

PARLIAMENTARY ENQUIRY INTO REGISTRATION PROCESSES AND SUPPORT FOR OVERSEAS TRAINED DOCTORS. 2011.01.30

OVERSEAS TRAINED SPECIALIST EXPERIENCE - OPHTHALMOLOGY

DE-IDENTIFIED PATHWAY :

I am an International Medical Graduate , a recognised South African specialist ophthalmologist, 50 years old now. I obtained an MBCHB at the University of Cape Town in 1985 and an MMed Ophthalmology Specialist degree at the Medical University of South Africa in 1993. (both recognised universities on the Australian recognised university list when I applied to work in Australia in 2005). I have 21 years experience in Ophthalmology and have run 2 successful private practises in Johannesburg simultaneously for 12 years , without ever having had a medicolegal case against me. I have been working at a base hospital (QLD) full time for almost 4 years having performed over 2000 eye operations as a "Deemed Specialist Ophthalmologist (now post is called a "Staff Grade" ophthalmologist ').

In 2005, I decided that I would like to emigrate to Australia, solely on the grounds that the violence in South Africa had become untenable (18 000 murders a year, every year).

I have a wife (married to for 21 years), who has an BComm LLB, Honours in Labour relations (degrees recognised in South Africa but not in Australia), and 2 children , now 8 years old and 13 years old. My ultimate goal , was to obtain residence in Australia by working in any ophthalmic job I could get. I was quite prepared to give up my two very lucrative and successful private practises, my wifes successful career in law, my extended family, if it meant that I could be a resident in Australia.

A post for an ophthalmologist was available at a base hospital - I was told by the superintendent at the time ([REDACTED] now deceased), there was a "huge need" and they would love to have an ophthalmologist "as soon as possible " and that "residency shouldn't be a problem", "we've phoned the college" and they say "registration immediately or supervision for a year and then registration." I somehow had the impression that the hospital would sponsor my residency after 2 years of work and did not quite understand that my professional application for AON and Specialist recognition was different, - I thought my application documents were being sent to the same processing bodies - AMC, COLLEGE, MBQ etc. - besides - and how could they let one undertake specialist work if you were not recognised as a specialist.

The college did not even bother to interview me.

The paperwork for the position, took 18 months (not 3, as I was led to believe). After 18 months of uncertainty, final acceptance occurred, and I suddenly had 6 weeks to get rid of my practises, house , cars, withdraw children from schools etc and present at the base hospital.

I started work in the Area Of Need ophthalmic post in Feb 2007 at the Base hospital where there was a waiting list of 900 patients and no full time ophthalmologist for 6 years . I was never given an ophthalmic supervisor for 3 and 1/2 years.(my supervisor was a general surgeon !) After applying to RANZCO for Specialist Registration I was told I would not require any clinical supervision but would have to write an academic exam which the registrars sit, which should not be particularly difficult. (Apparently the Pathway had changed !) After writing the exams twice in two years I realized these exams were extremely academically stringent. I was promptly advised by RANZCO that I was not comparable to an Australian trained Ophthalmologist and that I required further clinical and surgical training, this after having performed 1800 eye operations without any supervision or audit whatsoever and written previous advise stating that I required no clinical supervision (despite having requested an Ophthalmic supervisor from them numerous times)

I was dumbfounded because in 21 years of ophthalmology I had never had a legal case against my name, my complication rate was extremely low, I had good references , I had worked for 1/15th the price of a private ophthalmologist, no Australian ophthalmologist was prepared to do the job, I had cleared the patient waiting list in the area and the need had become so great that we now had 2000 new patients on our waiting list because the service had become available. Was I now to apologize to 1800 satisfied surgical patients for my academic shortcoming and apparently inadequate service(according to RANZCO) that I delivered to the community in three and a half years? Did the 1800 operated patients, have reason for a legal class action against me or Queensland Health for 'posing' as a Deemed Specialist ?

As this letter from RANZCO immediately labeled me a public liability to Base hospital and surrounding community I resigned with immediate effect- however there was such an outcry from the community after press radio and TV coverage that I was told by RANZCO that I should appeal the decision and return to work.

At this time, I must say, that the CEO, superintendent and the staff of the Base hospital, as well as the local ophthalmologists and public were all extremely supportive of my position and went to out of their way to help me, and still are providing huge support for my studies. Without this support I would have already have had to leave Australia.

I submitted an appeal to RANZCO which was supposed to be heard within 3 months and surprisingly was allowed to be re- employed and re- registered until the date of the expiry of the appeal. Shortly afterwards RANZCO requested that the appeal should be held in abeyance whilst RANZCO re- assess my clinical, surgical and academic abilities over a further year. I had no choice but to accept this additional assessment, as my registration which had been coupled to the appeal period was about to expire. If registration expired I would have 28 days to leave the country.

