February 10, 2011

Submission No. 111
(Overseas Trained Doctors)
Date: 24/02/2011

Standing Committee on Health and Ageing

House of Representatives

PO Box 6021

Parliament House

Canberra ACT

Submission to the Inquiry into Registration Processes and Support for Overseas Trained Doctors

Dear [redacted] and Committee Members,

Thank you for reviewing my individual submission, which describes my experiences as a Canadian trained Family Physician with the Australian Registration and Accreditation system. My experiences with the system prompted me to write a paper on the subject, which has been published in an academic journal. [1] I have extensively documented the events described in my submission and have also signed a statutory declaration relating to events up until June 2008. I am willing to be questioned by the committee as well as provide any requested documentation.

I would like to acknowledge that the submission is very long for an individual but that this reflects the sheer volume of events that have occurred over the last four years. I have summarized these events in an executive summary for your convenience at the beginning of the submission.

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[1] Douglas Susan The registration and accreditation of International Medical graduates in Australia: A broken system or a work in progress, *People and Place* 2008 v. 16; 2

I would like to thank you in advance for giving me the opportunity to share my experiences with you in the hope that they will give you a better understanding of the nature and scope of barriers to registration and how these barriers impact on the careers and lives of overseas trained doctors in Australia.

Respectfully,

Dr. Sue Douglas MD CCFP (Canada)

[redacted]

[redacted]

Executive Summary Dr. Sue Douglas Submission

Background- The submission describes the problems that an academic Canadian Family Physician has experienced with the Australian registration and accreditation system. The author also describes the impact that these problems have had on her personal and professional life. She also discusses her views of the roots of the problems and recommended reforms.

Problems/Barriers

Dysfunctional, difficult, inefficient and irrational bureaucracy

- Lengthy and complicated paperwork; i.e. countless hours filling in forms.
- Complicated and unclear registration categories and processes; i.e. it took three months to discover I needed to complete AMC process.
- Duplication of lengthy accreditation processes; i.e I needed to do the same AMC process twice in two years.)
- Lack of communication between key organisations; i.e. the RACGP refused to call the ACT Medical Board.
- Rude representatives who are difficult to reach and do not return calls.
- Wrong/misleading advice; i.e. told to look in yellow pages for official Latin translator, told that becoming permanent resident wouldn't affect ability to practise.
- Failure to acknowledge communications and follow through on agreed-upon actions; i.e. RACGP representative doesn't contact Medical Board as promised.
- Catch 22 clauses;I.e. Need fellowship to register but can't apply for fellowship unless registered.
- Changes to rules; i.e. spent many hours getting letter from high school to prove I speak English only to be told that they had changed the rules.
- Unclear registration steps; i.e. no guidelines as to what order to approach the Medical Board, AMC and Specialist College.
- Need to produce multiple copies of multiple documents in an electronic age when confirmation of qualifications is more accurately and efficiently confirmed electronically.

Irrational Registration/Accreditation rules, policies and processes

- Need for native English speaker to prove they speak English?
- Need to get a Primary Medical degree (in Latin!) translated ??
- Need to be registered with a Medical Board before I can apply for fellowship?
- Specialist Colleges using assessment tools that are not related to their field – i.e. RACGP using the Canadian licensing exams as part of their assessment criteria when these exams assess standards expected of junior doctors before their specialist training.

Lack of transparency

- Poorly worded accreditation polices – ie. RACGP refers to Canadian Family Medicine qualification as a CFPC when there is no such qualification (it is a CCFP). Also unclear requirements regarding LMCC (what is LMCC??) requirements posted on website and on application form. (October 2007).
- Repeated refusal to explain rationale for LMCC policy and to provide information on any amendments to policy to enable understanding of rationale for policy
- Refusal to clarify areas of ambiguity – RACGP refuses to answer my question about eligibility for fellowship until AFTER I have gone through their assessment processes.

