

31 January 2011

TO THE HOUSE STANDING COMMITTEE ON HEALTH AND AGEING
Australian Government
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Re: Registration and Support for Overseas Trained Doctors

Background: International Medical Graduates (IMGs) or Overseas Trained Doctors (OTDs) make up almost 43 per cent of the GP workforce in rural and remote Australia excluding doctors working as Hospital Medical Officers in various urban and rural hospitals. IMGs are facing major problems and difficulties in gaining registration to work as a medical practitioner. There are several assessing bodies in Australia that influences the registration process, composed of the newly established Australian Health Practitioner Regulation Agency (AHPRA), the respective Australian Medical Boards extension in each states, the Australian Medical Council (AMC), Rural Workforce Agencies (RWA), and various Colleges of different medical specialties (e.g. RACGP, ACRRM etc). Thereby it appears that there are so many avenues and pathways for an IMG to gain registration in Australia therefore there is no absolute rules really on how an IMG will obtain registration in Australia without any boundaries.

IMG may be registered accordingly based on the "Area of needs", positions available not filled in by local graduates, or a particular specialty/subspecialty not possessed by any locally trained specialist, etc.

The changing rules of all the institutions above, introduction of Pre-Employment Structural Clinica Interview (PESCI), AMC back log in conducting clinical exams, unreasonable rules of each particular college renders IMGs in grey areas lest future of working in Australia as a Medical Practitioner will be in vain.

The purpose of this letter is therefore to present to the highest Australian Authority who formulates laws and legislations involving the problems on registration facing IMGs/OTDs in Australia.

The major issue IMGs facing is gaining FULL IF NOT UNLIMITED REGISTRATION.

Currently, AHPRA only allows IMGs on Limited Registration to have 3 renewals to continue registration and thereafter IMGs need to re-apply again with the Medical Boards subject to existing regulation of the board on the time of re-application. Thereby putting a risk of registrations problems to IMGs on that category.

The introduction of Competent Authority Model of the AMC is actually discriminatory and an insult to IMGs who are already working in the Australian Health Care system as a doctor on a limited registration and couldn't get a Full registration because of the flaws and problems arising with the current AMC Examination, the Clinical Examination in particular.

We fully understand that under the Standard Pathways, IMGs who don't belong to the Competent Authority Pathway (IMGs who came from countries and passed their exams such as USMLE-USA; UKPLAB-UK; CMC EXAM-Canada and NZREX-NZ), should sit for both parts I and II of the AMC clinical exam to get a full registration. IMGs that belong to Competent Authority Pathway will get full unlimited

registration after a year of satisfactory work performance without sitting for any AMC examination.

The Competent Authority Pathway gave rise to a query of what so special about doctors trained in the USA, UK, Canada and NZ? Isn't that medical knowledge is a universal thing, irregardless of language, colour, country status, the biochemical principles, human anatomical landmarks, mode of action of medications, types of bacteria and viruses, etc. are all the same wherever you are on Earth. All IMGs coming to Australia, irregardless if they are on Standard or Competent Pathway are all aiming to practice medicine in the Australian context that made it unique. Therefore there shouldn't have boundaries in categorising and assessing competency of an IMG irregardless of country of origin. There should be merits and more advantages among IMGs who are already in the Australian Medical Workforce.

There are a lot of IMGs who are already working in Australia for a number of years who are facing major problems in completing the AMC certificate and get FULL REGISTRATION because of the Part II examination which is the Clinical Examination.

Currently, AMC couldn't cope up in conducting more clinical exams schedules and venues. They announced the so called "WORK PLACE BASED ASSESSMENT" in lieu of the AMC Part II Exam (Clinical Exam) since 2007, though they had a pilot trial conduct of that pathway in 3 major hospitals in Australia (John Hunter Hospital, New Castle, NSW; Goulbourn Valley Hospital, VIC; Launceston Hospital in Tasmania), after 4 years of announcement nothing has fully implemented nationwide as yet.

ACRRM recently announced that they receive funding from the government to conduct the said Pathway. We know that ACRRM is synonymous to RACGP, how come that at this stage RACGP is not involved in such pathway?

The introduction of Pre-Employment Structure Clinical Interview (PESCI) made it much more difficult for an IMG who expresses interest of working as a General Practitioner. Recently, the owner of one of Victoria's large network of GP Clinic in Western and Northern Victoria expressed their frustrations of recruiting potential doctors to work as GP in rural Australia, concerns about waiting time, processing of papers etc. causes delay and even resulted into losing potential doctors who could have already been working and helped in easing shortage of GPs especially in rural areas.

