

Senate Finance and Public Administration Committee

**Re: Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)**

Dear Senate Committee members,

Thank you for the opportunity to comment in relation to AHPRA processes and administration. I would like to comment on their impact on International Medical Graduates (IMGs), particularly those who are recent graduates with little clinical experience, as is the case with my husband.

My grievances can be summarised in the following two points:

1. At the time of formation, AHPRA introduced a new requirement for IMGs seeking limited registration in Australia, that they would first need to have completed an internship, without making any provision for IMGs who had invested themselves under the previous regime where this was not a requirement.
2. AHPRA has introduced a new requirement for IMGs seeking general registration under the standard pathway, which is very difficult to meet – IMGs must undertake one year of supervised, rotating, clinical experience which closely resembles an internship. Hospitals are struggling to cope with providing internships for locally trained graduates, and do not have capacity or interest in providing these for IMGs.

I met my husband while living in the Czech Republic. What was intended to be a one year ‘adventure’ away from my Australian existence turned into a four year stay as I waited for him to finish his medical studies. When he finished his medical studies in early 2009, we optimistically got married, applied for his spouse visa to Australia, and moved to Australia to start our life there. He arrived a short time after me, in August 2009.

All this was straightforward. However, we didn’t expect that everything would be so smooth, we knew that foreign doctors have a hard time in Australia, that there are tests, and that we may need to move to regional Australia. We embarked on the Australian Medical Council (AMC) process: his degree was recognised, he passed the IELTS English test to the requisite standard, and he passed the AMC Multiple Choice Quiz (MCQ) in early 2010.

We did a lot of research into the requirements for registration. Even though he was eligible for full registration with the UK General Medical Council, we knew that since his degree was from the Czech Republic, he would only be eligible for the ‘standard pathway’ to general registration in Australia. This involved passing both the AMC MCQ, and the AMC clinical exam.

With limited clinical experience, my husband did not feel confident in trying to pass the clinical exam. The consequences of failure are quite extreme. While the cost itself is significant, the real deterrent is that once a person fails the clinical exam, it can be more than a year before the candidate will be offered the chance to sit the exam again. Even getting a date to sit the first exam can be difficult. My husband once went to a clinical exam preparation class where a doctor had been waiting for more than two years

to get an exam date, after failing her first attempt. My husband wanted some proper experience working in an Australian hospital before making that attempt.

On the other hand, according to the websites of the various state and territory medical boards, it would be possible for my husband to get conditional registration for a period of supervised training, providing he had passed the AMC MCQ.

On that basis, he applied to become an intern in the hospital systems in all the states and territories of Australia where he met the eligibility requirements. These applications were lodged some time between May and June 2010, for the 2011 intake. He did not apply in Victoria and New South Wales, since these states required IMGs to have already passed the AMC clinical examination. Still, there was a chance.

I'll admit that the chance was very small, because our arrival in Australia coincided with an oversupply of locally trained graduates seeking internships, and my husband being an IMG, was in the lowest priority group for consideration.

Getting anxious about his chances, I called and spoke to an officer in Queensland's Department of Health some time in August, who kindly told me that he would do what he could to help (he was very impressed with my husband's results in the MCQ), but was I aware of the change which had been brought in by the new Medical Board of Australia? That, in order to get limited registration, an IMG would first need to show that he or she had already completed a 12-month internship overseas, if they had not passed the AMC clinical examination?

This was devastating. I wrote to AHPRA and got a response which coldly confirmed this information. The effect of this change was that even if we could work out a way for my husband to get an internship, he wouldn't get the limited registration he required in order to practice. There was no time to do the clinical examination before the internship year would start.

So we left Australia. I was very unhappy about that (and still am). I was 32 years old, we had come to Australia to settle down and start a family, but there was no way we could do that with so much uncertainty ahead.

My husband is now working in the UK as a Foundation Year 1 doctor. Ironically, he already has full registration with the UK general medical council – graduates of UK medical schools only get limited registration, yet because his medical degree was a six year degree, he was entitled to full registration straight away. He is doing all he can to complete that required year of internship experience, although at the end of this year he will also attempt the AMC clinical examination.

Yet looking ahead, AHPRA has also changed the playing field for general registration. We will apply for internships in Australia in 2012, in the states and territories for which he is eligible, but the chances of getting an internship position are still very slim. So what options do we have? He could apply for an RMO position with Australian hospitals, but the people I have talked (or written) to in the hospital system tell me that they are looking for doctors with general registration.

In order to get general registration, AHPRA now requires IMGs to have completed a 12-month supervised placement in an Australian hospital (preferably accredited for intern training), which closely resembles an internship, rotating through the same core departments:

<http://www.medicalboard.gov.au/documents/default.aspx?record=WD11%2f4691&dbid=AP&chksum=kgA7KR4HJI1ugAz%2bjlcFg%3d%3d>

I have seen some RMO positions advertised on the internet, by an agency, claiming to give doctors needing such rotations the necessary experience, but these also require the doctor to have at least 6 months of clinical experience in Australia.

So the way forward is very uncertain. Perhaps I'm just misinformed, in which case I'm sorry to trouble you, but it's not for lack of trying. I have called AHPRA to ask them what should be done to comply with their regulations, how my husband can get the sort of job he needs to satisfy their requirements. Their response is that they just make the regulations, they can't provide advice on how to get the jobs needed to satisfy them. I have sought advice from medical recruitment departments in NSW and South Australia. I made representations to my local MP (on the earlier issue of my husband not being able to get an internship), who sent letters to health ministers both local and federal, with no result. I have looked for advertised job vacancies. Perhaps there's a page on a website somewhere which has the answers to all my problems, but I haven't found it.

In conclusion, I believe that before AHPRA implements a policy or publishes a standard, they should consider whether, and how, the standard can be met. If AHPRA doesn't know how a doctor is to obtain a supervised, rotating position, while holding only limited registration, then they shouldn't set the requirement. If they do know how a doctor could get that kind of position, then they should give doctors some guidance. For those doctors coming from overseas, the system is very opaque.

I don't object to IMGs being thoroughly tested and supervised to make sure that their skills are up to par. And if the positions were available, I wouldn't object at all to the requirement of close supervision in a number of core medical departments – this would ensure that IMGs get some real training rather than being the stop-gap solution for over-extended public health facilities.

But together with the difficulties faced by IMGs in Australia already, for example with provider number restriction, lack of support in regional facilities and lack of training opportunities, new requirements which seem to have been introduced without regard to the realities of the job market are unduly onerous.

Your assistance in lighting the path ahead would be most gratefully appreciated.

Yours sincerely