Obstructive and/or Unfair treatment by accreditation organisations

- Shifting the goal post – changing the LMCC policy eight weeks after I have applied for fellowship and just a few days prior to the Board meets to discuss my application.
- Failure to acknowledge appeal.
- Repeated failure to answer specific questions about accreditation policies involving Canadian GP.
- Failure to admit to changing the wording of their LMCC policy just prior to Board meeting.
- Losing key evidence – Original application form missing from file which would have been proof of altered wording.
- Making defamatory and misleading statements to the media – i.e. telling reporters that I had been invited to appeal decision but that I had declined their offer, when the College had ignored my appeal for nine months, and the only reason that I declined their offer of appeal was because I was recovering from serious injuries including a unstable spinal fracture. (College was aware of injuries.) Also the college revoked their invitation to appeal a month later because I was not a member of the College.
- Making false statements - Claiming that I had never applied for fellowship in the first place because there was no application in my file.
- Inconsistent application of 'rules' - Failing to grant me AEG fellowship but granting multiple Canadian GPs with identical qualifications fellowship a few years previously and denying that their policy had changed.

Absence of a fair appeals process

- Censor in Chief tells me that I can appeal but it won't make any difference.
- Am denied right to appeal because I am not a financial member AND RACGP denies that I have applied for fellowship.

Dysfunctional governance and/or politics of accreditation organisations

- RACGP Presidential inquiry into accreditation irregularities is voted down by council

Lack of external accountability

- No avenue to challenge RACGP on their actions and/or policies as they are a private organisation and, as such, are not subject to legislation or to investigation by the ombudsman. Also behaviour is not unlawful as it is their club and they can make and change the rules as they wish.

Discriminatory Legislation

- Lose provider number for six weeks because I have become a permanent resident - under 19aa of the Health Insurance act once an IMG becomes a permanent resident they have 28 days to get their Australian qualifications. This is clearly a case of indirect discrimination against IMGs who obviously are more likely to have non-Australian qualifications and therefore are disproportionately affected by this legislation than Australian graduates.
- I lose my provider number for another month because I need to provide evidence to extend my exemption from 19ab of the Health insurance Act which stipulates that IMGs must work in areas of district workforce shortage for a specified period (usually ten years) before being granted an unrestricted provider number.

Personal Impact

- Huge amount of time and energy invested in process of registration/accreditation and attempts to pursue justice.
- Significant emotional distress and feelings of helplessness in the face of an uncaring bureaucracy which holds unchecked power.
- Chronic sense of uncertainty about professional and personal future
- Family distress arising from lack of uncertainty about professional future and obvious distress of mother
- Significant restrictions on clinical and teaching practice. For example, unable to supervise residents despite 15 years experience of teaching because have conditional registration.
- Significant loss of professional income because of above reasons and lower rebates in relation to 19aa restrictions and missed time from red tape bungles.
- Humiliation arising from embarrassing "conditional" registration restrictions (i.e. weekly four page supervisor reports!, inability to practise without "supervisor" on site).

Proposed Reforms

- ALL registration and accreditation organisations must be subject to legislation to give the government the authority to ensure that registration/accreditation policies meet specified standards.
- Registration/Accreditation standards must be clear and address the issues of fairness, transparency, educational validity, efficiency, accountability.
- These standards should be created in consultation with all major stakeholders (government, rural representatives, universities, AMA, colleges and IMGs).
- Registration/Accreditation organisations can not impose policies that adversely impact on the ability to deliver adequate health care to communities and/or regions. Similarly policies MUST be reviewed if there is any evidence that they are adversely impacting on the delivery of adequate services to groups of individuals and/or specific communities or regions.

- The government should form an advisory committee which directly reports to the Ministerial Council to monitor these standards and conduct investigations into complaints which are related to these standards. This advisory committee must include members with expertise in anti-discrimination law, Health Professional education particularly with respect to assessment as well as members who represent rural communities and IMG.
- Official representatives of national IMG advocacy groups like ADTOA must be represented on all accreditation bodies AND be identified as a major stakeholder in any consultative process related to registration/accreditation of IMGs.
- The government must commit to the phasing out of 19ab
- Both 19aa and 19ab contravene anti-discrimination laws. They must both be critically examined to assess their impacts on both the IMG group and the provision of the healthcare workforce to the regions, and altered or removed accordingly.