The Medical Observer (MO) Magazine dated 26 November 2010, featured the saga of an Egyptian doctor who ended up of going back to Egypt after his registration was rejected by the Medical Board of Australia.

The doctor was hoping to get registration and supposed to work as a GP in the rural NSW town of Wagga Wagga. He sat the AMC exams, completed the English language test and the required PESCI – at a personal cost of close to \$ 30,000 (MO, 26 November 2010).

The PESCI interview panel for GPs unanimously recommended his suitability for supervised practice wherein the doctor is fully aware of his limitations. AHPRA indicated that the NSW branch of the Medical Board of Australia proposed to refuse his registration. (MO, 26 November 2010).

At this stage it is not clear why such decision was made, AHPRA didn't make a comment but defended a process, saying the board made decisions on registering IMGs based on the nature of individual position and the "level of risk".

The poor doctor left with a query in his mind, "(If) someone can simply say 'oh no, we don't like it' why have the PESCI to start with?"- Dr A.S. (MO, 26 November 2010).

PESCI is not a bad idea, it is a fair method of assessing competency of a doctor who wishes to work into General Practice in Australia, however it appears that it only make the life of IMGs more difficult.

RACGP offers alternative pathways for fellowship, they have the so called "Practice Eligibility Pathway", IMGs who have an Overseas General Practice experience and/or Australian General Practice experience may be able to apply for this route to Fellowship. Doctors fall under this category will be able to get General/full registration specific to General Practice once they become Fellow of the Royal Australian College of General Practitioners (FRACGP).

On the current Body Policy of the RACGP:

Item 4.8 Eligibility for the Practice Eligible Route, states that:

Applicants wishing to participate in any of the College assessments via the Practice Eligible route must have:

- (i) four years full time approved Australian equivalent general practice experience (or part time equivalent)and;
- (ii) at least one year full time general practice experience (of the required four years full time) to have gained in Australian general practice.

IMGs/OTDs who were recognised as a Medical Practitioners in Australia after 1 January 1997 are subject to the so called 10-year moratorium.

However, Section 19 AB of the Health Insurance ACT 1973 granted exemptions to Medical Practitioners who are Permanent Residents/Australian Citizen to enable to attract Medicare Benefits Scheme (MBS) for the professional services they provided.

By virtue of the Section 19 AB, IMGs who are Australian citizens/permanent residents are entitled to work as General Practitioner provide they satisfy minimum requirements under the following programmes such as: Rural Locum Relief Programme (RLRP), Accredited Medical Deputising Services or AMDS (Rural/Urban areas, "Area of Needs"), and Aboriginal Health Centres.

This pathway is suitable for IMGs who do not have a General Practice fellowship qualification overseas and/or fellow of the RACGP with limited registration to work as General Practitioner under supervision. Really one of the best option for IMGs.

An IMG who are not vocationally registered GPs overseas and no GP experience wishes to work in any of the above Pathway for GP must satisfy minimum requirements of the assessing bodies, e.g. Rural Workforce Agency Victoria (RWAV) before a PESCI type of interview be conducted to aspiring IMG to participate in those pathways. One of the requirement is at least 2 years working experience in Australian Hospital System, with specific rotations on General Medicine, General Surgery, Paediatrics or its equivalent, O&G and Emergency Medicine.

Once an IMG completed a 4 years full time GP experience in Australia, they can apply to RACGP on the Practice Eligibility Pathway.

In the Practice Eligibility Pathway, RACGP has a policy on AMDS as follows:

Stated on Item 4.7 Accredited Medical Deputising Service

Work in an accredited medical deputising service for a minimum of 3 sessions per week may count as a general practice experience to a maximum of 2.5 years (full time equivalent). If evidence of continuity of care can be provided, a further 6 months of this time may count as a general practice experience.

Item 4.7 means that IMG who are working in AMDS may still not be eligible to apply for the Practice Eligibility Pathway towards FRACGP even though they worked in AMDS for four years or more. The 2.5 years full time equivalent plus the further 6 months if proof of continuity of care can be provided is only equivalent to 3 years and 1 month.

GPs working in AMDS appeared more busy than GPs working in normal hours. Working during normal working hours and after hours has no difference at all in terms of experience a doctor can encounter.

Doctors working after hours are also getting variety of cases (acute and chronic illnesses), also conducts procedures, antenatal shared care and patients situations happening during normal hours, etc. Now a days, the creation of AMDS made several patients to consult and prefers to see a doctor after hours due to daytime work commitments. On the weekends, AMDS doctors can work during day time as well anyway.

