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The Secretary  
Committee to Enquire into  
Overseas Trained Doctors Registration and Support  
Parliament House  
CANBERRA. ACT. 2600

<p><b>Submission No. 14</b> (Overseas Trained Doctors) Date: 21/01/2011</p>
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Dear Sir/Madam,

This submission refers mostly to current administrative processes and accountability measures in place within the College with respect to overseas trained doctors and makes some suggestions particularly in regard to regional areas.

My comments in relation to administrative processes are based on my experience as an ex-member of College Board assessing overseas trained doctors, as an examiner for the Royal Australian College of Surgeons and also as a supervisor of overseas trained doctors over the last fourteen years in a regional hospital.

The terms of reference of the Committee recognise the role the College plays in setting and maintaining standards for registration of specialists, including overseas trained doctors, in Australia. My observation would be that whilst that is clearly the aim of the College, in the process of registration of an overseas trained doctor in regional Australia, registration appears to be much more difficult for an equivalent Australian trainee. Registration for an overseas trained doctor in a regional area also is more difficult than for an overseas trained doctor stationed or positioned in a Metropolitan area. The main reasons I believe responsible for this inequity are –

Firstly, the College remains somewhat city centric, an overseas trained doctor recruited to a major city hospital is far more likely to be assessed as consultant grade and awarded Fellowship and registration without the formal examination than an overseas doctor in a regional area. My personal observation is that this has not occurred because of any credible evidence that the city overseas trained doctors were any better trained or competent than their regional counterparts. Rather, the reasons for this to occur are multifactorial but include understandably the fact that a city overseas trained doctor is more likely to be observed by members of the Board who make decisions concerning registration. As observation of clinical practice is recognised amongst educationalists as probably the best method of assessing prior learning and experience, this gives a city positioned overseas trained doctor an advantage.

Secondly, the exit examination of the College of Surgeons remains the most common way for an overseas trained doctor to obtain registration as a surgeon in Australia. There are several reasons why an overseas trained doctor will not be competing on a level playing field with Australian trainees, including:

The fact that the exit exam assesses the outcome of a specific Royal Australian College of Surgeons training program which may be quite different from the training that the overseas doctor has already received without that necessarily meaning that his or her's overseas training is any less relevant to the practice of surgery than the Australian training program.

The exam often involves oral vivas that are difficult for an overseas trained doctor in whom English is not a primary language and who are not familiar with this sort of exam. No-one will argue that an overseas trained doctor is required to have a good grasp of the English language but this should not be confused with the role of the exam in assessment of training and competence in a particular specialty.

Despite the best intentions of the College, supervision and support for overseas trained doctors in regional areas is not always as good as that available to trainees.

Lastly, I found the College on many occasions unsympathetic to the difficulties that an overseas trained doctor in regional Australia may face in addition to those facing anyone else doing the exam. As an example, one overseas trained doctor whom I was associated with and for whom I have the highest regard, was in the unfortunate position of having to undertake the exam with a number of major stresses including having a Visa that expired only weeks after the exam, having a family in limbo not knowing whether or not they would be moving to Australia and in addition, receiving conflicting advice from the College as to whether or not he could apply for reassessment at the same time as applying to sit the exam. The examination is a stressful enough experience at the best of times without conflicting and confusing information from the Colleges which, to a regional overseas trained doctor, will appear quite remote and unsympathetic.

The above points go part of the way to explaining why overseas trained doctors in regional areas are disadvantaged with respect to obtaining registration. In addition to the above, the burden of forms that have to be repeatedly filled in by an overseas trained doctor and also partly by their supervisors is quite great. Ongoing assessment forms are quite a reasonable administrative task to assess an overseas trained doctor's progress and competence. However, when one adds in the need for continued updates on Visas, work permits, temporary registration and Providers numbers all at varying times of the year whilst at the same time the overseas trained doctor is expected to continue studying for an exam, one wonders how an overseas trained doctor survives in this country. My recommendation would be therefore that there is a definite need for a more streamlined transparent approach that would benefit both the overseas trained doctor and the hospital or area of need that the overseas trained doctor is based in. This process would hopefully make it much easier for an overseas trained doctor to understand what is required and would enable some co-ordination and streamlining of the above processes.

Perhaps some of the above problems could be overcome if Australia opted for specialist recognition outside of the Colleges, which I understand is the case in New Zealand.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Quigley', written in a cursive style.

Frank Quigley  
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