An Australian Story – A Canadian Family Physician's experience with the Australian Registration and Accreditation system

Sue Douglas MD CCFP (Canada)

Introduction

I am a Canadian Family Physician with twenty years of clinical and academic experience working in three countries: Hong Kong, Canada and Australia. I completed my Medical Degree at Dalhousie University and completed my Family Medicine residency at Queens University in Kingston Ontario. Canada was and still is an international leader in academic Family Medicine and Family Medicine vocational training.

Prior to moving to Australia I was Head of the largest Obstetric Department of Family Medicine in Canada where I was responsible for overseeing approximately 75 Family Physicians providing care to approximately 2000 women and their newborns. I was also Assistant Professor of Family Medicine at Dalhousie University.

My family and I moved to Australia in May 2006 after I was offered a position as a Senior Lecturer in General Practice at the Australian National University. We moved to Australia to enable me to further my academic career. Prior to accepting the position at the ANU I had carefully researched whether my Canadian qualifications would be recognized in Australia. The information posted on the Royal Australian College of General Practitioner web site in September 2005 stated that they recognized doctors like myself who had their Canadian Family Medicine qualifications - Certificant Canadian College of Family Medicine or CCFP.

Dazed and confused

On the second day of my new job, a colleague dumps a large pile of papers on my desk. These are all the paperwork and forms that I need to fill out before I can practice as a GP in the Australian Capital Territory (ACT). I leaf through the stack of papers! I need to register with the ACT medical board, apply for a provider and prescriber numbers as well as apply to the Royal Australian College of General Practitioners (RACGP) for an ad eundum gradum (AEG) fellowship. I have no idea where to start and how to navigate this complex system. The first area of confusion is the category of registration I am applying for, as there were at least six different registration categories to choose from. I speak to a representative at the ACT Medical

Board who advises me that I want unconditional registration as a General Practitioner (vocationally trained). However, before I can register with the medical board I need my AEG RACGP fellowship. I start to fill in the application form for my AEG only to discover that first I must be registered with a medical board.

I call back the ACT Medical Board and explain my predicament. The contact person advises me to get a letter from the RACGP stating that in principle someone with my qualifications should qualify for an AEG. After several phone calls I finally contact the appropriate RACGP staff and explain my situation. They inform me that the College will not write a letter stating that my qualifications are recognized, even in theory, as I need to complete their assessment process first. I respond that I cannot apply for the assessment because the College requires that I first be registered with a medical board. My RACGP contact asks me

'Why can't the Medical Board simply look it up on the internet?'

I am unable to negotiate an effective solution with my RACGP contact so I call back the ACT medical board,

Bureaucracy gone mad!

[redacted] months after arriving in Australia I am getting nowhere and contact the Medical Board registrar. The registrar asks *'Have you gone through the Australian Medical Council (AMC) screening process yet?'* What AMC process? It turns out that there is yet another organization that I need to navigate in order to get registered. I spend weeks gathering all the necessary documentation and filling out the required forms for my AMC application and mail it off in late December.

On February 3 2007 I received a letter from the AMC stating that my application is incomplete and that they require the following information: 1. Proof of proficiency in English and 2. Translation of my Primary Medical degree by a government approved translator. I was a little confused. How did a native English speaker from an English speaking country prove their proficiency in English? My degree was written in Latin. How did I go about getting a classical language translated, let alone by a government approved translator? Once again I am on the phone but this time to the AMC.

The AMC staff member confirms that despite the fact I come from an English speaking country, and am obviously proficient in English, I still must provide proof of this obvious fact. If I wanted an exemption from the Proficiency in English test, then I had to provide a letter from my old High School stating that I was educated in the English language. My old High School where I had graduated from in 1978 had closed.

My next question was whether I required an exact translation of my degree (in contrast to providing evidence that I obtained one) and if yes, where could I find a government approved Latin translator? I was told by the AMC representative

'why don't you try the yellow pages'?

I couldn't find any Latin translators, let alone a government approved one in the yellow pages. One translator informed me that there was no official government approved Latin translators in Australasia and suggested that I try the Vatican. He also kindly offered to contact an old priest who might be able to help.