The 2.5 years + 6 months restriction of RACGP even though a doctor worked longer than that period is another dilemma faced by IMGs who are working under the AMDS.

Though it is not really clear why RACGP imposed that rule on AMDS, if RACGP is concern about the nature, content and extent of experience a doctor can get competence in General Practice, Item 4.7 is NOT REALLY MAKING ANY SENSE AT ALL.

The General Practice Training Provider, Australian General Practice Training (AGPT) also imposed a Full registration requirement to IMGs who are Permanent Residents/Australian Citizen if they wish to apply as a GP registrar. It means that even though an IMG who is a Permanent Resident/Australian citizen has local experience of working as a doctor in Australia on a limited registration. They are not eligible to apply under the AGPT GP traineeship because they are not fully registered. A doctor who are working on a limited registration are working under supervision same with a doctor who is working as an AGPT registrar are also under supervision.

If IMGs under section 19 AB were allowed to work as a GP without any GP experience or qualifications both locally and overseas under supervision (on a limited registration) and can sit for the RACGP on completion of the requirement of the Practice Eligibility, the more they should be allowed to participate in AGPT training programme despite of limited registration, at least they getting more supervision during the training itself and it will also speed up the completion of RACGP exams towards fellowship.

What then is the point of requiring an IMG to have a full registration before then can apply for AGPT training wherein AGPT registrar are working under supervision anyway?, thereby making that requirement ABSURD.

In addition, some of specialty training don't really required/imposed full registration on IMGs who wishes to undergo specialty training, e.g. Australian College of Emergency Physicians, etc.

ACRRM introduced the so called Independent Pathway, but IMG needs to pay enormous amount of money amounting to approximately \$20,000 per annum during the whole training. Still a major problem to IMG to participate in this programme likely due to financial restraint.

LET'S ILLUSTRATE A SCENARIO:

DOCTOR A is a male Overseas Trained Doctor (OTD) migrated in Australia as a permanent resident from a country which was not classified under the Competent Authority Pathway in the year 2000, Dr A couldn't practice immediately as doctor because he has to satisfy the AMC clinical examination first and the other requirements of the AMC including the English Language test. Upon completion of the AMC part I exam, Dr A became eligible to work as a HMO as a supervised doctor on a limited registration. Dr A applied and had attempted to sit for the AMC Clinical Exam with no success on the initial attempt. Dr A carries on with his job as a HMO and was able to work continuously for the last 5 years with a satisfactory clinical evaluation from his supervisors towards the end of each HMO year that made him eligible for renewal of his limited registration. Dr A worked hard and tried to complete the AMC clinical examination however there were so many problems that aroused that influenced Dr A's capacity to complete that exam.

DOCTOR A worked in Australia with at least 5 years, on a limited registration, obtained continuous satisfactory clinical assessment after each HMO year evaluation as part of the requirement of the medical boards for continuous renewal of the limited

registration. Dr A practiced his profession as a doctor in the context of the Australian culture, way of life and health care system, etc. and therefore considered experienced. Dr A was able to demonstrate that he is a safe doctor as evidenced by the HMO year evaluation. Dr A is clearly still on the grey area and risks of deregistration and will be subjected to changing rules of the relevant registering Authority if he won't be able to obtain full registration.

DOCTOR A has an option of working under the exemption 19 AB. He can work and apply as a GP in any pathways mentioned above. DOCTOR A however still facing major problem of getting a full registration and still at risk of deregistration because of the problems identified in the current rules and regulations of different assessing bodies such as:

1. AMC – problems of completing the Part II, though “Work placed based assessment” was introduced, still not fully operational until now. The AMC Clinical Exam is also very subjective and may not really a good indicator to assess a doctors clinical competency.
2. AHPRA – Doctor A still subjected on the changing rules, re-application for further application will be based on current rules. What if AHPRA will impose completion of AMC Part II examination, thereby Dr A will ended up deregistered.
3. AGPT – he can't apply under the training programme because of the requirement of full registration
4. RACGP – If Doctor A is working in AMDS, item 4.7 of the RACGP will not allow him to apply for the Practice Eligibility Pathway even though he worked for more than 4 years in an AMDS clinic, still not avenue at this stage in getting full registration
5. PESCI – since doctor A only worked in the hospital, he still subjected to the PESCI requirements.
6. RWAV- Doctor A may have issue like family affairs therefore he can't go rural.
7. ACCRM - \$20,000 for an Independent Training is so dearly and it will make an IMG to think twice or several times before applying on such pathway.

