Submission No. 92
(Overseas Trained Doctors)
Date: 21/02/2011

Inquiry into registration processes and support for overseas trained doctors

[redacted]

My work at the [redacted] in [redacted] includes the recruitment of Specialist Medical Practitioners for employment at our [redacted] hospitals and particularly [redacted] and [redacted] I have some experience in establishing Overseas Trained Doctors (OTDs) to work in specialist practices in [redacted]. Through this process of recruiting specialists to work in our private hospitals I currently have the following specialists who have obtained qualifications outside Australia and who we have been recruited to our hospitals:

[redacted]

- 2 x General Physicians
- 1 x Obstetrician & Gynaecologist
- 1 x ENT
- 1 x Orthopaedic Surgeon

[redacted]

- 1 x General Surgeon
- 1 x Obstetrician & Gynaecologist

I am also presently working to recruit overseas trained specialists:

- Oral and Maxillofacial surgeon
- General Physician
- Paediatrician
- General Surgeon
- Gastroenterologist

Employing specialists from outside Australia is clearly essential for the viability of our regional and rural hospitals. In the process of my recruiting specialists to work in [redacted], I never receive applications from doctors who obtained qualifications within Australia and I have been relying exclusively on overseas trained applicants. Without the specialists that we have recruited from overseas it is possible that our [redacted] private hospitals may have closed.

The process is so slow that I always apologise in advance. The delays are frustrating for specialists who have the qualifications and the skill to work anywhere internationally and equally frustrating for private hospitals with substantial workforce problems. We have experienced many highly qualified specialists withdrawing their application. Some of the withdrawals relate to delays and other withdrawals relate to assessment.

From a specialist perspective, the complaints are typically around the College assessment.

- Bundaberg specialist OTD employed by a supervising specialist who provided unacceptable assessment which was later recognised as an inappropriate assessment; luckily the supervisor's assessments were eventually disregarded and OTD was permitted to sit and pass examinations but then due to the problems with supervisor moved from [redacted]

- OTD specialist employed to work in [redacted] but pursuant to College assessment requirements was obliged to work in Melbourne at nominal pay rate and for the twelve months complained that one of the supervisors would not arrange appropriate sessions to enable adequate assessment process; the perception was that they did not want him to complete the assessment in 12 months and wanted him on nominal pay for an extra year.
- OTD specialist with superior experience and qualifications but not provided with any pathway to work in [redacted] (please refer actual example below of Oral and Maxillofacial surgeon)

The typical process does not recognise the urgency in recruitment of specialists to regional Australia. The frustrating process requires that to get an Area of Need approval:

- I waste time contacting the relevant College whilst knowing that they are never able to help in local recruitment,
- Advertise for six weeks even though I have never received a single reply from any advertisements for specialists except from the recruitment firms with which I regularly communicate

It is obvious to everyone that we have a substantial and continual urgency however I continually need to prove and provide evidence that we still have an Area of Need. I'd like to propose that many Australian non-metropolitan areas like Rockhampton, Gladstone, and Bundaberg are recognised as having an ongoing and continual District of Workforce Shortage and being an Area of Need; such would need cooperation of Specialist Colleges, Immigration, Medicare, and State Health.

Competition

There is a perception that competitive pressures restrict the recruitment of OTDs to regional areas. An OTD regardless to expertise and qualifications cannot work in private practice in Australia without a College supervision plan and that will not be approved if specialists within that region consider that the extra competition might affect their business.

Public/Private

Within our [redacted] Mater private hospitals we are now dealing with a more complex barrier to recruitment of OTDs. We have a substantial need for specialists and unlike metropolitan hospitals it is extremely difficult for us to attract highly experienced, well qualified doctors to our region. Hence, recruitment firms look to assist us by putting forward overseas qualified specialists. [redacted] is a private hospital without a General Physician and without an Orthopaedic Surgeon and privately insured patients in [redacted] cannot obtain the same private services that the could in many other cities. [redacted] has only one General Physician (working exclusively on a public basis) and has no resident Orthopaedic Surgeons. [redacted] is part of Queensland Health's Central Queensland Health Service District and Queensland Health does have the same priority to specialist recruitment in [redacted] The problem for us is twofold: supervision and joint appointment.

Without two local supervisors it is extremely difficult to get a College to approve an OTD to work in our Mater hospital. In [redacted] it is almost impossible to meet minimum College requirements for supervision and as a consequence we have insufficient and unsatisfactory private specialist medical and orthopaedic services.

Without part employment within the public hospital, it seems that Colleges will not consider an OTD. Even though we have an urgent need for a specialist, we cannot guarantee a joint appointment for a General Physician or Orthopaedic Surgeon as it is often outside the budgetary constraints of the Public Hospital.