I call back my AMC contact to inform them that government approved Latin translators did not exist and what would he advise? He tells me he will check with his boss about possibly using the services of the ANU classics department. Six weeks later, I have the contact details of a young female classics scholar who can translate Latin. In the meantime I am getting no responses to my multiple emails and phone calls to my AMC contact about whether I can use the young Classics scholar to translate my degree. It is now early May and I need to return home to Canada because of family illness. While in Canada I am able to get the appropriate documentation of my High School education in English as well as an 'official' translation of my degree.

On [redacted] I march into the AMC office with my official translation and proof of proficiency in English in hand. Unfortunately my file seems to be missing. It is found in a dusty corner. The cheerful young woman helping me informs me that I no longer require proof of proficiency in English as of one week ago.

Truth, lies, and deception – My experience with the RACGP

Three days later I speak to the National Fellowship officer at the RACGP. I tell her that I have my CCFP and LMCC and therefore meet the criteria for fellowship as per the information on the website. The LMCC was a licensing exam that was required

for unconditional registration in Canada. I go on to say that I sat my LMCC exams in 1990 when there was one exam and consequently it was difficult for me to fill in the form as it had LMCC (parts 1 and 2) on the form. The fellowship officer informs me that things should be straightforward but she will need to speak to her supervisor about the LMCC issue. I am not concerned about the LMCC issue as I know that this exam is not related to Family Medicine assessment and it is irrelevant from a Canadian perspective the year you did your exam in. We agree that if I do not hear from her by the end of next week that I could assume that everything was clear for me to go ahead with the application. A week goes by and no word from my RACGP contact. Consequently I assume all systems are go.

Two weeks later, six weeks after submitting my AEG application, I receive an email from my RACGP contact stating she still has not had a decision from her supervisor, the RACGP Censor in Chief. At this stage alarm bells start to go off in my head. Surely the College could not be questioning my competence to practice? I had 15 years of experience teaching and practicing Family Medicine. Ironically, I was recruited to teach the next generation of Australian GPs.

My fears are confirmed, however, when I receive an email from my RACGP contact stating that the Censor in Chief had decided to present my case at the next Board of Censors meeting to be held on [redacted] for discussion and a decision on my application for an AEG.

I contact the Medical Council of Canada who administer the LMCC exam who report that they have had numerous complaints from Canadian doctors like myself and that they have written the RACGP in the past explaining that the council did not distinguish between the pre and post 1992 exams. The council representative expresses her confusion about the rationale for policy and offers to write me a letter of support which she does.

I am devastated but not surprised when I get the news that my application for AEG has been denied. (A few weeks later I would receive a letter from the Censor in Chief stating that I didn't have parts one or two of the LMCC?) The Board of Censors was going to recommend that I sit the RACGP exam to be eligible for fellowship.

My colleagues strongly encourage me to contact the Censor in Chief about the decision. I talk to the censor on [redacted] who explains the rationale for the

Board's decision, which is linked to part 2 of the LMCC. I inform the Censor in Chief that I don't agree with the Board's decision as it is based on flawed logic and that in the context of the critical GP shortages in Australia, that the RACGP should revisit their AEG policy. I also inform the Censor in Chief that I plan to appeal the decision. The Censor in Chief responds that

" I am entitled to appeal but that it won't make any difference." I am also told, "*that it would be reasonable to review the AEG policy under the current circumstances but that the RACGP had no plans to do so because it was not in their strategic plan".*

She went on to strongly advise that it would be in my best interests to sit the exam, as it would enable me to start work as soon as possible.

The following week I send an email to the CEO of the College requesting the full AEG policy including the underlying rationale as well as information on the College's appeals process. In the meantime on October 10 I review the College AEG policy posted on their website with a colleague to see if I had missed anything. As I remembered, the policy on the web site did not explicitly state that Canadian graduates who had done their LMCC before 1992 were not eligible for the AEG fellowship.

A week goes by and no word from the College CEO about the information I requested on the AEG policy. I send him another email this time requesting that he confirm my request. I receive a confirmatory email and am informed that I will be contacted regarding my request later that day.

