

To: House Standing Committee on Health and Ageing



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

<p>Submission No. 66 (Overseas Trained Doctors) Date: 15/02/2011</p>

Dear Sirs,

I would like to make a personal submission to this inquiry. Please allow me to introduce myself.

My name is Christoph Ahrens. I am an Orthopaedic Surgeon working in Bega serving the South Coast of NSW with trauma and elective orthopaedics. I am 50 years old, of German origin and worked in England as a consultant orthopaedic surgeon for four years before immigrating to Australia. My specialist qualification was recognized by the British Royal College of surgeons. I have worked for more than five years in Bega as a VMO in an area of need position. In this region I am highly appreciated for my conduct and highly respected for the quality of my work.

I like to point out that my experience of assessment processes is limited to the Royal College of Surgeons and the AOA (Australian Orthopaedic Association). Even though I recognize the excellent work that college and AOA do in maintaining standards and training of Orthopaedic surgeons in this country, I would like to draw your attention to:

- A conflict of interest in representing a society of professionals and their interests versus the need of services of this profession and the interests of the general population of Australia to access these services.
- Double standards for AON (area of need) registration and unconditional registration
- Inappropriate and unfair assessment methods for senior surgeons from overseas.

You all, and members from WA in particular, will know about the shortage of Orthopaedic surgeons in regional areas of Australia. It is unacceptable that a vibrant city like Kalgoorlie struggles to keep up an Orthopaedic service. The number of surgeons in capital cities is sufficient and in some cities like Sydney there may be a surplus. Still the willingness of city surgeons to move to the country is minimal. It is no secret that the existing workforce of Orthopaedic surgeons is ageing and a large part of it is preretirement age. As a result young city surgeons prefer to wait for their turn in the cities rather than moving to the country. It is well possible that even the recently increased numbers of trainees is not going to change this trend.

For some reasons the number of trainees going into orthopaedic training is very small despite the fact that the specialty is very popular among young doctors. It is for example much easier to be accepted for training as a General Surgeon than an Orthopaedic Surgeon. Typically a young doctor would be expected to work for years in so called unaccredited training positions. These posts entail long working hours with limited training experience and as the name says no credit towards specialist training.

The same organisation that successfully limits the amount of young Australian doctors to go into Orthopaedic training assess international doctors and via awarding of fellowship controls the number of overseas trained doctors to gain registration in Australia. This organisation is already very hard on young Australian doctors, but worse if it comes to foreigners. I'll go into this point later.

I like to argue that there is an interest of the college and AOA to keep the numbers of Orthopaedic Surgeons in this country low. One may speculate what the motives to this may be. One honourable motive is that they want to avoid a situation where highly trained specialists don't find work. I don't think that we are nowhere close to this scenario. Fact is that they tightly control national competition in form of trainee numbers and international competition in form of recognition of qualifications. This would be acceptable if there were indeed enough Orthopaedic surgeons and their services available to the Australian people. This is not the case. **We have a situation where a small number of professionals are allowed to act in their own interests against the interests and needs of a much larger predominantly rural population of the same country, by limiting national and international competition.** Patients on waiting lists suffer pain and disability sometimes loss of income and even loss of property. As much as I can understand the wish of a profession to protect their own members from undue competition arising from an oversupply, as it has happened in some European countries, it is not acceptable if the general public has to suffer for this peace of mind of a small community of professionals. Don't expect these professional bodies to change their ways without considerable pressure. Which other profession is still in the extraordinarily privileged position to control national and global competition???

This brings me to the point of double standards for AON and unconditional registration. College and AOA have assessed my qualification and experience before I immigrated to Australia. They have found me suitably qualified and trained to work as an Orthopaedic surgeon in an AON position in Bega. Even though I have filled this position for more than five years and performed to the outmost satisfaction of my employing Health Service and to standards of the College, I am now compelled to verify my competency in an Exam usually taken at entry to the profession. This doesn't make any sense. I was allowed to perform thousands of operations and had in excess of ten thousand patient appointments. My surgical practice is audited, peer reviewed and surgical outcomes are documented, easily comparing to Australian and International standards. Why is it that now a different set of rules applies to grant me unconditional registration or at least a location specific, not time limited registration to continue my work in Bega???

