

## Experience of an overseas trained doctor

I am an overseas trained paediatrician. My background is that I completed my Paediatric post graduation in 1978. The degree was awarded by Madras University in India, after, four Theory exams and three clinical exams, three Viva voce and dissertation of a thesis by original research.

I was a consultant paediatrician at the Christian Medical College and Hospital which is a very large hospital attached to a medical college. I started as a junior lecturer and became the Professor and Head of the department of Child Health. I also headed the Neonatal Service, Paediatric Intensive Care and Haematology/Oncology Unit.

I hold a permanent residence visa to Australia since 1980.

I had worked earlier in Australia for a total of five years of which four and a half years was at the Children's Hospital in Adelaide and six months as consultant Paediatrician in Alice springs, NT.

I retired as Professor of Paediatrics from the Christian Medical College Hospital in Vellore, India and I wanted to come back to Australia in 2007, as my husband and my children were already in Australia. My husband (who is a Consultant Nephrologist with Australian qualifications) and I were offered consultant positions at Mildura Base Hospital. I applied for an Area of Need consultant position so that I can start work at Mildura Base Hospital.

In order to be eligible to apply for Registration with the Medical Board, I was asked to first appear for an IELTS English examination to prove my proficiency with the English language. When I pointed out that I had already worked for five years in Australia, I was informed that because it was ten years since I worked in Australia, my English may not be adequate!! I did write the IELTS examination and obtained the required grades which made me "eligible" to apply for Registration under the Area of Need category.

I sent a detailed application in July 2007 with all the necessary particulars of my undergraduate studies, internship, post graduate studies and all the positions held during my 34 years of service as a paediatrician. The application was sent to AMC, with a copy to the Royal College of Physicians as required for an Area of Need position. My application included a Certificate of Good Standing from the Indian Medical Council and references from three senior paediatricians in Australia with whom I had worked earlier.

I was interviewed over the phone on 22<sup>nd</sup> August 2007 by two senior paediatricians in Australia. Subsequently I was asked to produce another Certificate of Good Standing from the Medical Council of India as the validity of the certificate I had already sent was only up to the end of September. I did get another Certificate of Good Standing within a week and submitted the same to AMC.

I had attached a copy of the Indian Government Gazette, where my name change from my maiden name to married name was published. This notification in the Gazette is generally accepted as legal proof of name change in India and other countries. However, I was told that the Gazette publication was not adequate and I was asked to provide an affidavit regarding my name change, witnessed by a Justice of Peace. No such procedure were required when I worked previously in Australia and also when I got my permanent resident visa to Australia. Needless to say that this new requirement further delayed the processing of my application.

After waiting for nearly 6 months since my original application I was given “Limited Registration Under Supervision” and was allowed to work from 4<sup>th</sup> December 2007 at the Mildura Base Hospital.

As an Area of Need consultant, I was required to work under the supervision of two paediatricians and go through a peer review process for one whole year. This procedure would seem rather superfluous as I had already worked for five years in Australia but I had no problems in accepting the procedure. However the person who was appointed as my supervisor and peer reviewer was a very young and inexperienced paediatrician who had just finished her FRACP training. She had started working as a consultant only a few months earlier and had no experience as a supervisor and was ill-equipped to assess other senior people and their work. My other supervisor was a very senior paediatrician in Adelaide with whom I had worked earlier. He had been in contact with me for more than 30 years and had full knowledge of my career and academic achievements. His peer review assessment of my work was very positive with very high scores in all categories, but the young paediatrician’s assessment was quite different with average scores in all categories. She was reluctant to consider my many years of work experience, number of publications (more than 50), research activities (more than 60 projects) and being an examiner for post-graduate paediatricians for many years as “above average”!

At the end of peer review for one year I was allowed to apply for recognition by the Royal College of Physicians for FRACP qualification. But when I applied to the College for the FRACP, I was told that I had to undergo peer review for one more year. This directive was sent to me six months after I submitted my application.

While my application was being processed, I had to go through several hurdles. First I was told that I had to submit my “log book” for the period I was the professor of Paediatrics and Child Health in India. I informed AMC that Professors are not required to keep “log books” anywhere in the world and I had not kept a log book. Then I was asked to give a write up of my responsibilities as a professor, describing every day and every hour of my work.

Then I was asked to get another Certificate of Good Standing from India, even though I had submitted a Certificate of Good Standing from the Victorian Medical Board as by then I had worked in Mildura for more than eighteen months.

During the process of getting my initial assessment by the AMC and later by the College of Physicians, I had to submit my curriculum vitae five times. At one point I was asked to provide an “expanded curriculum vitae” although I had given a very detailed write up, taking 27 pages in all. It appeared that the organisations kept losing my file repeatedly and there was no co-ordination between the two institutions. The “source verification” of my qualifications was done twice and I had to pay for the second time as well.

In May 2009 I was told that my continuing medical education was not adequate as most of the conferences I had attended, papers presented and the guest lectures given were all in countries other than in Australia. I had to resubmit my continuing education activities in Australia which included my role as a lecturer for the Monash University medical students.

In October 2009 I was informed that I do not have enough “points” to get the recognition by the College of Physicians. I was asked to send several letters of support from colleagues and local peers. I was able to get many letters of support from various people and I sent them to the College by the end of October 2009. There was no further communication from the College for several months. Finally when I telephoned to my case manager in March 2010, I was told that they had no

letters of support. Immediately I sent copies of all the original letters of support which had been already sent by October 2009.

Finally I got my FRACP in June 2010, two years and seven months after I started working as a consultant at Mildura Hospital. The delay was very frustrating and discouraging. Several times I had thought about going back to India to continue my career there. I had to send a huge number of emails and make several phone calls to AMC and my case managers during this period. It was particularly frustrating to send and resend the same documents several times.

It appeared to me that the formalities were superfluous and meaningless. In my case, no one seemed to have looked at either the detailed CV or the testimonials which were thorough and extensive. The highly positive assessment and commendations given by the senior supervisor were largely ignored.

If there is only one supervisor onsite the overseas doctor has to have a remote supervisor. It was not a problem for me, because my remote supervisor was a person with whom I had worked for four years, who had visited the hospital where I worked back in India. I had done some multicentre clinical trials with him. He knew me for more than 30 years. Currently there is an overseas trained doctor working with me. She is excellent.. I can not be her proper supervisor because I have not had my FRACP for five years. She has a remote supervisor from Melbourne, who has no idea of how she works. It appears to me a fallacy.

I do agree that before employing an overseas trained doctor we have to be very careful and thorough. However, I feel that the current process is very inefficient, time consuming and highly repetitive. Although the case managers were very co-operative, it appeared that there was no way of assessing an individual doctor on his / her own merits.

My suggestions:

1. There should be different pathways for senior doctors and juniors,
2. For those who have never been in Australia and those who have already been working in Australia.
3. The supervisors appointed for the peer review process should be carefully selected and should have appropriate seniority. Currently it seems that any one holding an FRACP qualification is accepted as a supervisor regardless of their seniority and experience.
4. My suggestion for the second supervisor would be, if there is only one supervisor, the Medical Director of the institution should be accepted as the other supervisor, whatever their qualification is..

The Medical Directors do have a lot of input regarding the abilities and working capabilities and academic skills of the staff. So they would be more appropriate to do the supervision. Alternately even a recent FRACP Fellow who is otherwise a senior paediatrician should be accepted.