Three days later I receive an email containing information on appeals as well as a copy of what initially appears to be the original AEG document that was posted on their web site. Upon more careful review, however, I realize that the wording of the AEG policy had been changed. Specifically it stated 'Fellowship ad eundum gradum be approved for and granted for doctors with CFPC and both parts of the LMCC post 1992'[i]. The date this new document had been created was [redacted], which was eight weeks after I had filed my application with the College and one week before the meeting where my case was "discussed". I check the web site and discover that this new document has been uploaded in place of the document that I had reviewed with my colleague a few days earlier.

I lodge a request for a reconsideration (first stage of the appeal process) of original decision on [redacted] the first stage in the RACGP appeals process based on a letter from the Canadian Medical Council that states that they do not distinguish between the pre and post 1992 LMCCs. I send an email to the national fellowship officer containing the request for reconsideration and letter from the Canadian Medical Council with copies to the CEO of the College and the acting Dean of Medicine at ANU. I receive an email [redacted] acknowledging that the RACGP has received the email containing the letters, which have been forwarded to the Chief Censor and Director of Education. According to the RACGP appeals guidelines I should have received an answer within 14 working days. It would be another nine months before I heard anything from the College.

In Limbo

For the next six months I didn't hear anything from the College. At that time I fell into a state of deep depression. Here I had moved my family three quarters around the world and sold everything to start a new life in Australia. Yet I couldn't stay here if I couldn't work. On the one hand, I could simply suck it up and do the exams and get it over with. On the other hand I was deeply disturbed by what I perceived to be a gross abuse of power and dishonest behaviour by an organization that was entrusted with a significant responsibility of shaping the country's GP workforce. I had also become aware of a number of other IMGs who had similar if not much worse problems with the College's assessment processes. In the end I believed that it was morally wrong not to challenge the RACGP decision and actions.

In the meantime, I had to start the process of registration and accreditation from scratch-this time as a GP applying for conditional registration in an area of unmet need. It took five months to do the preliminary paperwork for the area of need position. The practice which offered me a position had been critically short for more than a year however had to advertise again before the area of need position would be approved. The practice manager spent many hours on onerous paperwork.

In March 2008 I finally did a pre-employment structured clinical interview, which I passed. However, there was still more paperwork and administrative red tape. I did not start work as a GP for another five months.

Unexpected Ally

In [redacted] the [redacted] the RACGP who had heard my story from a mutual acquaintance contacted me. [redacted] In response to this conversation I wrote her a letter outlining my experiences with the College to date and requested an explanation as to why my appeal had been ignored for over six months. I also repeated my request for an explanation for the College's ad eundum gradum policy including the dates when the policy was created and any revisions. I received an email from the [redacted] informing me that there was going to be a presidential enquiry into the College assessment processes.

[redacted] I received a letter from the [redacted] of the RACGP council, which was written to a number of undisclosed recipients. In [redacted] letter [redacted] said that the council had voted down the motion for a presidential inquiry because of the rigorous quality assurance processes already in place. The letter also instructed the undisclosed recipients not to contact the president and in the future and to contact the [redacted] about our concerns. I wrote directly to the [redacted] and once again asked for an explanation for the [redacted] statement, and why my appeal had been ignored for over half a year!

Kick them when they're down!

On September 8 I worked as a GP for the first time in over two years. On September 16 I was struck by a car while cycling home from work in a hit and run incident. My back was broken and I required emergency surgery for an unstable fracture. When I returned home from the hospital two weeks later a letter was waiting for me from the RACGP. The letter was from the Censor in chief informing me that my reconsideration of decision had been declined and that I could apply for the second stage of appeal. Again I was explicitly instructed to direct all communication to her.

I contacted the college and spoke to the IMG liaison person. I informed her that I was recovering from a broken back and was not physically well enough to pursue an appeal at this time. I requested that she inform the censor in chief and director of education about my situation. A few weeks later I was contacted by a reporter from the Medical Observer who had heard of my struggles with the RACGP.

A brief article appeared a week later in the Medical Observer about my struggles getting my qualifications recognized. In the article the spokesperson for the College reported that I had been invited to appeal but that I had declined their offer. They neglected to mention that I had refused because I was recovering from a life threatening injury. I was told by a number of people who had read that article that the RACGP statement made me appear like I was a complainer and subsequently detracted from the validity of my concerns.

