



Submissions to the Parliamentary inquiry on overseas trained doctors

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Submissions

I have made all the following submissions based on:

- my personal and my peers' experiences working as overseas trained doctors in Australia;
- my direct experiences dealing with the AHPRA National Medical Board (and the Queensland Medical Board before it), the AMC and working for my employer, Queensland Health, for the past 5 years.

1. **There is an urgent need for streamlining the pathway to general registration for overseas trained doctors already employed by hospitals in Australia for a period of years, for example, by removing AMC clinical exams and its long waiting periods and implementing workplace based assessments instead.**

Reasons: These doctors have already demonstrated their capacity to work productively and safely in the health system for many years (in my case 5 years), are subject to the same regular and detailed workplace reviews as any other doctors.

Many, including me, are working very long hours in understaffed hospitals. Many, including me, are engaged in full time studies towards our chosen specialisation.

We should not be subjected to the discriminatory and unreasonable added burden of the AMC MCQ and clinical exam and internship period. This makes our personal lives extremely stressful and difficult, it does not recognise our contribution to the health system, nor is it conducive to helping IMGs specialise in a country which is short on specialists.

The present registration "system" for overseas doctors already working in Australia is not at all conducive overall to positive outcomes within the health system and only serves vested interests in the Australian medical system and its related bureaucratic institutions.

The system is inherently discriminatory because overseas doctors who work and have worked for years in the same hospitals alongside Australian and English doctors, doing the same level of work, passing the same performance reviews, receiving the same level of pay, and at the same level of advancement in their specialist studies, are treated completely differently.

2. **If not removed altogether from the registration system, the AMC MCQ exam and clinical exam, and the AMC itself, should be subjected to an independent review to ensure that it is discharging the responsibilities and purposes delegated to it by the Parliament and AHPRA appropriately, in service of the best interests of the Australian public. I believe an inquiry is necessary to make sure the AMC exam process is not merely a discriminatory device used to create unreasonable and unfair barriers to entry into the health system for overseas doctors,**

including consideration of clinical exam waiting periods, reasonableness of the AMC's fee structure and abolishing the period of internship for new general registrants.

Reasons: My personal experience of the AMC MCQ exam (which I sat and passed even though done under duress and at a significant personal cost), and of the AMC clinical exam, which I am studying for (although not yet allocated a place due to waiting periods), is that it bears little relevance to my clinical and professional competency and ability to practise medicine safely.

It is not aligned at all with the actual objectives and purpose for the AMC exam, as envisaged by the doctor registration legislation, which is to ensure overseas doctors have the same skills and competencies as first year intern medical graduates from Australian universities. Rather, the bar is set much higher for overseas doctors. For example, I doubt many Australian medical graduates at the intern level could pass the AMC exam without themselves undertaking substantial further studies over and above their university studies. An independent inquiry could verify this.

The excessive fees charged by the AMC at every stage of the process and draconian fee structure (including a \$95 "document correction fee" if any documents in an application are wrong or missing, and the fact that the AMC charges \$1.95 per minute for the privilege of talking on the phone to someone there) together with the unnecessary red tape, is designed only to raise revenue for the AMC and support its bureaucracy. It is inefficient and places a considerable unfair financial burden on salaried doctors working in the public health system.

Consideration also needs to be given to the appropriateness of assessing overseas doctors who are already specialised or far advanced towards specialisation (for example registrar level and above) against the generalist standards for first year interns. The reality is that both Australian doctors and overseas doctors specialise as their career progresses, and in many specialisations gradually lose generalist competencies. Why are such overseas doctors tested on such matters when it is irrelevant to their practice and Australian doctors are not subjected to the same tests? Alternatively, if overseas doctors are put through this process focussing on generalist skills, why should they not also be given significant credit towards GP accreditation in recognition?

Finally, it is a condition of general registration via the AMC pathway for overseas doctors that once we pass the clinical exam, we have to spend 8-10 months working full time at the intern level in various departments designated by the Board. None of these terms contribute to our training and are not accredited by our specialist colleges (and in the case of my College, are at a level far junior to the same placements undertaken by me in the same departments towards my specialist training). This further unnecessarily hinders our specialist training and career advancement. Personally I find it humiliating professionally, personally disheartening and discriminatory to have to interrupt my advanced training for such a long period of time to work at an intern level, while my peers who are not overseas trained doctors progress.

- 3. The maximum registration period for special purpose registration for post-graduate studies towards specialisation should not be the arbitrary and insufficient period of 4 years currently imposed by AHPRA, but should actually be aligned with the period reasonably**

needed for overseas doctors to specialise. Furthermore, registration for specialist training also should not be conditional on the AMC exam.

