

PRESCRIPTION FOR TROUBLE

IN THE WAKE OF THE 'DR DEATH' SCANDAL AT BUNDABERG HOSPITAL IN QUEENSLAND, A PARLIAMENTARY INQUIRY HAS BEEN WARNED ABOUT CONTINUING PROBLEMS WITH THE ASSESSMENT OF OVERSEAS DOCTORS WORKING IN AUSTRALIA. STORY: GEORGIE OAKESHOTT

It's a fact: Australia needs overseas trained doctors to help ease the pressure on our medical system. It's also a fact that Australia has a rigorous assessment process for overseas trained doctors to ensure they meet acceptable standards of practice. But it's not a fact that every overseas trained doctor has satisfied that rigorous assessment process.

In evidence heard by the Joint Standing Committee on Migration, it has been revealed there are hundreds of overseas trained doctors working in Australia "without anybody having assessed their skills at all".

The committee has been told an indeterminate number of doctors are being put into positions with little or no formal assessment of their capacity to function.

The inquiry heard these doctors are working in 'area of

need' positions, in rural, remote and outer-metropolitan hospitals and practices desperately in need of their skills. These placements have increased from 600 in 1992 to more than 4,000 in 2003-2004.

Presenting this evidence is the Australian Medical Council (AMC), the national standards body which administers the assessment process for overseas trained doctors seeking general (non-specialist) registration to work in Australia.

The AMC told the inquiry specialists like surgeons, anaesthetists and obstetricians are also bypassing the formal assessment process because states and territories are using discretionary provisions to grant registration, despite a national agreement to involve the AMC in the process.

According to the AMC, based on Commonwealth recruitment data, in 2004

there were an estimated 790 overseas trained specialists granted temporary visas to fill 'area of need' positions, but only 157 were assessed through the agreed process.

"We know from the figures we are seeing that only about a third of specialists are coming through our assessment pathways. We do not know what happens to the other two-thirds," AMC chief executive officer Ian Frank told the committee.

"Up to now the track record has been that we have agreed on these nationally consistent approaches, but they have not been implemented," Mr Frank said. "Everyone has taken on their discretionary provisions and put people in areas where they felt there was a need to do so.

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The AMC told the committee this is where the danger lies—when recognition of medical qualifications is driven by concerns of numbers rather than quality and safety. It points to the Patel case in Queensland as an illustration, where established procedures to ensure appropriate scrutiny of qualifications, assessment of competence and ongoing monitoring were bypassed.

Between 2003 and 2005, Indian-American Dr Patel worked as an ‘area of need’ appointment at Bundaberg Base Hospital. He was employed by Queensland Health after being approved by the Queensland Medical Board to work under supervision. But he wasn’t supervised. In fact, he was made director of surgery. A commission of inquiry held after he left Australia has linked him to the deaths of 17 patients, with another 380 patients seeking compensation.

“As recent events in Queensland have highlighted, attempts to short circuit established assessment and monitoring processes for health professionals, who have not had their skills and competencies formally assessed, can have catastrophic results,” Mr Frank said.

“The frightening thing about the Patel case is that even though mechanisms were clearly established and signed off by all the parties, they were deliberately bypassed because there was pressure to put somebody into a hospital post.

“As we told the committee, it’s evident that whenever you have a major workforce shortage, issues of quality and safety tend to become less important. The thinking behind putting numbers and throughput ahead of safety and quality is a really serious issue,” he said.

Chair of the Migration Committee, Don Randall (Member for Canning, WA) said improvements have been



Australian Medical Council chief executive officer Ian Frank. Photo: AUSPIC

made to the screening process since Patel, because “you can never be too careful”.

“The last thing we want is another Queensland situation, where Patel slipped through the cracks and it proved to be a disaster,” he said.

Concerns about the assessment process are echoed by other health professionals including Professor John Collins, dean of education at the Royal Australasian College of Surgeons. He said the college is frequently asked to assess doctors who are already in place, and may have been for some time.

“I believe there are other potential Bundabergs out there, where people are working who have never had any assessment, and who are not under any form of appropriate supervision,” Professor Collins said.

“The worrying point is that there are many overseas trained doctors undertaking surgery who have never applied to be assessed, or been required to be assessed, or been pushed to be assessed by their employers.

“We do not believe any person should be allowed to start in a position where they are going to practise without supervision. Even when assessed as capable on paper they still need some form of supervision for a time to ensure they can actually perform satisfactorily in the work place.

