my thoughts and suggestions may be able to change the experience for future individuals applying to become SIMGs.

I have over 27 years of experience in O&G. I received my medical degree in 1980 from Siena University Medical School in Italy. I completed 2 years of general surgery residency followed by a 6 year O&G residency in Israel. I became a fellow of the College of Obstetrics and Gynecology in Israel in 1990 and in 1992 I travelled to South Africa where I expanded my surgical skills and worked in one of the most active O&G environments in the world. I returned to Israel after 3 years and practiced in both private and public sectors while directing the Women Health Centers of the two largest HMO's in Israel. In 2010, a close friend who is practicing in Australia encouraged me to apply as there is a large need for experienced specialists willing to work in the rural and underserved areas of Australia. According to the figures published in the Australian media and ANZJOG, 70% of pregnant rural women do not see specialists during their pregnancy and follow-up period. These figures are astounding and show that there is a crucial need for well-seasoned specialists in these areas.

The following is what I experienced during my application and interview process and what I deem should be improved upon in order to increase the rate of acceptance of SIMGs:

- 1. Unjustified applications fees application fees to apply for consideration to work in rural areas are extremely unfounded. It was required that I pay \$7,000 as an application fee (OTS initial assessment and interview) plus another \$5,500 for a formal appeal. When one adds this to the travel expenses required to travel to Australia for the interview process the amount invested reaches between \$18,000-20,000. This is the highest fee of all international colleges and seems to be an efficient way for the college to ruthlessly raise money. It is my understanding that this applications process that draws in thousands of dollars is, quite frankly, more of a fraud than an attempt to bring medical aid to Australia's underserved
- 2. Improper review of applications with great disregard for applicant references I was interviewed by a panel of 3 doctors who used most of the interview time to review my past experiences and CV. In the last half hour, we discussed 2 clinical

cases of which I answered directly and to the point. I made sure to ask clarifying questions as well to make sure I understood the Australian treatment guidelines clearly. To my dismay, two weeks later, I received a response that the committee recommended I return to the 5<sup>th</sup> and 6<sup>th</sup> years of residency including board exams. In addition to the puzzling outcome of my interview, I was made aware by my references that no one contacted them regarding my application. This is an inexcusable oversight in the review of my or anyone else's application with 30 years of experience as a doctor and specialist. The committee was given plenty of time to review my file and contact my references prior to my interview, however, it is evident that this did not occur and as such, my entire 30 year career was dissected and discarded in a 90 minute interview all while disregarding the decisions of two internationally renowned medical boards of which I belong to (Israel & South Africa).

- 3. Irrational, unfair, and non-proportional decisions following the shocking outcome of my interview and applications I sent an informal appeal to better understand the reasons for the decision. I received a puzzling response that informed me that I failed in "social" and "informed consent issues". With my 30+ years of extensive clinical and surgical experience it does not seem that this explanation was at all valid or adequate. These issues were not even raised during my interview and do not warrant the outcome following the interview. The better solution in this situation would have been to provide me with a few months of oversight training to allow me to learn about local protocols rather than take a well-experienced O&G specialist back to ground zero. The outcome of my applications and interviews was not only shameful but disheartening as the responses given to me did not justify the actions that I would be required to take as a well-trained and experienced physician.
- 4. Lack of due diligence and transparency when it comes to disclosure of publishing interview outcomes most of the specialists being approved to work in Australia are currently working or have worked in the country this information is not made clear or simply explained to foreign applicants who would otherwise not spend the extreme amounts of money to apply. In addition to this, it seems unusual for a country that is struggling to meet the demands and needs of its citizens to limit health care providers in such a way that prevents well-qualified and experienced specialists from entering the country and assisting in meeting those demands. This improper disclosure of previous applicant statistics also seems like an act of fraud that can be taken to court.
- 5. Fraudulent appeal process that requires \$5,500 for committee review only refunded if the applicant is accepted. When I requested further explanation into the reasoning behind the committee decision, I was informed that I could file an informal appeal that would be reviewed by the same 3 people who interviewed me. Those individuals, of course, upheld their original decision. I inquired further and was told that I would be required to send an additional \$5,500 to the committee for a "formal appeal" and that the money would only be refunded to me if the committee decided in my favor. This requirement, and not to mention the informal appeal

process, is quite frankly appalling and fraudulent showing that the college only intends to profit from this process rather than approve qualified doctors to aid Australia's underserved.

- 6. Lack of use of modern-day technologies for interviews The need for applicants to travel to Australia for interviews in times where we have technological advances at our disposal is negligent and wasteful. Giving applicants the option to interview via teleconferencing can be critical and can increase the applicant pool simply by reducing the need for applicants to travel and reducing their expenses.
- 7. Consider option of allowing physicians to practice under restricted licensure and registration RANZCOG developed a position known as GP obstetrics to better satisfy the needs of rural populations. However, those placed in these positions do not near the experience of physicians who have gained decades of hands-on practice and knowledge. This runs the risk of increasing medical misjudgments that can lead to malpractice. Moreover, this position has shown to actually increase Australia's medical spending due to lack of knowledge, education and experience which leads to the transfer of many patients from local hospitals to large regional hospitals and thus more invasive and costly treatments. Introducing the option of practicing under a limited/restricted license would allow for more experienced physicians (+20 years as seen in UK, Canada, South Africa, Israel) to practice their specialties under a more restrictive license and scope but still provide the people of Australia the opportunity to benefit from greater access to health care and experienced physicians.

With all this in mind, it is my duty to inform the general public and other foreign medical O&G specialists that the overall application and interview process for RANZCOG is potentially fraudulent. I hope that others may learn from my experiences applying as an SIMG and will be able to avoid the hardships that I endured. Most importantly, I hope that my letter and outreach encourages you and others to review the RANZCOG evaluation processes and make the necessary changes that will most benefit the people of Australia.

Thank you for your time. Sincerely,

Dr. Naftaly Zuker