Submission No. 131
(Overseas Trained Doctors)
Date: 21/03/2011

The Secretary

Standing Committee on Health and Ageing

House of Representatives

Parliament House

Canberra

Dear Sir

Re: Inquiry into Registration Processes and Support for Overseas Trained Doctors

I am grateful for the opportunity to make this submission to the Committee. I would prefer for my name to be withheld. I wish to address the following Terms of Reference –

3. Suggest ways to remove impediments and promote pathways for OTDs to achieve full Australian qualifications, particularly in regional areas, without lowering the necessary standards required by Colleges and regulatory bodies.

I am making this submission with the hope that the future generation of OTDs in Australia will benefit from this although it may not affect me personally.

Australia's international reputation as a free, fair, open and transparent society has taken a beating because of the way OTDs have been treated over the years (1.1, 1.2). In the process, Australian public does not get the service it deserves partly due to the restrictions imposed on the OTDs. In my humble opinion, one of the main impediments is the way specialists qualified from overseas are assessed. I have heard many "horror stories" about the OTDs. I cannot talk about the others without having documentary evidence. However, I am able to reveal my personal experience to the esteemed members of the committee.

After being granted permanent residency, I moved with my family to Australia in early 1992 with high hopes. It was not too long before my hopes were dashed. I had qualified as a medical graduate from India in 1975. I obtained two postgraduate qualifications – Diploma in Psychological Medicine and Doctor of Medicine (Psychiatry) from a reputed university in India with ranks in both the examinations. I also earned a PhD from the US in sport psychology (a non-medical qualification) and my dissertation topic was related to mental health. I had 10 publications and received 4 awards when I applied to the Royal Australian and New Zealand College of Psychiatrists for the assessment of my qualification.

When I received the feedback, I was unhappy about the assessment based on my understanding of how a psychiatrist of my seniority would be treated by the College. After seeking review of my application a few times from the same subcommittee, I sent a request for an independent appeal. This was a mechanism set up by the College itself for the applicants who were not satisfied with their assessment by the College. **The College never responded to my request.** Incidentally, they never did inform me that I had this option but their lack of response to my request was even more surprising.

I worked as a consultant psychiatrist in Ballarat for three and a half years on a temporary registration. I was not aware of any concerns expressed by my patients or colleagues about my performance. Several of my colleagues in Ballarat and the Chief Psychiatrist of Victoria, who was familiar with my work, wrote letters of reference to the College for me. My then Director of Clinical Services who was a prominent fellow of the College and in whose memory the College subsequently instituted an award, wrote to the College that she considered my performance to be at par with a College Fellow.

As the permissible period for working on temporary registration in Victoria was ending, I applied for and was conditionally offered a specialist position under the Area of Need (AON) category in Queensland. The string attached to it was that the Medical Board of Queensland granted me specialist registration. The Board declined to do so as the College had not supported it. When my Clinical Director conveyed her dissatisfaction to the Board President who happened to be a psychiatrist, the latter said that the Board never received such an ambiguous letter re AON recommendation from any College so the Board's hands were tied. By this time, I had substantial experience of working in the country as a consultant and the College had about 6 reference letters from senior consultants in Australia re me. Later, I had a meeting with the Chairman of the Fellowship Board who justified College action saying that the College was not in a position to comment on my suitability under the AON category without knowing me. If such logic is extrapolated, **no College in Australia would ever be in a position to comment on the suitability of a candidate under AON unless the doctor acquires Fellowship.** However, if they have Fellowship, they do not have to work under AON at all. The AON is a unique category. I am not sure as to how many other developed countries have such a provision. It implies that people living in a region served by AON specialist gets a lower quality service. I worked in Queensland as a Senior Medical Officer as I did not have Specialist Registration. Again, four years was the limit as I was on a temporary registration. Despite the claim that patient safety was of paramount importance, I did not have a single session of supervision when I worked in Victoria or Queensland. I do not know how it was assumed that I was a safe doctor and the quality of service I provided was adequate. This was the main reason for not allowing the OTDs work in Australia without acquiring an Australian qualification.

I realised that it was not possible for me to work in Australia in my specialty and at the level I was qualified to work. I moved to the United Kingdom in 2000 as my application for Specialist Registration was successful without any hassle. At that time, 7 to 8 years (depending on the subspecialty) postgraduate training was necessary to gain Specialist Registration in the UK whereas the Australian training duration was of 5 years. My background was not good enough for a 5 years training programme in Australia but was considered acceptable for a 7-8 years long programme in the UK. Right now, I am working with the much sought after Oxford Health NHS Foundation Trust as a consultant and feel valued.