I would like to move on to what I think are inappropriate and unfair assessment methods. There is actually only one point I like to raise. I don't criticise the assessment process as such, as I have experienced it from the College of Surgeons. It is the conclusion that was drawn after an appropriate assessment and oversight period.

I am supposed to sit the orthopaedic registrars examination. This may seem fair at first sight, as all Australian Orthopaedic Surgeons have to sit this exam at the end of their training. It is however an inappropriate assessment tool to assess a senior surgeon. The exam is designed for the purpose to test the knowledge of trainees before they are allowed to work independently. It is unable to test

surgical skills or ability of clinical judgement including the very vital judgement of surgeons owns limits. It is a pure knowledge test of all aspects and subspecialties of orthopaedic surgery at the time of taking the exam. Over the time period of let's say 10 years the knowledge in Orthopaedics evolves and changes. In the same time period a surgeon continues to evolve and deepen his knowledge and skills in the areas and subspecialties of orthopaedics that he or she chooses to work in. I don't think you will find a single surgeon on this planet that would be able to keep up his knowledge to the latest stand in all aspects of orthopaedics while providing extensive services, working not studying long hours. But that is exactly what trainees do. They train and study long hours taking part in specially designed courses to enable them to acquire the information necessary to pass the exam. Typically they won't have a business to run or a family to provide for. Once they have passed, a lot of this knowledge will be forgotten as it is not practiced or will change and no longer be up to date. If you ask any Orthopaedic Surgeon in Australia if he was happy to sit this exam again, then happiness will be very limited to non-existing. First of all it takes a major effort to retrain your brain to studying mode. You then have to stop all other activities like running your office and supplying services to your community for at least 6-12 month in order to have a REALISTIC chance to pass this exam. I 'd like to give you an example. One of my colleagues recently attempted to pass this exam. It is not enough to have the general knowledge; it also depends on how you are able to present it. He was failed on an essay, asked to interpret a histological slide (totally irrelevant to the day to day practice of an Orthopaedic surgeon) and was asked precises details how to perform a certain tumor surgery in the hip area. (a surgery that maximum a handful of surgeons would perform in this country) My colleague is an upper limb and shoulder surgeon. Do you think this was an appropriate and fair assessment tool??? This has nothing to do with keeping standards; it is a closed shop mentality.

College and AOA would not have to lower standards for international doctors. Once an assessment comes to the conclusion that an overseas doctor appears to have the necessary experience and training to work in his specialty, then any further assessment should look at what this doctor's outcomes are while he is practising in this country. If theses outcomes are found to be comparable to Australian standards than an exam like the one I have described above can only be viewed as punitive or have the function of a scare crow to discourage others to follow. The later I think is the fact which brings us back to my first point.

As a conclusion I would like to highlight the need to introduce an alternative pass way to registration for specialists that takes into account their demonstrated practice in this country. It may be called an assessment of current practice according to Australian standards. This sounds fairly simple but bears the risk that Australian Orthopaedic Surgeons would be soon outnumbered by overseas trained doctors, as there are large numbers of qualified surgeons who would consider moving to Australia. Most of these would again prefer the cities. I think it would be therefore vital that overseas orthopaedic surgeons would have to commit a considerable number of years working in a rural area before given access to city locations. Another thought could be a scenario where the current need for Orthopaedic surgeons (or any other specialty) is assessed and a limited number of doctors who are found suitable are allowed in the country on a first come first serve basis. The current 10 year moratorium will disadvantage especially GP's providing services in remote areas.

The current issues around registration for overseas trained doctors are twofold. Urgent quick action is required to provide ongoing registration for doctors already working in Australia in order not to lose their services avoiding a worsening in already stretched rural areas. Once this is achieved a fair procedure to recruit further medical workforce into Australia needs to be negotiated, keeping in mind the fortunately growing numbers of medical students and graduates.

I will attach a letter which essentially is a copy of a letter I have sent to the Minister of Health and Ageing, Nicola Roxon. This letter explains my situation and asks for support. I will also attach letters of support from doctors in this region. I'll like to stress again the point that there is an urgent need for action to maintain orthopaedic services in this region at current level.

PS: I am aware that the above will be made public. It is likely that Orthopaedic Surgeons and representatives of College and AOA read this. I would like to clarify that I have been asked to come to this region to provide services. It has never been my intend to confront my Australian Colleagues or the Medical Profession of this country. I have been put in a desperate position and have no other choice than to take this step.

Christoph Ahrens