Reasons: The Medical Board has a policy of granting overseas doctors special purpose registration for post-graduate studies, for doctors undertaking specialist courses (such as me) for only four years.

This is completely arbitrary. I am not aware of a single specialist course in Australia which overseas doctors can complete in four years. Even for Australian doctors, most courses take at least five years and considerably longer.

An officer at the Medical Board tried to justify the policy of four years to me by saying that some overseas doctors were given recognition by specialist colleges for their overseas training, allowing them to complete their specialisation sooner. However, I believe the reality is that most Australian colleges only very reluctantly if at all give credit for overseas specialist qualifications.

In my case, I am training for emergency medicine. It is a new specialty only available in Australia, the USA and the UK and I am not aware of any mutual recognition between them. It takes a minimum of 6 years, plus one or two years on average for candidates to study for and pass the entrance exams. The College allows trainees to take up to 16 years. So why should I not be given longer than four years' registration by the Board?

The Board's policy in this regard operates very unfairly in my case. It is impossible for me to specialise in four years. The Board's policy therefore is that, since I will not specialise after four years, I must sit and

pass both stages of the AMC exam within four years. I therefore have no choice but to sit the AMC exams.

This means my specialist studies have been detrimentally affected in many ways while I study for the AMC exams. To give just one good example, in or about February 2010 I received a letter from the Board stating that they had decided in accordance with their policy that, to meet their four year time frame, I had to sit and pass the AMC MCQ exam within a year or else my registration for the following year would not be renewed.

At the time I was working on a very promising 4.10 Research Project (which is a requirement of Fellowship with the Australian College of Emergency Medicine), with potentially far-reaching and important clinical outcomes for hospital wards worldwide, with my supervisor, a prominent Brisbane-based intensivist, Professor John Fraser. However, due to the need to sit and pass the AMC exam (as well as working 60 to 70 hour weeks in Brisbane's emergency wards) I had to leave the Project. Six months later, after I sat and passed the AMC exam (placing second out of 379 candidates who sat the exam nationally on the day) , the Project had been given to somebody else to run because the conditions imposed on the grant of the Queensland Government research monies required the Project to be progressed in my absence.

I now have no project topic and have to start from scratch again. I then applied to sit the AMC Part 2 clinical exams this April 2011, which was refused due to the inordinately long waiting periods. The loss of my project as well as the unknown time of wait for the AMC part 2 exam has fully ensured delaying my specialist training and making sure that I do not progress either in my career to become a specialist or in obtaining

general registration. This is a pity as we are so short of Emergency Specialists throughout Queensland as well as Australia.

I also know from peers of mine, who have been subjected to the following, that sometimes, at the end of the four years where an overseas doctor has not yet passed the AMC exam, the Medical Board does not outright refuse registration (which would force the doctor to leave Australia) but instead allows continued registration conditional upon the doctor in question being demoted to work below the Registrar level. Often, the doctor is not at all at fault and has no choice because they have been kept waiting on the AMC clinical exam waiting list for up to two years or more. As it is a condition of their college's specialist training that they be employed at the Registrar level or above, the doctor is unable to continue with their specialist training, thereby stymieing their career and studies. This invariably causes despair, anger and feelings of being oppressed and exploited. This is hardly how Australia should be treating professionals from overseas. My husband, who is a lawyer, says the Board's practice in this regard is most likely unlawful and in breach of the relevant legislation, and yet salaried doctors who have just been demoted (including decreased pay), and who are relatively new to this country, do not have the time, financial resources or connections necessary to challenge the highly-resourced Board and AMC in court.

In my experience, the system is designed to be discriminatory and exploitative of overseas trained doctors. If I had better appreciated how poorly the system would treat me before coming to Australia to specialise in Emergency Medicine, I can honestly say I would never have come to Australia but would have gone elsewhere (I had in fact already passed Part 1 of the U.K doctor entrance exams when I was offered employment by Queensland Health). Many times I have wanted to give up and leave. The system has been an almost constant source of

frustration and stress for me and I have only remained in Australia due to the moral support of my husband and of many of my peers, colleagues and superiors at Queensland Health.

4. **There is an immediate need to address the lack of coordination and communication between the AMC, AHPRA, Queensland Health and the Colleges concerning all registration matters for overseas doctors working in Australia**

Reasons: The AMC's and Board's policies have left me not only with worry, anxiety and stress but have affected my work whereby I have to suspend training and studying emergency medicine to spend time and money studying for the AMC exams and complying with the Board's unfair and changing policies.