Recruitment firms are indicating that Specialist Colleges will be insisting that OTDs are employed at least 50% (if not full time) within Public Hospitals. However, within the Private Hospital system we are interested in recruiting specialists who can work independently in a private setting. We particularly seek doctors who have significant experience working privately and generally many do not want to work full time or 50% for Queensland Health. The systems are quite different and many doctors who apply to work within the private hospital system are not interested in working for Queensland Health. The recruitment processes within Private and Public hospitals are completely different. Without complete cooperation from the public hospital it is difficult and sometimes impossible to recruit doctors who may need to work jointly at the private and public.

By way of example, in December last year we received a call from a recruitment agency regarding a specialist General Physician who may be interested in working in [redacted] has a population to support more than two General Physicians but only has one General Physician who he works exclusively in the public Hospital; there are no services available for the private specialist medical services of a General Physician in the private hospital at [redacted] has substantial shortfalls in many specialties and requires doctors who work in the private sector to fill vacancies. We were highly responsive and replied the same day and arranged to interview this doctor within a few days. He needed to also have sessions at the Public Hospital and we proceeded to arrange an interview with the Public Hospital but were later informed that because they have not advertised the position they are not permitted to even interview the doctor. Two months later this doctor still has not had any contact from the Public Hospital and [redacted] will not get this specialist even though the need is significant.

Recruitment

Herewith is an actual example indicating difficulties that we currently experience:

We have been working with an applicant for the last two years who is qualified in Germany and who currently works as a Professor of Surgery at [redacted] in Queensland. This doctor is a world renowned surgeon who has been invited by the Australian College as a keynote speaker at their conference but who fears that competitive pressure within the College will result in his being unable to obtain any position.

We believe that he has superior qualifications to work as an [redacted] surgeon at ou[redacted] however he is not able to work as a surgeon. He

is a fully qualified [redacted] surgeon and holds a [redacted] medical and a dental degree. He also has a scientific degree comparable to a PhD and has major experience in head and neck soft tissue trauma, skeletal trauma, head and neck oncology, 3D navigated skull base and cranial surgery, orthognathic and all types of oral surgery. Additionally he has a [redacted] Plastic Surgery degree that allows him to perform the highest level of reconstructive surgery, including harvesting osteomyocutaneous free flaps from the limbs or trunk and their transplantation with subsequent microsurgical reanastomosis. He has significant experience in cleft and craniofacial malformation surgery. He was the deputy director at the second biggest [redacted] Department of Oral and Maxillofacial and Plastic Surgery in the [redacted] which serves the entire [redacted] state of [redacted] and [redacted], being responsible for the service of up to 5 million people. This position gave him the standing in the [redacted] surgical society and allowed him to apply for international chairs in his medical discipline. This is accompanied by his scientific reputation in [redacted] and having coordinated the international [redacted] network [redacted] for the European Union [redacted]. He has over 70 international publications in scientific journals and international book chapters on plastic and trauma surgery. The upcoming 10th edition of [redacted] textbook on [redacted] will have him named as one of the editors on the front cover. The R.A.C.S. is reluctant to recognize his [redacted] Plastic Surgery degrees. After an additional IMG exam interview in [redacted] 2010 he was informed that he would have to do his entire training again. He might be able to apply for a training position where placements are extremely limited and subject to local arrangements.

Because of these problems he also applied at the [redacted] for full registration in his second degree in [redacted] but was informed that he will have to sit the student-like [redacted] exams first and then have to demonstrate clinical dental skills such as a tooth extraction or cleaning dentures. However, he was granted partially comparable to an Australian [redacted] surgeon and might be able to get limited registration under supervision for a period of 18 months. Since 7 months now the college of dental surgeons has been unable to allocate a supervisor for him, so that he has actually still no access to the operating theatres. He even offered to work for free under this supervision time but doors still remain closed for him. He was told by fellow surgeons that another competitor is not welcome on the [redacted] and that he will experience even problems to work in areas of need in other parts of Australia to avoid getting him full registration. Interestingly, many of the Australian [redacted] Surgeons have received parts of their training in [redacted] to get access to state-of-the-art techniques. The quality of [redacted] surgery is internationally well accepted and even the injured Australian troops are flown out to [redacted] for first treatment. It is hard to understand why top surgeons and scientists of these countries cannot even get the chance to work in areas of need in Australia.

He chose the chair at [redacted] and started as Professor of Surgery [redacted], his scientific achievement in the field of stem cell driven regenerative therapies exactly meet what the Australian NHMRC is going to focus on. He even holds an official registration in United Kingdom but was not aware that he would be unable to operate in Australia. He has raised his significant concerns about the current diffuse system in Australia and that Australia will be unable to attract outstanding

international medical scientists in the future. If these surgeons have to turn around and go back to their home countries they will spread a bad message about us. This might lead to isolation of Australia and significantly compromises our further medical development.