



14/3/2011

Dear Mr Ali,

My name is Donald Pitchford and I am the Director of Orthopaedic Surgery at the Gold Coast Hospital in Queensland. I also am the QLD State chair of the Orthopaedic Services Committee and have an interest in International Medical Graduate affairs, having qualified in Johannesburg with a MBBCh in 1977 and an Orthopaedic Fellowship in South Africa FCS(SA)Orth in 1990.

I came to Australia late 1997 and was a lateral entrant Orthopaedic trainee at Royal Brisbane Hospital in 1999, and passed the FRACS fellowship examination at the end of 1999.

Please allow me to submit a few points for consideration and allow me to participate in discussions relating to Specialist registration and training in Australia

- Australia needs only one form of recognition and registration of specialist medical practitioners. To have more than one assessment authority will lead to a 2 tier system which will lead to conflict and inequity. In Surgery this function is well managed and monitored by the Royal Australasian College of Surgeons. They I believe do a remarkable job of assessing foreign medical graduates in all the surgical specialties, being assisted to some extent by the individual Specialty associations but not necessarily always following their directives with regard to individual cases. The panel assessing an individual candidate comprises a number of surgeons with at least 2 being members of the respective specialty and an ombudsman who is usually not necessarily a member of the medical profession. This process would be difficult to duplicate or improve upon while maintaining appropriate Australian medical standards.
- Area of need (AON) is a political appointment controlled by bureaucrats and politicians and used to fill positions that seem difficult to fill. While I was grateful for the position(as it allowed me into Australia) the system is open to abuse and may need a relook or upgrade to make it more relevant to the 21st Century
- Foreign Medical Graduates appear to have greater difficulty passing the Specialist Fellowship examinations than do the Australian trained registrars. There are a number of reasons for this:
 - 1 Their knowledge is not up to standard or they are inadequately prepared
 - 2 They are unfamiliar with the examination style used in Australia and have not had the opportunity to be exposed to it as they work and live in rural areas with limited access to contemporary training and trial examinations.
 - 3 English is not their first language and they need to translate what they know into English which slows down the action of passing on to the examiner the extent of the candidate' knowledge.
 - 4 Heavy workloads in rural areas with insufficient time to allow for examination preparation combined with a limited clinical exposure to the entire discipline syllabus.

Some suggested ideas to consider

1. Each IMG should be assigned to a teaching unit where they have access to current registrar training and teaching aids to give them the same chance as a final year training registrar

2. Support for travel to such destinations or access to telemedicine to allow regular constructive contact and academic support

3. Recognise that there are candidates not able to pass the examination but still fulfil a useful role in a particular area or in a particular sub speciality. It may be time to recognise this and create a position of Senior Medical Officer in that speciality. They may need to be registered by the AMC rather than by a specialty association but this would limit where they are able to practice. A lot of discussion and negotiation should take place in this area as I believe this is where most of the tension in the current system exists.

4. The specialty examinations are there to test the candidate's knowledge and not their showmanship. Cultural differences may make a candidate unduly submissive or a language barrier may lead to a slow or ponderous answer which could be given a low mark. It may be appropriate to have an ombudsman in the examination of these candidates to independently assess how the candidates are marked. Remember, they are being assessed on their medical knowledge and not on their appreciation of the niceties and complexities of the English language.

5. Establish and fund training positions for a period of up to 6 months for candidates to work in a large centre where they can be assessed and assisted in examination preparation.

Remember the examination has the expectation that the IMG specialist knows as much as a final year training registrar in that specialty.

I do have an interest in the way IMG's are assessed and managed and having negotiated the process have experienced it both as an IMG candidate and as an assessor of new IMG candidates.

I look forward to further input and discussion on this topic as we strive to maintain standards and demonstrate that Australians believe in a fair go even at a professional level

Donald Pitchford

