

Dear Mr.

Re: IMG Parliament Discussion

I am one of the IMGs who have been working in Australia since 1999. Before coming to Australia I worked for 9 years in South Africa. Both countries rely heavily on foreign doctors and experiencing both systems I would like to share my view how the system in Australia could be improved. In order the Parliamentary discussion to be efficient it is very important the people involved in the inquiry to have a proper understanding about the current system.

Background:

Medical education: MBChB (Medical University Stara Zagora, Bulgaria) 1989

Postgraduate qualifications:

2006 Graduate Diploma Forensic Medicine (Monash)
2009 Masters of Family Medicine (Monash)
2010 RACGP

Work experience:

1989- 90 GP [REDACTED] (Bulgaria); [REDACTED]
1991-99 Medical practitioner [REDACTED] South Africa
1999 – current [REDACTED], Bundaberg, Queensland
2001 – current [REDACTED] Wide Bay area, Queensland;

Publications:

“Assessing elderly people to drive” Australian Family Physician (AFP) Vol.37
September 2008

How the 'system' operates? When I arrived in 1999 I, and I presume the most of the IMGs, we had no clear understanding about the health system. I was recruited by an Agency which introduced me to my employer – [REDACTED]. I had to organize my visa and my Registration with the Queensland Medical Board. At this stage we, the IMGs were required to pass an interview with a representative of the Medical Board (Queensland). The interview was formality and was not designed to assess any clinical knowledge, rather emphasized on the doctor's character. I was not aware nor informed that we were not allowed to apply for Permanent residence until we pass the RACGP exam and about the Moratorium to work in Area of need for 10 years. Once in the system these “small details” become evident and I have raised the issue a few times in Australia Doctor. The first publication was back in 2004 but strangely enough not much has changed since then (Copy enclosed).

In 2001 I was recruited by Queensland Health to work as a part-time Government Medical Officer. The duties involved examining patients for sexual assault and treatment of prisoners in the Watch house. Despite the fact that the work was closely related to my GP work, I realised that I needed more knowledge and training. Queensland health organised two, 3 days training seminars which I attended but in 2003 I enrolled in a Graduate Diploma Course in Forensic Medicine (Monash) which I completed in 2006. I was quite happy with my study since my knowledge was vastly improved. I notified the Medical Board of Queensland for the completion of the Course but I was surprised when I received a Show cause notice to cancel my registration with the Board for "been involved in activities not approved by the Medical Board and studying matters not related to my work". With the interference of Queensland Health the issue was resolved but the bitterness remained.

In 2007 I decided to start preparation for my RACGP exam. Working in a remote area there were not many options and I enrolled in the Masters Course in Family Medicine run through Monash University. I would like to mention that for my attendance of these Postgraduate courses I paid as an International student besides the fact that I was in the country for already 7 years and I paid taxes.

In December 2007 I received a letter from the Medical Board that the requirements for registration concerning IMGs have changed and I (and all IMGs) had 4 years to complete the RACGP exam.

In 2008 when I renewed my registration I was told by the Medical Board I had to sit on the RACGP exam if I wanted to continue working in Australia. I informed them that I was enrolled in the Masters degree and it would be impossible to do both degrees. With the assistance of Queensland health my registration was extended but the doctor who was working with me [REDACTED] and who was also enrolled in the Masters course decided to sit on the exam.

The exam was 3 weeks after his enrolment and at the same time we had to do assignments for the Masters course. For me it was clear that most probably he would fail and he really did fail the exam but...his registration was extended.

In 2009 when we applied for renewal of his registrations I had no problems with my renewal but he was required to sit on the PESCI assessment. For me this discrepancy came from the fact that Dr. S. [REDACTED] failed the RACGP exam.

In November 2009 both of us completed the Masters of Family Medicine course. At this stage Dr. S. [REDACTED] wanted to prepare and sit for the RACGP exam but instead he was involved in a legal battle with the Medical Board of Queensland in order to stay and work in the country. For him it was an insult after 30 years of practice (8 in Australia) and after completing Masters of Family Medicine to sit on a pre-employment assessment. In January 2010 he

left Australia and together with the whole family relocated to UK where he is presently working.

South African experience: South Africa is a country which relies on foreign medical graduates. I worked there between 1991 and 1999. The SA Government, as the Australian government was heavily advertising around the world that they needed doctors but the treatment we received there was completely different. From the time you start working we were given house subsidy if you wanted to buy a house and to settle with your family. The whole family was given FREE private health insurance. Three months after I arrived I was granted permanent residence status and in three years I become a citizen of South Africa. All of these social benefits are still a mirage for me after being in Australia for 11 years.

Canada is another country which relies heavily on IMG. The doctors are required to work in area of need until they complete they unrestricted registration requirements. In order to complete these requirements the all foreign doctors are required to complete the Canadian Medical Council exam. The doctors are given three years to complete the requirement but they can apply for extension.

All doctors and their families enter the country as Permanent residents with Medicare benefits.

I have been working in Australia for 11 years. I have two children born in Australia. I have no status in the country. I have no Medicare access. Since my wife is a NZ citizen and qualifies for Medicare benefits I have to pay Medicare Levy and surcharge without having access to Medicare benefits. Since I don't have access to Medicare I pay private Health cover as a visitor...after 11 years in the country. The reason for this anomaly is that access to Medicare is on individual base (visa) but the Family Tax benefits are based on my income. That is why I have to pay higher tax and not to have access to Medicare and at the same time to pay higher Private health cover.

I totally disagree with [REDACTED] who during the IMGs Parliamentary debates stated: *"It is not the case that a 457 Visa will be revoked if a doctor fails his/ her pre-employment interview"*

In a sense he is right if the Medical Board does not cancel the doctor's registration. But since the Medical Board 'policy' is that if a doctor fails the RACGP exam, he is referred to the (pre-employment) clinical interview and if he fails - the registration is cancelled.

