



DR SUNAYANA DAS' RECOMMENDATIONS TO PARLIAMENTARY INQUIRY ON WAYS TO IMPROVE OVERSEAS TRAINED DOCTOR REGISTRATION AND SUPPORT PROCESSES:

- 1. AHPRA is to remove its policy that OTDs granted limited registration for postgraduate training or supervised practice pursuant to section 66 of the Health Practitioner Regulation National Law must complete their specialist training within four years.**

The policy is to be amended by AHPRA to say that OTD specialists in training will be granted renewal of their section 66 limited registration, and further will be eligible for a fresh grant of section 66 registration at the end of each period of 4 years' limited registration, for so long as is reasonably necessary for the trainee specialist to complete their specialist studies.

Advantages:

- The new policy is consistent with the actual meaning and intent of section 66 which is to facilitate specialist training by OTDs.
- It removes AHPRA's existing policy which is discriminatory and obstructive and not consistent with Parliament's intention behind section 66.
- It means fewer burdens on the AMC exam system by allowing specialists enough time to specialise rather than forcing them into the generalist AMC exam process which is the current outcome of the existing dysfunctional policy.
- Hospitals all across Australia will gain by having more qualified specialists, rather than the current system which results in OTDs being forced out of the system altogether or having their specialist training delayed and obstructed indefinitely.
- With extra specialists, there will be more specialists with time to provide guidance and teaching time to interns and junior doctors and therefore help the next generation of doctors to up-skill and grow as well.

- 2. To provide the following support services for overseas trained doctors and to properly fund, advertise and uniformly implement such services:**

- **Public awareness campaign aimed at recognising and promoting public awareness of and appreciation for the important and valuable contribution overseas doctors make to the health system and our communities.**

Advantages:

It would be invaluable for Parliament to frankly and candidly recognise and take this step to repair some of the significant harm that the Dr Patel incident and ensuing political and media circus has done to the Australian public's perception of overseas doctors, as well as to break down racist attitudes and perceptions generally.

I am sure that statistics would bear out that more than 99.99% of overseas doctors are not anything like Dr Patel and yet in the community we have unfairly borne the brunt of the public's artificially heightened paranoia concerning overseas doctors: in

our daily practice we bear the brunt of it due to general workplace and Medical Board discrimination, patients refusing to be treated by us and outright racist attacks by patients and by some colleagues, particularly non-doctors.

This also requires programmes on TV and the Internet to educate the Australian community of other cultures to better help our integration into the community. With the rising aspirations of Australia to be a true multi-cultural society like America, integration and acceptance of cultures has multiple benefits, including economic ones and an improved health system.

- **Support on arrival into the country with regards to providing time for new overseas doctors to be introduced to their colleagues and work place with an orientation session on how to look for accommodation, public transport, child care etc.**

Many doctors on arrival into Australia are put to work on a more than full time basis in understaffed hospitals and do not otherwise have the time and know-how to properly adapt.

- **Fully funded cultural orientation programmes to help overseas doctors to integrate better with the Australian culture**

This is very important as not only does it impact on their interaction with Australian patients it improves their ability to fit into a country they have left everything for and decided to bring up their children in.

A doctor needs to feel a part of the community in order to be able to give his best to that community, and this cannot happen if they feel they do not know the culture, do not feel accepted and their only interaction outside of work is with a hostile Medical Board.

This has dual connotations for the Board and Parliament as these same doctors and their children will one day be voting citizens responsible for the progress of this country.

3. **To provide case managers from the Attorney-General's Department to help facilitate progress of overseas doctors through the registration system.**

Alternatively, the Attorney-General's Department staff should train case managers and AHPRA and hospital and College bureaucrats responsible for doctors' registration processes on the important legal requirements of procedural fairness and natural justice when making registration decisions, as well as on the fair and correct operation of the Health Practitioner Regulation National Law.

Advantages:

- Administrative staff at AHPRA and the Medical Board and also in hospitals currently have far too much power over the continuing and future registration of overseas doctors (and therefore over their lives and livelihood). This power has been abused and they regularly do not administer the legislation fairly, consistently or transparently. Rather than forcing all such cases into the Court system, the administration of this important legislation needs to be monitored by an independent oversight power such as the Attorney-General's Department whose staff, as they are lawyers, understand both the requirements of natural justice with regards to the exercise of such powers and also how to properly interpret and apply the Health Practitioner Regulation National Law.
- By strengthening the rule of law in this area, this will prevent a lot of the pervading and insidious discrimination and unfairness in the system directed towards overseas doctors, which, although it is very difficult to clearly identify and pinpoint the reasons for it, is more than evident from the terrible stories and submissions that this Inquiry has heard about the incredibly harsh and unfair treatment of overseas doctors at the hands of "the system".

4. AHPRA and AMC to provide an alternative means, other than the AMC Clinical Exam and Mandatory Internship, of gaining general registration to OTD specialists in training.

Such trainees should just be required to pass AMC Part 1 exam and then show satisfactory progress according to their specialist college requirements for a number of years, say three years full time *advanced training* completed to a satisfactory standard, to also be eligible for general registration.

The three years' advanced training and satisfactory progress requirement is to replace the 4 year time limit currently imposed by the Board to become a specialist, which is impossible in most circumstances.

Advantages:

- Decreases the burden on the standard AMC pathway and waiting list for Part 2 AMC clinical exams, thereby reducing waiting times for non-specialist trainees who are presently on waiting lists for AMC clinical exams for years.
- Allows a trainee specialist to progress towards specialist exams and studies and focus solely on that without being spread too thin in trying to meet College requirements and AMC exam and Medical Board requirements, which forces us to pay less priority towards specialist training as our registration is in jeopardy. This in

turn puts our College assessments in jeopardy not to mention delay to Australia by at least 2-3 years in gaining a much needed specialist.