Every year when my registration comes up for renewal with the Board, my registration and continuing ability to work and train in Australia hangs in the balance due to either a new policy that has just been introduced and therefore I have been unable to comply with it, the fact that I have not passed the AMC exam or some red tape or the other.

Most recently in or about September 2010, the National Medical Board telephoned my work (which was already badly understaffed) and ordered me home and told me that I was not allowed to work pending the Medical Board and Queensland Health properly transferring and updating the old Queensland Medical Board's records of my registration conditions to it. This happened to many overseas doctors I personally know. Some were made to stay at home for up to a week (but only one day in my case because my husband complained very vocally including to the Minister for Health).

In this way, patients in hospitals across Queensland and the needs of the health system were held hostage by the red tape of its own bureaucracy, not to mention the personal distress it caused me and many others.

I have worked as an Emergency Trainee for Queensland Health for almost 5 years, 4 of which have been at the Registrar level. My subject of

Emergency Medicine is a broad-based generalist subject and my training involves expertise in all fields of medicine.

My work and clinical competencies are assessed painstakingly and very critically by my supervisors every 6 months and the results reported to ACEM.

However, none of this matters to the AMC or AHPRA.

I do not think I should even be subject to the AMC exam process at all, as I have proved my abilities not just with the written Part 1 Fellowship exams for ACEM but every day at work in emergency departments for the last 5 years. As the Fellowship Part 2 exam for ACEM is completely clinically based, I should not have to wait 18 months or more (as quoted in the AMC website) to then also sit the AMC clinical exam. Although the ACEM exams are more advanced than the AMC exams, it does not remove the need to spend considerable time studying for the latter because of the way they are structured.

The AMC and AHPRA should recognize the training I am given by ACEM and my experience at Queensland Health when considering my registration and not rely solely on the AMC exam (which has become a false construct removed from its legislative purpose and serving only vested interests represented by the AMC).

MY BACKGROUND

I am:

- a full-time emergency medicine registrar employed by Queensland Health for almost 5 years, since June 2006;
- an Indian citizen and medical graduate of Christian Medical College Ludhiana, Punjab, India;
- a member of Salaried Doctors Queensland Union;
- an advanced trainee of the Australasian College of Emergency Medicine (ACEM).

In September 2010 I sat and passed the AMC's MCQ exam for international medical graduates (IMGs), and placed 2nd out of 379 candidates sitting the exam nationally in Australia on that day.

I am more than happy to be interviewed by Parliament in support of my submissions and, if necessary, to become one of the "public faces" of this inquiry.

In early 2006, by which time I was a third year doctor in India, I was hired by Queensland Health and granted an "area of need" 457 visa to work in Royal Brisbane & Women Hospital's (RBWH) emergency department (before moving to a post graduate study 457 visa).

At the time I had no understanding of the workings of Australia's health system's bureaucracy, including that of a very large hospital such as RBWH, as apart from the practice of medicine in hospitals, it was all new to me.

I was told that I was the first Indian OTD to be hired directly into the RBWH's emergency department (which was quite chronically understaffed at the time).

I found my first six months here very difficult because I was not given any induction or orientation at all by RBWH when I arrived at the hospital, but was simply put straight to work seeing patients. Nor was I formally welcomed by anyone in the Department or even introduced to my colleagues.

All of the other doctors were so busy, and also I suspect suspicious of me because I was an OTD, that they did not even say hello to me or introduce themselves. It was three weeks before one of the other resident medical officers, himself an OTD from Scotland, first introduced himself to me and said hello. I was initially shunned by most of the Australian doctors (I suspect because I was the first Indian doctor there and my presence made them uncomfortable) It took 3 to 6 months to "break the ice" and make any professional contacts and friends (among Australians and OTDs). It was a very difficult and lonely time.

Unfortunately, because I had no prior experience of Australian culture at the time, I thought that my experience must be "normal" and how things were done in Australia.

I gave my AMC exams under duress in the year 2010. Until about February 2010, I had been told by the Queensland Medical Board via Australian Medical Association (whose member I was at the time) that because I had passed my ACEM Specialist Fellowship Part 1 entrance exams (which are at a far more advanced level than the AMC exams in any event) that I came in the specialist pathway towards registration and therefore did not need to sit the AMC exam which is a pathway for general registration.

I originally had no intention of staying permanently in Australia but wished to return to India after completing my specialisation in emergency medicine. However, that changed when I met and then fell in love with an Australian man. We were married in India in 2009 and I am now in the process of applying for permanent residency and intend to stay here and complete my ACEM training, if the AHPRA and AMC policies permit.