Submission No. 21
(Overseas Trained Doctors)
Date: 31/01/2010

Submission to the Parliamentary Inquiry committee addressing the terms of reference

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Name- Dr Chaitanya Kotapati- My AMC number- 2083868

I hold Conditional registration with AHPRA in Australia- (AHPRA number- MED 0000977112)

I Hold full registration with GMC (UK) and IMA(India)

Qualifications from overseas- MBBS (India), Diploma in Anaesthesiology (India) primary FRCA (UK)

Currently practicing in Queensland as a registrar in Medicine at Logan hospital otherwise enrolled in ICU training.

Issues of concern/reference for International Medical Graduates (IMG's)

1) General registration pathway for AMC – **Urgent need for COAG work place assessments for IMG's** due to the prolonged waiting periods for AMC clinical examination causing delay in qualification and progress of already practicing IMG's. (ref- P Noonan- Skilling the existing work force an Australian Industry group project)

2) **Urgent need for legislation to control and supervise the college accreditation process of overseas specialist qualifications**- due to lack of transparency as well as marked inconsistencies and unpredictability in the assessment process and the delay due to appeal processes.

3) Appeal for **Equal standing in the pathways of registration for all the non-Australian doctors** holding similar qualifications irrespective of their nationality once they meet necessary criteria.

4) Immediate need to address the **Lack of coordination and communication between regulatory authorities such as AMC and AHPRA**, employment authorities and the colleges causing obstruction to the training progress of the International Medical Graduates (IMG's).

5) **Urgent need for streamlining the pathway of progress for IMG's already employed in Australia** with an approach towards creating better training opportunities for these doctors rather than humiliating them with obstructive policies.

Dear committee members

Thank you very much for giving me this opportunity to forward my grievances and concerns with the ongoing registration process and college accreditation policies that are affecting International Medical Graduates (IMG'S)

I hold overseas MBBS qualifications from India and also post graduate qualifications in anaesthetics from India.

I then moved to UK with a view to gain more experience in anaesthetics and intensive care. I was granted permanent registration with GMC (General Medical Council) in the UK through ODTS(overseas Doctors Training Pathway) following a one year supervised training and one of provisional registration. I completed primary FRCA in the UK in 2005.

I then moved to Australia in 2007 as I wanted to complete training in critical care and obtain fellowship in critical care. I have been working in Australia since January 2008. My wife who also holds specialist qualifications in anaesthetics from India as well as primary FRCA from UK also moved to Australia to gain further training and experience in anaesthetics.

With regards to the issues raised above I would like to bring to your notice that many of the current rules and regulations applied to the international medical graduates have come into force after I have commenced my employment in Australia.

Many of the pathways introduced and the changed rules made it more and more difficult for me and my wife to progress through to AMC General Registration. I was affected personally by each and every issue raised earlier in this submission. I will try and address each issue separately now.

Issue-1

COAG work place assessments-As per the recommendation of the Council of Australian Government, there needs to a provision for Work place based assessments and assess the standards and competency of these doctors and then finally allow the IMG's already employed in Australia to progress through to AMC general registration without causing unnecessary delay in their eligibility to practice in rural Australia.

There is currently a minimum waiting period of 18 months for AMC clinical examination date once any doctor has completed the AMC MCQ examination. If the work place assessments are introduced then many of these doctors would be able to hold general registration with AMC within an year without any restrictions on their registration and be able to offer their services throughout Australia especially in rural and remote areas where there is immediate need.

The current delay for AMC clinical examination is not only causing delay in the progress of the training of the overseas doctors but also is contributing to tremendous stress in their personal lives as they are under constant pressure to meet the requirements of AHPRA (Australia Health Practitioners regulatory agency) in order to maintain conditional registration.

I have spent sleepless nights due to the unpredictable and unforeseen barriers imposed upon us by the regulatory authorities as well as due to the sudden cessation of employment by the employing hospitals in response to the actions of the AHPRA and Medical Boards.

Issue-2

Lack of uniformity and predictability in the policies followed by certain colleges in the accreditation process of overseas post graduation qualifications held by IMG's.

Many candidates holding similar qualifications from overseas received totally different assessments with simply uninterpretable explanations left to the imagination of the candidate being assessed.

The same candidate receives completely different assessment from two different faculties under the same umbrella with one faculty exempting the candidate from basic examination and deeming the

Candidate as advanced trainee while the other faculty simply ignoring many of the overseas qualifications of the candidate and deeming the candidate as basic trainee until he completes the basic examination.

There needs to be a legislation governing the accreditation process followed by all the colleges in the field of medical sciences. The appeal and revalidation process for affected IMG's needs to be closely regulated by the legislation and needs representation from non-faculty members

Issue-3

The pathways of registration followed by the regulatory authorities applied to the overseas graduates with similar qualifications should facilitate the registration process taking into consideration each individual's overseas qualification and experience rather than simply obstruct the progress of the registration of these candidates based on the basis of nationality or their place of graduation.

