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(Overseas Trained Doctors)
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Inquiry Launched To Give Overseas Trained Doctors A Fair Go

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A Fair Go for Patients and Overseas Trained Health Professionals

For some years I taught at RMIT and became increasingly frustrated by the paperwork and processes imposed to prove that I and my students were meeting some unrealistic and meaningless standards set by people no longer working at the coalface. What I can teach in my own home surpasses anything I could achieve in the classroom. My home is not a health service, but the language learning and cultural aspects of language are closer to reality.

I would like to give some language examples and ask the reader to forgive anything that seems crude, and to look beyond my words to the intended communication.

> Doone: "Are you able to get any study time while your daughter (aged 4) is awake?"
> Dr M. : "Oh, yes. She's used to playing with herself"
> Doone (after a deep breath) : "She's used to playing *by* herself."
> A simulated demonstration followed.
> We both laughed and a lesson on common phrases with prepositions followed.

> I recently overheard an English teacher explaining the meaning of 'average' to some OTHPs saying that, after some time of common usage, negative meanings often become dominant. If a person is asked, "How do you feel?", and he replies, "A bit average", it means he is unwell. But if he describes something as being 'above average' it is a good recommendation.

There have been attempts to 'capture' realistic language, for example, in the audio-visual 'Doctor, I'm feeling Crook' produced by Melbourne University. By the time this colloquial language is recorded and used in the classroom, it may have disappeared from the real language used by patients.

My efforts to learn Chinese when living overseas were frustrated by the teaching methods of conventional teachers.

> Doone: "I'm going to the hospital this afternoon. How should I address the doctor?"
> Teacher: "We are in lesson two. That is in lesson 15."
> A local friend accompanied me to the hospital and insisted that I open the door to the doctor's office, barge in and give him my referral letter. My protests fell on deaf ears.
> Friend: "Do you want to see the best doctor? Do it *our* way."
> The following day, I was at the supermarket checkout with my purchases, including a tub of ice cream.
> Checkout person: "Mai-ee. Sung-ee."
> Doone: (silence)
> Checkout person: "Mai-ee. Sung-ee!"
> Doone: (silence)
> The clever checkout person took the ice cream in one hand, me by the other, and we went to the freezer, where she removed another tub of ice cream, took money from her apron putting it on one tub, while repeating, over and over, "Mai-ee. Sung-ee"
> Doone: (mentally) "Ah! Buy one, get one free!"
> I gave up the classroom lessons and started some real learning, to the embarrassment of my children, but they were better fed once I managed a few phrases and was comfortable enough with people to communicate with body language, pointing or whatever could convey my meaning.

We can't throw health professionals into the system without any language skills, but maybe we can expose them to real language and culture and support them while they improve their skills. This is going to need some creative approaches, some practical solutions, questions about what we want to teach, what to test and regulate, good will, planning and probably, money.

Maybe we should start with our patients and *their* needs instead of the tests and regulations for health professionals.

The doctor needs to understand the patient. The patient needs to understand the doctor.

Before the introduction of the Occupational English Test in the late 1980s, OTHPs were allowed to do 'supervised practice'. Then, as now, their overseas academic qualifications needed to be accepted before entry into supervised practice. Problems arose as systems changed with the introduction of new technology. Language demands increased, so the OET was devised and it was a good test while it was achievable within a short time (A or B or C level pass, results could be accumulated). OHTPs could get to work and use their skills and experience under supervision while they were developing their language skills.

Academic English needs to be understood by health workers in order to keep up with developments in the profession but is seldom used by patients or *with* patients

Doctor: "How do you feel?"

Patient: "Oh, like, I feel like a bit.., you know, like..."

It takes a skilled communicator to ask questions of this patient in order to make an assessment about her problems sufficient to treat her. If the patient says, "I feel like shit", we don't want the nurse immediately providing a bed pan.

This submission is being written during the flooding of much of Queensland. The victims are going to need huge amounts of support and I think of the 40 of my recently 'qualified' or 'unqualified' students who could be helping out instead of working in factories, supermarkets or even in nursing homes. They may be excellent personal care attendants, but they are not learning much language with patients who are suffering dementia. One of the reasons they continue in these jobs is that, even though they may have met the registration requirements, there are insufficient hospital placements[1].

There are good programs in some health systems but there needs to be more support for language within the culture of the health system. We cannot burden already overworked health professionals with the whole task, but we need the input of these people, *and* the support of language teachers. Out systems are neither bad nor broken, but they could be improved so that everyone gets a fair go and patients get the best possible care.

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Work history

1963-1970	Music, English and Special Needs teacher
1970 to now	English as a Second Language teacher for all levels
1994-2008	Language Assessor, University of Melbourne and OET
1999-now	Consumer Representative and Advocate in Victorian Cancer Services
2001-2009	Teacher of English to nurses, RMIT University
2000- now	Tutor/Trainer, English for Overseas-Trained Health Professionals
2007- now	Guest tutor, as consumer representative, for third-year medical students, Melbourne University

[1] Australian-trained medical students are given placements in July for the following year.