It is clear in this scenario that DOCTOR A is an Australian Citizen, and Overseas Trained doctor, with a 5 year working experience in Australia as a Medical Practitioner under supervision on limited registration, is at RISK of possible deregistration or remained on limited registration because of the loop holes identified with the major assessing/registering bodies for Medical Practitioners in Australia.

DOCTOR A IS A PERMANENT RESIDENT and can remain in Australia indefinitely, if Dr A will be deregistered similar to what happened with [REDACTED]

██████ - an IMG who worked as a GP in rural Queensland town for six years, was denied of limited registration after he failed a written examination and an hour-long interview conducted by the Australian College of Rural and Remote Medicine (ACRRM) as part of his attempt to gain full registration (Australian Doctor, 01 October 2010, page 2).

DOCTOR A may end up in the following situations:

- May suffer from a severe Anxiety and Depression upon loosing his job due to deregistration, may even ended up to Suicidal Ideation if he can't cope up emotionally
- Will be a burden to the Australian Government being unemployed
- Finding a job outside of Medicine may be difficult morally, physically and socially and may suffer from severe financial difficulty and will resort of getting centrelink money
- Really be frustrated because he gained a lot of experiences and became a competent doctor but couldn't practice his profession due to the flaws of the registration requirements

THE AUSTRALIAN GOVERNMENT THEREFORE SHOULD REALLY REVIEW IT'S CURRENT LAWS AND LEGISLATION ON THE REGISTRATION OF IMG'S, IN GETTING THE FULL REGISTRATION IN PARTICULAR.

IN ORDER TO ASSIST IMG IN GETTING REGISTRATION IN AUSTRALIA, THE RECOMMENDATIONS ARE AS FOLLOWS:

THE AMC MUST FORMULATE A SUBCATEGORY ON THE CURRENT STANDARD PATHWAYS, IT MUST BE CALLED, " LOCAL EXPERIENCE BASED PATHWAY", this will be an alternative pathway in addition to the so called work place based assessment pathway.

To be eligible for that "LOCAL EXPERIENCE BASED PATHWAY", IMGs must possess the following eligibilities:

1. Must be an Australian Citizen or Permanent Resident
2. Must passed the AMC MCQ examination
3. Must be in the Australian Medical Work force not less that 5 years
4. On a limited registration and must demonstrate a continuos satisfactory work performance evaluation from direct work place supervisors for the last 5 years
5. Must be able to demonstrate a continuos performance with Continuing Professional Development (CPDs) for the last 5 years

IMG fall under the above category must be entitled to AMC certificate and hence full registration form AHPRA-Medical Boards of Australia.

Long years of working experience in the context of the Australian medical practice is MUCH BETTER if not superior to the qualifications obtained from the countries under the Competent Authority Pathway of the AMC if the basis is competency of working in the Australian context, therefore IMGs who are already working in Australia and gained much clinical experience must be given an equal opportunity in getting the full registration without being subjected to the unfair ruling of the AMC.

A 3 HOUR SUBJECTIVE CLINICAL EXAMINATION IS NOT GOOD ENOUGH TO ASSESS CLINICAL COMPETENCY OF AN IMG, A LONG YEAR CLINICAL EXPERIENCE COMPLEMENTED WITH CPD'S IS STILL THE GOLD STANDARD FOR SUCH PURPOSE.

Otherwise, AMC must now fully implement the WORK PLACE BASED ASSESSMENT without any limits in terms of location, it should also be offered in both rural and urban hospitals and GP clinics.

RACGP must also be involved in the implementation of the WORK PLACE BASED ASSESSMENT

RACGP must review their Policy on Practice Based Pathway, AMDS MUST BE CONSIDERED A FULL TIME GP EXPERIENCE and must allow an IMG working in an AMDS to sit for the RACGP exams after 4 years of working in an AMDS clinic.

The Government must review the current PESCI rules.

AGPT MUST ALLOW IMG'S WHO ARE AUSTRALIAN PERMENANT RESIDENTS/CITIZENS TO APPLY FOR THE AGPT TRAINING EVEN THOUGH AN IMG HOLDS LIMITED REGISTRATION, they will sit for an RACGP exam in some stage anyway to gain full registration on completion of the fellowship.

The government must offer financial assistance to the IMGs who wishes to participate in the ACRRM's Independent Pathway.

Above all, the Australian Government MUST prioritise its Citizens and Permanent residents in making laws and legislation.

Indeed if the above recommendation will be considered, in a way it will ease up the burden of an IMG or OTD to get a FULL REGISTRATION to practise his/her profession without boundaries.

On behalf of all the OTDs/IMGs in Victoria.

Yours sincerely

CONCERNED IMG