[redacted] I received a letter from the [redacted] of the College in response to my August letter. For the third time my questions were ignored! Instead, the [redacted] informed me that he had reviewed my file and that he could not find the original application form.

He went on to tell me that I had obviously never applied for fellowship in the first place as there was no application form in my file, and consequently I had no basis for an appeal. Specifically he stated in his November 12 letter

"On consideration of the events it is clear that there was no valid application before the RACGP. There is therefore no decision which might attract the appeals process"

The College had in fact promised to contact me if my application was incomplete on July 26 and had confirmed that it was discussed with the Censor in Chief on August 18. It is also difficult to understand how the Board could have made a decision on my application if I had never filed an application. The physical application form was evidence that the College had in fact changed the policy (or wording of policy) after I had applied for AEG. I found it interesting that it was missing. Unfortunately I had not made a copy for my files.

The CEO went on to tell me that because I wasn't a member of the college I wasn't entitled to appeal anyhow. I decided at that stage not to waste any more energy on the College particularly as I had to focus my energies on my physical and emotional recovery.

Here we go again!

In April 2009 my family and I made the decision to apply for permanent residency. Prior to applying for permanent residency I checked with the Medical Board to ensure that my conditional registration would not be affected. The Medical Board reassured

me that applying for Permanent Residency would not affect my registration status. In June my permanent residency was approved.

On October 6 2009 my practice manager informed me that I could not work because my provider number had been cancelled. This would be the third time in the last six months that my provider number had been cancelled. The previous two times Medicare had the wrong information regarding my registration expiration dates. I assumed that this was another bureaucratic bungle. I contacted Medicare and after some initial banter was informed that I no longer qualified for a provider number because under 19aa of the Health Insurance Act as a permanent resident I was not eligible for a provider number because I did not have my Australian fellowship. I was stunned! I had purposefully investigated whether becoming a permanent resident would affect my ability to practice! The devil was in the detail in that in theory I was still registered – I just couldn't practice because I didn't have a provider number.

My story was quickly picked up by the media, which again raised the issue of why my qualifications were not recognized by the RACGP, particularly in the context of a critical GP shortage? At this stage my family's future in Australia was in jeopardy as according to Australian legislation as a permanent resident, I had no choice but to obtain Australian qualifications in order to continue to work as a doctor in Australia. At that point both of my children including my son with a developmental disability were settled in school and had developed close friendships. We had also sold everything back home in order to move here. To start from scratch professionally and financially would have been extremely difficult. I was also emotionally exhausted from my recent injuries and my ongoing struggles to see justice done with no prospect of any kind of closure. I was ready to make a deal with the RACGP

A GP who was also involved in a number of RACGP committees contacted me and offered to discuss my situation with the College to see if some compromise might be possible. Consequently I entered into discussions with the new director of education and director of membership services of the RACGP. We had a very amicable telephone conversation in which they offered me a position in the upcoming clinical (OSCE) exam in two weeks time. I was exempted from writing the written exam. I accepted their offer. They also revealed that the RACGP was currently in the process of negotiating a reciprocal agreement with the Canadian college but that they still hadn't heard anything yet. In his November letter to me, the [redacted] had specified that

in the event that the Canadian College granted the Australian College recognition, my eligibility for fellowship could potentially be reviewed.

Later that evening I received an email from a fellow Canadian. She and her husband had heard my story on the radio and were very confused as they had the same qualifications as me (CCFP and pre-1992 LLMC) and they were both granted fellowship. Also there were at least five other Canadian doctors in their community with the same qualifications who were also given their RACGP AEG fellowship.

I contacted the new director of education and informed him that I would like an explanation for these inconsistencies before I did the OSCEs. He informed me that as we spoke the new Vice President (former director of education) was negotiating the final details for reciprocal recognition with the president of the Canadian College, and that hopefully this would mean that both of our problems would be solved! As my best friend was the president elect of the Canadian College I was aware that the RACGP was actively courting the Canadian College to grant them reciprocal recognition, which provides significant benefits to its members. As it turned out the last minute negotiations would include a stipulation to exclude the pre-1992 Canadian group from the agreement. The Canadian College has since issued a statement that the LMCC exams are not an assessment exam for Family Medicine and that the College does not distinguish between the pre and post 1992 LMCC graduates.