“Surgery is dangerous and requires an appropriate diagnosis, a sound reason for operating or no alternative possible treatment and a patient who is well enough to undergo the operation. If the latter had been followed by Dr Patel, he would not have operated on some patients who then died after surgery,” Professor Collins said.

What happened in Bundaberg was a jolt for health authorities across Australia. According to Ian Frank the most important lesson to be learnt is that systems driven by officialdom alone can be dangerous.

“There’s no doubt Patel has been a wake up call to everybody. I think every state health authority in Australia is looking at its records and people to make sure these things aren’t going to happen again,” he said.

And while he acknowledges some progress with the screening processes for ‘area of need’ appointments, he said there are still large numbers of overseas trained doctors being registered with just a “paper review” of their skills.

“And that may be okay,” Mr Frank told the inquiry. “That may be perfectly reasonable. They may look down and say ‘look, this guy has had all the background experience and there should not be a problem’, but if that is the case then you would think you would get them through and linked up into the fellowship programs



Royal Australasian College of Surgeons dean of education Professor John Collins. Photo: Michael Ferguson

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of the colleges, so you could get them linked in to the continuing professional development programs."

The majority of doctors come to Australia from India, Egypt, Sri Lanka, the UK, Bangladesh, South Africa and China. Many enjoy a warm welcome in communities where doctors are thin on the ground.

AMC figures show overseas trained doctors represent more than 21 per cent of the total medical workforce in Australia, and 35 per cent of general practitioners billing Medicare in 2003/2004 in rural and remote locations.

The AMC told the inquiry the numbers are difficult to track, because some doctors are labelled 'occupational trainees', so they don't appear on anybody's statistics as being part of the 'area of need' workforce.

"But they are actually physically in the hospitals and become part of the hospital workforce. There is a large cohort of those people who are coming through the system and are being registered to our knowledge without anybody having assessed their skills at all," Mr Frank said.

As for supervision, the inquiry has heard overseas trained doctors in 'areas of need' are often working alone.

"The concept of 'supervision' is puzzling, since, if there were sufficient resources to supervise, there would be no need for an 'area of need' doctor," one doctor said.

"Skills recognition is more than simply getting people past a barrier examination," Mr Frank told the inquiry. "Ongoing monitoring has to be looked at.

"One of the interesting things about Australia is that we are asking people to come in from overseas to go and work in often very difficult areas, often culturally removed from the areas that they have come from," he told the inquiry

"There needs to be infrastructure in place to enable them to really integrate into the medical workforce in Australia and become effective clinicians and practitioners within the Australian healthcare system."

He referred the committee to a recent inquiry in Canada, a country which faces a similar situation with international doctors working in rural and remote areas.

"There are a whole lot of collateral issues around the placement of these people that go beyond simply the amount of money you pay them. Give them the support services. That is what I am saying about the Canadians. They have identified the

need to provide significant amounts of orientation and support services to back these guys up so they do not feel completely isolated," he said.

Committee member and former Health Minister, Carmen Lawrence (Member for Fremantle, WA) said the process of properly recognising skills is a serious problem, and an issue she's been involved with for more than a decade.

"Proper assessment of overseas trained doctors has always been a difficult process, and it's tempting for the states to bypass it, and that's where the problems lie. What we need is a streamlined, proper, fully-fledged process, which doesn't take forever, with uniform standards applied at the point of entry," Dr Lawrence said.

With this in mind, in December last year the Productivity Commission reported on the widespread concern about assessing the competence of overseas trained doctors, especially for temporary resident doctors.

In its report, the Productivity Commission recommended the introduction of a national accreditation board for the assessment of overseas trained doctors—a recommendation which has been agreed to by the Council of Australian Governments (COAG).

What this new bureaucracy will mean for professional groups, like the AMC, was unclear at the time of publication, but Ian Frank is hopeful the expertise that's been established will be built on, not dismantled.

"But if they're proposing to dismantle those existing systems, de-professionalise health care education and regulation of health services, I think that's something the community needs to be concerned about," he said.

"If you are going to create a national accreditation and registration system driven by bureaucracy, you'd have to say what's different to Bundaberg?" ■

For information on the skills recognition inquiry by federal parliament's Migration Committee, visit www.aph.gov.au/house/committee/mig or email jscm@aph.gov.au or phone (02) 6277 4560.