

To: Committee, HAA (REPS)
Subject: REGISTRATION OF THE OVERSEAS TRAINED DOCTORS IN AUSTRALIA.

Dear Sir/Madam,

My name is Michael Galak; I am an OTD, who worked in Australia since 1981. I was registered in Australia from 1983 till 2009.

I am a Fellow of ACRRM (Australian College of Rural and Remote Medicine), Vocationally Registered and have a Postgraduate qualification of Master of Psychological Medicine from Monash.

I am not working as a doctor due to the excessively harsh and unreasonably complicated registration procedural requirements. At the moment I am trying to get registered as a "new" doctor with AHPRA, despite the fact that I have been doctoring in Australia for more than a quarter of a century.

There are several points, which I would like to contribute to the enquiry.

It is my opinion that the present and future shortage of doctors in Australia is an artificially maintained phenomenon, which is based on pecuniary considerations of incumbents.

It is created by the legislatively protected monopoly of the medical market place. This monopoly of local graduates is enforced by the existing legislation and by the modus operandi of the registering Authorities.

Despite the acute shortage of trained medical staff, especially in rural/remote locations and publicly funded institutions, such as hospitals, Aboriginal Community centres, prisons etc., present registration procedures are woefully inadequate, making an access to the medical services for an ordinary Australian complicated in extreme. It is not unheard of in Australia to have the nearest point of medical service delivery being further than 50kms away. However, it must be noted, if, by chance, all of OTDs would suddenly be removed from their positions, the public health in Australia is likely to collapse or would come dangerously close to the state of collapse.

The OTDs in Australia are usually employed in the areas of health care delivery, which does not attract many local graduates. Even under such conditions OTDs registration is arbitrarily withdrawn by a registering body, without the proper regard to the needs of the populace these OTDs are serving. I have seen it happened. I was in this situation myself.

As a general rule OTDs are paid minimal allowed rates and, if this Doctor would ask for his or her pay to be on par with the accepted rates, or request a raise promised at the time of the beginning of the employment, the shortcomings of his/her care provision would be found and this OTD would be quietly dismissed.

Registration of OTDs is in the hands of people with the vested interest in keeping their numbers down. What degree of probity, integrity, and objectivity is required from a person entrusted with such a task? On the level of a saint, most likely. I have not met saints in these positions. As a

matter of fact almost all my encounters with registering bodies are etched in my soul as painful, undignified and humiliating occasions. It is likely to continue until the realisation will strike these people: – we are not dealing with interlopers; we are dealing with people who could help fellow Australians. We need them! It is not the case now. To give you an example, some cardio-thoracic surgeons have declared that they are not going to operate on smokers. This decision was taken, or so they said, due to their moral objections to smoking as a short cut to numerous self-induced health complications. It was nothing of a sort. The moral objection was inspired by the increased insurance premiums these surgeons would have to pay because of the increased rate of post-operative complications in smokers.

The registering bodies or a body now, are not answerable to anyone with the political clout to change their decisions. The hypothetical possibility of going to the Administrative Appeals Tribunal or Human Rights Commission is useless because these organisations, having tackled Medical Boards before, learned the awesome power of the legal protection these registering bodies enjoy. Who would wish to squander the limited resources on a hopeless quest? In the end OTDs are left unprotected.

To get fully registered an OTD has to pay through the nose to sit exams and to prepare for them. Since most of the candidates are from poor countries – where would they get the money from? There is quite an industry based on such a necessity. Exams are hideously expensive. Every time there is a failure, it has to be repeated. Nice little earner. In a meantime Aunty Molly and Uncle Trevor will have to wait or travel 50 or so kms to see the doctor. Or go to the nurse practitioner. Nurses are cheaper. And they have powerful union. OTDs do not.

The requirements for the temporary registration must be supported with documents. I was shocked to realise that the amount of documents needed for degree verification is larger than was required by the USSR authorities for the Soviet Jews emigrating to Israel in the past. It is enormous.

All the arbitrary difficulties with the OTD registration are explained away by the quest for quality of medical care. Nobody is against it. In reality it becomes a means of preventing the adequate supply of the medical workforce to Australian public. On top of it, there is a group of Overseas Trained Doctors, like myself, who worked in Australia for many years and did not have any quality of care problems. However, the common sense dictates that if this doctor worked many years and successfully contributed to the well being of the Australian public in the most difficult areas of public health, this doctor should be registered. It does not happen.

I could continue in the same vein but it is quite obvious that there are deep systemic issues with the supply and utilisation of the medical workforce in Australia. Hopefully, the present enquiry will help to resolve it. I would be happy to support all my claims with documents available for your perusal. In the same vein, I would be available to appear in person before the Committee.

Respectfully yours,
Dr. Michael Galak,
MBBS(USSR), FACRRM, MPH, VR.