- By giving them general registration, it means trainee specialists will no longer have their training obstructed by the Board's draconian policies applied to OTDs with limited registration (which has the Board treating all such OTDs as if they are first year interns to be risk managed), and properly recognises the advanced and post graduate standing of such trainees in Australian colleges.

Method:

- Can retain AMC Part 1 MCQ exam requirement to keep AMC happy.
- Remove the AMC Part 2 clinical exam and mandatory internship period of 36 weeks from the general registration pathway for such OTDs and replace it with:
 - A) If a new trainee to the college: requirement to progress to advanced training and then show satisfactory progress according to the OTD's specialist college requirements for, say three years full time equivalent as an advanced trainee with the relevant College. Allowance should be made for women who may have children during this time and have to take maternity leave. Presently the Board does not recognise such factors in its four year time limit, which is discriminatory towards women and draconian.
 - B) If a specialist advanced trainee already for a number of years, to have retrospective accreditation of the college assessments done during this time, and exempting the trainee from the AMC clinical exams and mandatory internship if he has satisfied the new requirements.

Summary :

Step 1- pass AMC part 1 general MCQ exam

Step 2- provide certified photocopies of specialist college advanced training assessments for a period of at least 3 years full time.

Step 3- granting of General registration.

If the trainee has not achieved satisfactory performance "at expected level" in those assessments, to then be provided limited registration for at least 1 year to improve and meet those standards at the work place under the assessment process by their College already in place, and with no additional interference by the Board in changing the College's assessment criteria.

Note: A trainee is only deemed "at expected level" if he fulfils detailed criteria set down by the College and any problems, as with any Australian trainee, are discussed and a plan is made as how to address and overcome those issues. But in all cases a trainee is

not allowed to stay at that post if he is found unsafe via the College review process, which is what the Board is mainly concerned about.

Comments

For this policy to be implemented the Board has to recognise the assessment process which the Colleges use to assess their specialist trainees as being adequate for Australian graduates and OTDs alike. It is a non-discriminatory policy.

Importantly there is no real risk to the Board or the health system from this approach because ultimately either a doctor reaches advanced trainee (Registrar) level and completes their training to become a specialist, or fails their training and is demoted from Registrar to a principal or senior house officer level, which is a supervised role in any event. Furthermore, the usual safeguards and mandatory reporting and review mechanisms for all general registrants continue to apply.

Therefore letting the trainee meet these alternative standards with the guidance and supervision of peers and superiors and the College is a sensible outcome in the best interests of the doctor in question and will lead to positive outcomes in the health system including increased specialists and Australia continuing to be a destination for overseas doctors wishing to specialise.

- 5. With respect, Parliament and this Committee could recognise in its Report and provide guidance to AHPRA, and effectively put it on notice, that in Parliament's view AHPRA's role in implementing the Health Practitioner Regulation National Law is not purely an exercise in risk management, but that the National Law is also *facilitative and beneficial* legislation aimed at facilitating the important career aspirations of doctors including overseas doctors, recognising them as assets and ensuring that the Australian public benefits from having doctors to meet their health needs.**

Comments:

One might ask rhetorically, where did AHPRA get the idea that its only role regarding overseas doctors is one of risk management? AHPRA's role under the National Law is clearly broader than that and encompasses the above, higher policy objectives.

Overseas doctors, like all Australian doctors work long hours and difficult shifts without the added benefit of growing up in this country, having friends and familial networks in the same country or a familiar environment and culture.

They are a vulnerable group and need to feel that their efforts are appreciated by the system and that they are needed. The legislation is there to benefit them and their career aspirations, so that they can in turn serve the public, not merely to treat them as a risk to be tolerated until an arbitrary expiry date.

Advantages:

- This recognition and shift of emphasis in the system will decrease the number of overseas doctors leaving Australia disgruntled to go back to their own country, despite there being a desperate need for them all across Australia, not to mention the loss of experience, skills and contribution to the economy they bring to Australia.
- This policy will also decrease the negative reports of Australia and its society and culture given by these doctors upon returning home from Australia, which negative reports are already not only decreasing the motivation of other overseas doctors to come here but also gives a very negative impression of Australia to other countries generally, which cannot be good.
- With respect, Parliament and this Committee needs to reject the notion that Australia is somehow doing a disservice to developing nations by depriving those nations of doctors by allowing doctors from those nations to emigrate to Australia. Although proponents of this notion of course mean well, the notion is out-dated and inapposite to a society such as Australia's which values personal freedom, free trade and globalisation.

The world is increasingly globalised and doctors who emigrate are, first and foremost, free individuals who have their own good, personal reasons for coming to Australia. Many, after coming to Australia, still return frequently to, contribute to and support their home countries and families in meaningful ways, both economically and culturally, and encourage their children to do the same. Many ultimately return to their native countries to practice medicine of their own accord and bring invaluable experience to their home country. Government's role is to facilitate, not interfere with, this natural process. The less governments interfere with this natural interchange of cultures and ideas, the healthier and stronger all societies will be in the long run. Furthermore, the problem with many developing nations is not that they do not have enough doctors or capacity to train doctors, but that endemic corruption makes it impossible for those doctors to achieve their full potential in their careers and lives there. Australia should welcome such individuals with open arms rather than saying they are to be martyrs, against their wishes, by reason only of their nationality.

Furthermore, from a purely pragmatic point of view, if such doctors are intent on going overseas, they will just go somewhere else if not to Australia.