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To: House Standing Committee on Health and Aging.

Dear Committee members,

I had a long time to think about the recommendations that I would like to see coming out of this inquiry. I first was not quite sure if it was appropriate to give you my thoughts on this, but I was assured that you would welcome it.

No one would seriously question that foreign doctors should have equivalent standards to Australian doctors. It needs to be defined what these standards are. Currently these standards only include standards of medical educations i.e. comparability of training programs and exams passed. **I think standard of current practice or performance should be added as an alternative.** My feeling would be that a time of let's say five years of independent work at consultant level prior to coming to Australia sounds like a reasonable minimum. Doctors who can demonstrate such experience are probably safe to work in Areas of Need. Further assessment in Australia should then be based on standard of performance in the job here.
For young doctors coming to Australia the current assessment of training programs and exams may continue, but could also be treated more flexible by adding the option of working in a large teaching hospital to verify their standards and skills without having to redo exams.
The above alternative of standard of current practice would not be a breach of terms of reference for this inquiry, as it doesn't question the standards currently existing and doesn't lower standards for IMG's. It will actually make the assessment of standards more relevant and up to date.

For each medical specialty a list of countries should be created where the standard of medical care is equivalent. The emphasis should be on standard of care. Standard of medical education bears the risk that certain Colleges who believe their training is the best in the world can set themselves aside. In the unlikely event that colleges or academies of other leading countries come to the agreement that their Australian counterparts are indeed the best in the world then this claim may stand as substantial.
It will be more important that culture and values in overseas countries are similar as well as good command of the English language in understanding and speaking. I think your inquiry has highlighted this. This is far more important than total equality of how medical knowledge is taught during the training program.

Once a list of such countries has been developed and standard of current practice is added as an assessment tool, then vast numbers of doctors will consider Australia as a destination. This bears the risk of too many doctors coming. **Therefor particularly for specialists a moratorium should continue**. It can be debated how long it should be, but without it there will be a real risk that specialists take up Area of Need positions as an entry into the country and end up in the cities. Which is exactly what you don't need. This is best avoided with an ongoing moratorium of considerable time. Specialists will never be sent to remote areas, as there are no specialist positions in these areas. This is obviously different for GP's. And I can't comment for them. Specialists for rural areas would be preferably of advanced age as they bring a maximum of experience along. It is also likely that they no longer have children in school age requiring quality education, which may be difficult to find in the country. I'm sure there will be enough doctors in their 50th who would consider a life in the beautiful countryside of Australia if they are not scared off to take a ridiculous registrar exam. Your inquiry is full of evidence that there are well functioning doctors of advanced age filling Area of Need positions who find it difficult to work and pass these exams. Contrary there is evidence that doctors may be able to pass exams with support, but then fail to deliver in the job. So if you have doctors that perform well then give them the opportunity to be assessed on their results in the job!!!

Sorry you can probably feel that I'm getting a bit worked up here. I have been confronted with too much #!@?! (Male cow droppings) from RACS.

I would like to propose another recommendation. I think **the monopoly that only fellows of colleges can get registration should be reconsidered**. The MBA has already a rule that a doctor doesn't need to maintain fellowship with a college in order to get registration. However the relevant college needs to state that a doctor has passed all requirements to be eligible to fellowship. Comparability or equivalency to a fellow is currently not enough. I think this should be reconsidered. It may be worthwhile to inquire how New Zealand handles this issue. Apparently the registering body, not the colleges make the decision especially in areas of need.

Last but not least important a **truly independent appeals process like an ombudsman** needs to be put in place. Someone who can make a decision in the interest of the public, independent from interests of organizations, professional bodies, or individuals.

I wish you all will have an enjoyable Christmas time and a good start into the new year
Kind regards

Christoph Ahrens