I have been exempted from the PLAB examinations in the UK based on my overseas postgraduate qualifications in India as well as experience in West Indies and I was granted permanent GMC registration through ODTS pathway (Overseas doctors Training pathway as per the recommendations of the Royal College of Anaesthetists in the UK).

I strongly feel that I should have been allowed to progress through competent authority pathway based on my permanent GMC registration as well as the postgraduate experience in the UK for nearly five years before I moved to Australia. I wasn't considered for competent authority pathway simply because I did not give the PLAB examination even though I fulfilled all the other criteria.

Many UK graduates and Indian graduates who have given the PLAB examination but with very minimal experience in the UK have been allowed to progress through competent authority pathway.

Issue-4

The transition process from regional medical boards to Medical Board of Australia has not been a smooth process for many candidates.

Overseas doctors were subjected to pilot projects such as PESCI (interviews) as a means of assessing their competency while they were already serving in highly competent jobs serving their position and role efficiently.

The level of communication process between the colleges and the Medical Board of Australia is very poor and the candidates are being pressurised by the newly established national regulatory authority for submitting support documents from college in time. The candidates or the employing authorities most of the times does not seem to have a clue about any such required documents due to the lack of communication from the Medical board of Australia in the first place.

The overseas doctors are being penalised in an unreasonable manner by being taken out of their job positions temporarily by the employing authorities due to the refusal by the Medical Board of Australia to be flexible in their approach when such total communication failure occurred in the past.

The regulatory authorities and the colleges together with the employing authorities should work together to guide the overseas doctors efficiently through the process of registration and employment rather than penalising the doctors at every level for no mistake of theirs.

Issue-5

Overseas doctors are now being asked to serve in clinical attachment positions in areas like emergency medicine, general medicine and general surgery for total time periods ranging from a minimum of 10 weeks to a total of 30 weeks. The overseas doctors are granted the general registration by the AMC and AHPRA only after the completion of both the Australian Medical council examinations and then the clinical attachments.

The justification supporting the enforcement of these mandatory clinical attachments is that the overseas doctors are not ready enough to take up positions with wider responsibilities in rural and remote areas. This justification is not valid for many of the overseas doctors especially for candidates serving in acute areas like anaesthetics, intensive care and emergency medicine with many years of experience behind them in those roles.

Many of the overseas doctors have gained lot of overseas experience in their respective specialities before moving to Australia. These doctors are proving their capability and competency at many levels by passing both the MCQ examinations and Clinical examinations conducted by the Australian Medical council. It is very unfair to mandate the clinical attachment terms as compulsory pre requisite for all these doctors prior to the AMC general registration without looking closely at their individual experience levels and respective specialities of training.

The clinical attachments would be justified only if all these doctors were automatically granted the qualification of a General practitioner at the end of the clinical attachments and would be allowed to go out and practice as General practitioners in rural areas. This would allow these doctors to work in dual role as general practitioners as well in their respective specialities which may suit them well. But again it should ideally be left to the choice of individual doctors.

What the overseas doctors are mainly losing due these compulsory clinical attachments is "the continuity in the training in their own specialities of interest". It is also affecting their personal lives as they are finding it difficult to plan their family lives due to the unpredictability of their new roles in these mandatory clinical attachments enforced upon them. One should remember that many of these doctors have families with small children.

I sincerely request the committee members to take a serious note of all the above issues concerning the overseas doctors and help us by streamlining the pathways of training and registration in a fair and transparent manner. Many of these policies appear to be framed as a knee jerk reaction to some of the serious adverse incidents ascribed to overseas doctors like Dr Jayanth Patel.

Many of the overseas doctors will be quite happy to prove their competency and knowledge at every level to suit the needs of Australian health system and work towards becoming the valued members of the health system.

Some of the rules and regulations applied to the overseas doctors are in many ways detrimental to the smooth progress of the doctors towards their specialist qualifications and general registration and will not only cause lot of delay in their progress but contributed to enormous amount of stress in their personal and professional lives.

I personally experienced the sense of helplessness and lack of support on many occasions due the humiliating treatment in the hands of employing authorities and the regulatory authorities. I have also have met many more overseas doctors in similar situations.

Many of the overseas doctors employed in Australia for last few years are already near to the completion of training and serving in highly responsible positions and have been clearing local examinations by demonstrating equal competency and knowledge to the local Australian doctors.

The contribution to the Australian Health system by overseas doctors holding Australian experience like myself should be given necessary consideration and be given an opportunity to progress smoothly rather than having to go through the same rigorous process as someone from overseas who have freshly come out of medical schools and wanting to pursue training as a general practitioner in Australia.

The sooner, the locally employed overseas doctors with necessary qualifications are allowed to progress through the training and the general registration, the better they will be equipped to go out and serve the urban, rural and remote communities effectively throughout the Australia.

"The greatest satisfaction that a fully qualified doctor gets is only when his skills are recognised and when he is allowed to offer his medical services to the members of the community he lives together with"

Thank you very much

Dr Chaitanya Kotapati

Registrar in Medicine

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