In addition to my personal experience, I wish to mention how the entry of OTDs has been made difficult by raising the bar gradually. I will do this by using the example of the doctors with British psychiatric qualifications (MRCPsych). Before 1982, anybody with MRCPsych could work in Australia as a specialist. In 1996, the College determined that those with FRCPsych could work unhindered as a specialist in Australia. British psychiatrists usually were conferred FRCPsych after working as a consultant for 10 years. They could work as a consultant only after having their Specialist Registration that took much longer than 5 years for FRANZCP as mentioned above. In December 2008, the College updated its Equivalence Guidelines (2, 3). The only people who were considered to be equivalent to FRANZCP were "Senior and eminent psychiatrist with evidence of good standing". In addition, they would require having indigenous experience and appearing in an interview with senior Fellows of the College. Since no psychiatrist outside Australia is likely to have indigenous experience, none would be considered having FRANZCP equivalence straightaway.

Analysis of the criteria used by the College to determine seniority and eminence would help us understand the magnitude of the problems faced by the OTDs. Seniority is evidenced by "At least five years experience as a senior psychiatrist since obtaining the recognised specialist qualification (e.g. a senior administrator in national/state wide service, or a professor).

Considering the Academic Eminence, for example, an OTD would have to have academic appointment to Professorship level, and at least fifty publications in international, peer reviewed journals having high impact factors, the emphasis being on first authorship **plus** three of the remaining criteria. The latter include editorial contributions to well recognised international journals; invitations to deliver keynote addresses at well recognised international meetings; significant contributions to notable international societies; funded research projects (as evidenced by research grants received); excellence in teaching (as evidenced by formal teaching evaluations or teaching initiatives).

As the College has done extensive work on developing equivalence, it must have data as to how many of its fresh Fellows achieve what the OTDs are required to achieve. Otherwise, the equivalence would be a misnomer. I understand that the

College is going to refine its criteria for the assessment of the psychiatrists who qualified from a "Substantially Comparable" system. The effects of restrictions that continued for many years may not fade so quickly. Moreover, there are many psychiatrists from other countries who could potentially help Australia overcome its problems. This applies to all the specialties.

The Australian Medical Council has stated that "requirements for doctors wanting to work in Australia were no more complex or difficult than those in similar countries, such as the United States, Britain, and Canada" (1.2). The evidence indicates to the contrary. For example, New Zealand has allowed many psychiatrists trained in Britain and Canada to work there as specialists. The original psychiatric qualification accepted in New Zealand is FRANZCP like in Australia but the OTDs were not required to have academic appointment as a professor and meet other criteria developed by the College in Australia. There have not been any major complaints by the public in New Zealand about the standards of psychiatric care falling because of this diluted criteria followed in that country. Similarly, the General Medical Council in the UK, after proper screening, offered Specialist Registration to probably a couple of hundred psychiatrists a few years ago. This enabled them to fill in the gaps in the National Health Service. Majority of the successful applicants were from the Indian subcontinent and some African countries. Many did not work in the western countries before. Hardly any of them would meet the criteria for eminence mentioned above. Again, there was no evidence that such a move compromised the standards of the service in the UK. If these doctors were offered similar opportunities in Australia, it is possible many would have gone there.

Another country with a similar healthcare system, the USA, has an open-market policy. Doctors, including the OTDs, can set up their private practice after completing their 4-years residency programme. They compete with each other to earn their bread. The patients benefit as a result. In Australia, on the other hand, the OTDs may have to wait for up to 10 years before obtaining their Medicare provider number that would enable them to have private practice. This is a kind of direct discrimination and amounts to restriction on livelihood for those affected. Why should it matter how long the OTD has been in the country for if they have the requisite qualifications? If it is felt that rural Australia needs more doctors, all the doctors working in Australia irrespective of their nationality and where they gained their primary medical qualification from should be subject to the same conditions.

I think many OTDs like me, who are Australian citizens, left the country because of "closed shops" as mentioned by Professor Hickie (1.1). This causes immeasurable suffering to the doctors and their families. In my case, not only I suffered emotionally and career wise, I lost out financially if my earning was compared with that of an average for a College Fellow of my seniority. The word about how Australia treats its OTDs spread very quickly across the world. Hardly anybody from other countries felt motivated to come to Australia. Why would an internationally renowned psychiatrist come to work in Bendigo or Mount Isa if they were not getting anything out of their

venture? People in such places need good doctors, not someone with the qualities of a professor.

I believe that the Standing Committee has the power to investigate if the "evil axis" stated by Professor Hickie exists and what can be done about it. Mr Menadue (1.2) also describes the "appalling" restrictive work practices in the health sector. He may be able to give valuable insight into the problems OTDs face.

It is evident from the above that Australia treats the OTDs in a manner no other country with a comparable system does. Unless a more fair, open and transparent system is in place for assessing the OTDs, the current situation is likely to continue. I am very hopeful that the Standing Committee's work will help improve the situation and resolve the artificially-created shortage in the health sector in Australia. I would be happy to send any further information or clarifications that may be necessary.