This is the case with Dr. [REDACTED] Dr. [REDACTED] and many others. When doctor's registration is cancelled he must leave the country in 30 days because

visa 457 is activity specific (medical) and location specific. If you cannot work as a doctor, you cannot stay in the area you live and the only option is to leave.

For me as a normal person is mind blowing that after 10 years in the country, working in area where the local graduates do not want to work and helping the Australian government and the local community you are not allowed to apply for permanent residence. The Visa 457 bounds also the whole family. This is because the Visa is issued for maximum 4 years. Every time when you renew your visa you need to pass Medical requirements. If you or one of the family members fails the health requirements, this family member cannot stay in the country. I have read a media report for a doctor which child had medical conditions and his visa was not extended.

Yes, it is true that after working for years in Australia we become better doctors but the current system is a social suicide for the doctor and his family if for some reason the requirements for unrestricted practice are not met. Why I am saying this?

- Social isolation by working in area of need;
- Doctors' Wife/ Husband/ Partner jobs prospective is not existent. I live and work in Bundaberg which is not a small place according to the Australian standards but still is extremely difficult for my wife to find a job. She had offers from Brisbane/ Sydney but I couldn't join her due to my 10 years job commitment in Area of need. Dr. [REDACTED] wife was an accountant with all Australian credentials and also had problems to find job in Bundaberg. What about working in more isolated areas?
- Residential status uncertainty: we basically live on year to year basis. Long term goals/ commitment cannot be made because your registration or your visa can be revoked at any time. If this happens in the first 1-2 years it is OK but what to do if you have to leave the country after 10 years? You build practice here, patients and their families know you and rely on you and suddenly you are not good enough to practice? This is what happened to Dr. [REDACTED] and Dr. [REDACTED] Dr. [REDACTED] who recently left the country had to leave with his son in the middle of the school year. I don't think is in the best interest of a family or the student to change schools in the middle of the school year.
- We are human-beings and we all age and we can become sick. After years working under stress, physical exhaustion and in sever conditions the chances for us, the IMGs to become ill are higher. But does someone take the responsibilities for that? If you or some of your family fails the health requirements, you have to leave the country. For me it sounds like a jungle law – survival of the fittest and this should not happen and be allowed in a developed country like Australia.

It is true that slowly, slowly 'the pieces' start to fall in place. Now all IMGs need to pass AMC exam prior entering the country. But still this doesn't give them Permanent residence status and access to Medicare. At this stage the main issue is the residential uncertainty of the doctor and his/ her family which opens the door for intimidation and abuse.

Doctors' residential status still depends on their professional carrier. I think it is imperative like all other countries which rely on IMGs, the Australian Government to show commitment to these doctors and their families and to grant them Permanent residence visa. Other option which was explored in South Africa is the Australian Government to sign individual contracts with the doctors that after 2 or 3 years they will leave the country.

Staying in the country on temporary base creates so many other problems. Patients and people working in the social services are shocked to hear that after 11 years in the country we are not allowed to apply for residence. Banks, traffic department (driving licenses) and other social institution cannot attend our needs due to the current 'temporary' arrangements we are placed under.

After 11 years in Australia I feel that I have been squeezed to maximum and all my efforts to accommodate myself into the community have been blocked by the system. My studies done in Australian university mean nothing to the Medical Board. Recent request to the New Medical Board of Australia to acknowledge all my qualifications obtained in Australia (Graduate Diploma in Forensic Medicine and Masters of Family practice) fell into "deaf ears".

Medical Registration: It is interesting to see that more than 50% of the so called GP Specialists have never sat on the RACGP exam. With the introduction of the new registration system their prior experience was recognized and they remained on the Specialists' register. None of my experience in Australia has been recognized. Instead I and my family lived in uncertainty for years what new rules and requirements will be brought. The current system also creates other problems. My supervisor for the last 11 years is also a graduate from overseas. The only difference between us is that he had 10 years more work experience in Australia than me but hasn't done any formal studies. With My Graduate Diploma in Forensics (he suppose to supervise my forensic practice as well) and my Masters of Family Medicine, he actually had fewer qualifications than me. Who do we fool here? Dr. Patel's case has been brought as an example of failure of the system. I am not sure why all the pressure was put on us, the IMGs? It took about a year, questions to be raised about Dr. Patel's competence. In two years he was removed from practice.

Takes 6 years to train a doctor, another 3-4 to specialise. If after working in Australia for over 10 years the system is not sure if the doctor is competent to practice, I don't think that the problem is in the doctor?

My suggestions are:

1. Grant Unrestricted registration to all doctors who have entered the country before 2001.
2. All doctors completed the AMC examination to enter the country with Permanent residence status with condition to complete the obligations for unrestricted practice in certain amount of years. This will give clear understanding about doctors' obligations and more security to the whole family.
3. Grant Medicare access to all doctors and their families when they enter the country.
4. Consider the future needs for IMGs and allow work on contract basis. This will give chance people to experience the system before committing financially and socially to work in Area of need.
5. Remove the Moratorium obligations (19AB exemption) once the doctor becomes an Australian citizen.

I just completed all my registration requirements for unrestricted practice in Australia and probably the new changes will not affect me. I know that to establish a good system takes time but we, the IMGs have suffered so much in the hands of bureaucrats that is time some more constructive changes to take place. Bitterness will remain for some time but I hope that the Parliamentary inquiry will improve the conditions for the future generations IMGs who are planning to come to this beautiful country and give them a fair go in their career.

Dr Ilian Kamenoff
Bundaberg