

**Overseas Trained Specialist Anaesthetists Network Inc.  
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**Submission**  
to the  
**House Standing Committee on Health and Ageing**  
with regards to the  
**Inquiry into Registration Processes and Support for Overseas Trained Doctors**

This submission is made by OTSAN (Overseas Trained Specialists Anaesthetists Network) on behalf of its members.

It addresses all three terms of references of the inquiry, focussing mainly on problems with current administrative processes, impediments within the pathways for Overseas Trained Doctors and the support role that OTSAN as a professional support group has. Due to the nature as a specialist group we refer to problems that are related to Overseas Trained *Specialists* (OTS) and not to Overseas Trained *Doctors* in general.

It is a well established fact that Australia experiences a critical shortfall in medical practitioners. This is not limited to the rural sector but also affects the wider metropolitan areas and can be identified throughout all medical specialities. Due to the general expansion of the medical sector, immigration and interstate migration this situation is more likely to persist for the time to come despite an increase in medical students and specialist trainees numbers. However, some of the Colleges still haven't reacted accordingly to the increase in demand and kept their number of trainees on an unchanged level.

Therefore the medical sector will more than ever be dependent on Overseas Trained Doctors. This is even more important in the light of an ageing "baby-boom-generation". This does not affect Australia alone – the shortfall in the medical workforce can be seen worldwide with a subsequent overall migration of medical practitioners and specialists. Thus Australia competes over medical specialists on a highly competitive market with medically highly developed areas (Canada, United States, Scandinavia, Central Europe etc.) with most of them conducting active recruitment and integration programs. The aim of both Government and Colleges should therefore be to have appropriate programs in place that allows suitable and skilled specialists to be identified, selected and recruited as well as providing assistance to introduce and integrate them as specialists into the local medical workforce.

Unfortunately none of this is the case.

Selection processes are strongly biased in favour of candidates with English qualifications whereas other candidates regardless of standard of training in their country of origin more or less are universally subjected to various assessments and/or examinations. Furthermore, support programs for Overseas Trained Specialists to obtain Australian qualifications offered by Colleges are either only localised, minuscule or non-existent at all.

Moreover, no College makes the selection and assessment process transparent enough to allow a potential applicant to estimate in which category he/she falls and what the chances are. This leads to situations (especially in the Area of Need setting) that candidates are recruited, allowed into the country to work, only to learn that after they have moved and settled in with their families that they need to sit an exam with very low pass chances. Indeed, one of the major obstacles is the fact that most of the Colleges subject overseas trained candidates to either the complete or part of their Final Fellowship Examinations. Compared to local candidates overseas trained candidates traditionally have a significant lower pass rate. An easy interpretation would be that overseas trained candidates are simply not good enough, however, the problems are more in depth.

At the time when local candidates sit the exam they are employed in major tertiary centres, are exposed to a wide portfolio of cases, are assigned to tutors which guide them through the process, receive a multitude of tutorial and education sessions, have access to study material and most importantly can easily form connections with peers to form study groups within their departments. It is not uncommon that local candidates have their allocated study/education periods during working hours or are relieved by senior staff from clinical duties for exam preparation.

In sharp contrast, overseas trained candidates work in isolation in rural centres with limited case-load, without communication tools to form study groups or local tutors who could assist them in the preparation process. Moreover, due to the shortfalls in medical staffing, OTS need to provide direct hands-on specialist care throughout the day and then during the after hours have to juggle exam preparation, family life and other personal proceedings.

Additional factors are advanced age, cultural differences in appearance and presentation and English as a second language which makes it hard to comprehend subtle differences in context in a time constrained exam environment. This leads to the fact that highly skilled clinicians who demonstrate excellent work performance repeatedly fail exams and finally are lost for the medical workforce because they run out of time and visa and need to leave the country.

OTSAN accepts and acknowledges that Colleges define their standards and take pride in maintaining them. However, the repetitive referral to the "High Australian Standards" by politicians and College representatives is more than counterproductive in the process of integration and acceptance of Overseas Trained Doctors in the community. Quite the contrary, it risks to promote a public opinion that, despite having "high standards" in their home countries as well, Overseas Trained Doctors in general are second rate per se, have substandard training, and from which the community "must be protected".

OTSAN strongly believes that clinical performance is not a question of country of origin or training. It is a personal attribute that can only be achieved by what the individual has made of it under the individual circumstances and can only be assessed individually. We therefore are convinced that subjecting OTS to an examination is not the appropriate tool to assess the clinical performance of OTS properly. The Fellowship Examination is designed to assess whether a local trainee has successfully completed the training and is ready for the step from being a trainee to become a consultant. Overseas Trained Specialist who apply through the Specialist Pathway have completed this step many years ago, therefore the mindset is totally different, influenced by both education and training as well as long standing expertise as a specialist. Subjecting an OTS to the same examination means to benchmark his academic exam performance against that of local trainees and take the result as an interpretation for their clinical capabilities as a specialist. Clearly, this does not work out, a reason why some Colleges have taken the commendable step to switch from exams to workplace based assessments, either for all or at least some part of the applicants.

Another issue that OTSAN likes to highlight to the Committee is the financial burden that is imposed on Overseas Trained Specialists by Colleges. For example charges that are imposed by the Australian and New Zealand College of Anaesthetists include fees for Area of Need application, paper assessment, interview, clinical practice assessment, examination/workplace based assessment etc. and amount to 13,500 AUD per candidate (relevant travel costs not included) or even more if more than one attempt for exams/assessment is needed. Given that most applicants need to shoulder the costs of immigration on their own, are disadvantaged by lack of social security (health care, indemnity

etc.), lower income (10 year moratorium on Medicare rebates), higher school fees etc. this puts an additional financial strain on them.

In this scenario OTSAN stands in a very unique position.

OTSAN is the only specialty related group in the country that specifically addresses the needs and concerns of Overseas Trained Specialists within their own specialty.

Initially started as a self-help group, founded by former Overseas Trained Anaesthetists who later became Fellows of the Australian and New Zealand College of Anaesthetists, it had a strong emphasis on education with the aim to "allow good anaesthetists to become good exam candidates again". Today, 5 years following its foundation OTSAN has not only gained a large membership but has diversified to encompass other facets of OTS related issues such as liaison with national authorities (Medical Board, ANZCA, Immigration), liaison with the health care related industry as well as social and professional networking.

OTSAN conducts three educational weekend workshops each year. Exam focused problem based lectures and mock examinations are crucial components of these meetings as well as identifying resources and building study groups and social networks. Valuable resources are provided via a newly restructured website with exam relevant literature, research material and a blog as communication platform. Additional meetings in the various regions are frequently offered by OTSAN members in the form of trial exams or other training sessions.

Furthermore, a video conferenced interactive small tutorial program as part of a PhD study links overseas trained candidates with local trainees with the aim to motivate candidates to actively manage their education and to create network opportunities.

On behalf of OTSAN and its members, we are grateful to have the opportunity to express our view to this Committee and would be glad if some of our concerns and suggestions were taken into consideration in any decision-making. As representatives of our group we are more than ready to actively and personally participate in any discussion to come.

Respectfully submitted



Dr. Martin Heck  
OTSAN Secretary



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