The “additional assessment” requires me to spend 3 months at a teaching hospital, undergo a surgical audit, supervision, practise visit , written and clinical exam within the next year. The Base hospital has been extremely helpful with support for this assessment.

I am not an academic genius at fifty years old (and even members of RANZCO admit that they would not be able to pass the exams at fifty years old). However, by now I have performed over 2000 operations in Australia with an extremely low complication rate. I have made an impact on the local waiting list. I made a commitment to achieving residency in Australia and making a difference to the local need (proven by numerous references from fellow doctors ,patients and nurses sent to RANZCO in June 2010) So far there have been no Australian ophthalmologists who have been prepared to take up this post full time and work for the fixed salary that I receive.

My biggest frustration is the chronic uncertainty that my family and I have endured for the last 4 years which stems from our inability to gain permanent residence because I cannot gain recognition for my skills. Huge stress has been placed on my family for 5 years , ongoing, regarding where our place is, in the world, as well as in terms of studying and outcome of exams. I cannot invest in Australia and make future plans because I am not yet a resident. At this age I should be spending time with my teenage son and not sitting at a desk studying. There is a continual underlying psychological concept , that all our efforts and family stress in Australia may be a huge waste of time for our family, and that on return to South Africa we would not be able to recover from the risk we have taken, on the basis of initial assurances from Australian health authorities.

My practical stresses at work are negligible compared to the stresses of studying, and yet I came to Australia to work, not to spend my time studying.

I feel it is disingenuous to advertise to the rest of the world, on the skills migration list, that Australia requires Ophthalmologists only to find that when they arrive unblemished and they have proven their clinical and surgical abilities, that they have to re-train with the real possibility that they will

have to leave the country within 28 days with an "incomparable label" around their necks for the rest of their lives.

MAJOR ISSUES WHICH REQUIRE ATTENTION :

1. **Misrepresentation / Inadequate disclosure** : No full disclosure as to the full extent of the academic benchmark requirements by the colleges until specialist is "hooked" / committed in Australia. No full disclosure that the OTS has to benchmark at the level of academically groomed, but inexperienced registrars, without academic support. I.e. the OTS is going to spend his free time studying.

2. **Goal posts are moved after specialist is committed** : The colleges and the government change the rules and move the goal posts one-sidedly as it suits them and the OTSs have no certainty until they are citizens. If OTDs knew that the pathway may change, before they arrived they might not take up the post.

3. **No Specialist recognition for Specialist Quality Work** : Absurd paradox and discrepancy in that the college will not recognise the doctor as a specialist, but will allow him to work unsupervised, performing specialist work without ever checking this work for 4 years (after 2000 cases have been performed), never looking over his shoulder, never interviewing him, then pronounce him not capable as a specialist ?!!!
The question has to be asked : if the "staff grade ophthalmologist" is held liable for a medicolegal complication, would he be sued as a "specialist" or a "staff grade OTS"? - I think you would find that the OTS would be held to be just as responsible as the "specialist", yet RANZCO will not recognise the OTS's responsibility.

4. **The college assessment is inappropriate for the age of the specialist** :- no other Australian ophthalmologist at my age (50 years old) is required to write the exam, nor are they likely to pass if they did without studying.
The OTS is required to benchmark adequately in ALL 10 Areas of ophthalmic practise. Most older Australian ophthalmologists only work in a small part of the overall field of ophthalmology – eg in 2 or 3 areas – not all 10 areas of ophthalmic practise - (most of the time one refers to superspecialised ophthalmologists or does a fellowship if one wants to treat patients in these highly specialised areas .)
The OTS's surgical experience is not benchmarked against the Australian registrar's surgical experience (which is very limited) . However the OTS is benchmarked against the academic ability of the registrars, who are groomed for the exams and have 100 % exposure to academics every day for 5 years !

5. **The colleges are in a position of possible/potential conflict of interests**: - admission of OTS, to the college, allows direct financial competition with those specialists already in the college. Non- admission to the college allows for ongoing public sector work, at a very low fee – indentured labour. The 10 year moratorium has been instigated to take care of this situation – decreasing direct competition between OTD and ATDs, once the OTS is admitted to the college.

6 **Unintended Damaging Defamation to OTS's reputation, world – wide** occurs - when the OTS exposes himself to the college's judgement. One expects, when one makes sacrifices to come to another country and help them with their medical problems , that you will not leave with your reputation in tatters, especially when no medicolegal problem has occurred and the quality of your work and complication rate has been excellent.

I trust the above will highlight the problems experienced by Overseas Trained Specialists.