On November 16 I was granted a one- year exemption from 19aa to enable me to obtain my Australian qualifications. I had been out of work for five weeks. On [redacted] received an email from the [redacted] In the email he replied that

"*The RACGP through the authority of accreditation from the AMC determines the standards for training and assessment for the award of FRACGP. The RACGP can and will amend its training standards and polices for training on a periodic basis and your assessment requirements will be governed by current policy for the assessment of Canadian GPs.*"

I am very confused? In her [redacted] letter [redacted] had said

"The criteria for award of fellowship (AEG) has been set for some years now – The Board of Censors at its February 2003 meeting reaffirmed these (exclusion of pre 1992 LMCC) criteria"

Note: AEG was only introduced in 2000.

[redacted] letter the [redacted] has also stated

"The RACGP "cannot change the rules" or relax criteria in relation to one applicant and at the same time apply those rules rigourously to the other applicants"

At this point I washed my hands of any further involvement with the RACGP.

Starting From Scratch

In December 2009 the Australian College of Rural and Remote Medicine had their IMG accreditation pathway accredited by the AMC and I applied for fellowship through their IMG pathway. Prior to applying to ACRRM however I first had to go through the AMC screening process again, which I had already completed in 2007. This included the requirement that I had to prove I could speak English and get my Latin degree translated.

I contacted the AMC and asked what information I needed to submit because I had already submitted all of the documentation in the past, which should be in my file. The representative informed me that they didn't keep a lot of the information in their records! They also wouldn't tell me what information they actually had in my file. I couldn't believe that they expected me to repeat the process which had taken me over six months to do the first time!

I contacted the AMC a second time and the representative this time was far more helpful and actually told me what documents they had on file. As it turned out I would still need to resubmit all the information relating to my General Practice experience and qualifications.

I had an interview scheduled with ACRRM as part of their pilot project. A few days prior to the interview, I was informed by ACRRM that they couldn't do the interview because my AMC application was incomplete which meant that my interview was delayed for another three months. I couldn't understand why the information was

incomplete as the workplace history was basically identical to the last submission, which had been accepted.

When I contacted the AMC representative about the nature of the problem, they informed me that my CV was problematic because I didn't specify the months of my multiple positions, most of which overlapped with another.

I finally did my interview in November 2010 and was assessed as substantially comparable to an Australian trained GP. I am currently in the process of working towards my ACRRM fellowship

One More Thing

One year after I had my provider number cancelled I had it cancelled again on – this time because I needed proof that I still qualified for an exemption from 19ab – the ten year moratorium. Once again I received no notification that my provider number was about to be revoked. It took me another month to navigate the red tape to get my provider number back in which I was unable to work as a GP. In total I have missed almost three months of work in two years because of bureaucratic bungles.

Epilogue

In retrospect, I should have called this submission

A Canadian GPs experience of the Australian Registration and Accreditation system – An example of Chinese Water Torture

It isn't that any one event in and of itself is particularly shocking, it is the fact that the problems never seem to end, and just go on and on and on, to the point where you literally feel like you are losing your mind. I do not think that my case is unusual. I am aware of multiple cases similar to my own, where one problem seems to set off a never-ending cascade of mind-boggling mishaps. You start to question whose problem is it? Surely the system cannot be this dysfunctional? The sad fact is it really is!

I also want to acknowledge that not all of my experiences have been negative. I found my dealings with the ACT Medical Board to be fair and helpful. Similarly, my experience with ACRRM has been the polar opposite of my experience with the RACGP. Also I do not think that it is the Colleges or the Medical Boards or the AMC are the problem per se The problem lay in the system and the relationship of these

organizations to one another and the inherent conflicts of interest and lack of accountability that is inherent in the structure of the system.

Personal and Professional Impact

My story would be funny if it weren't for the fact that my experiences with the system have had a profound affect on my personal and professional life. As a family, we have been unable to really settle in Australia because of the chronic uncertainty about my ability to practice and therefore ability to stay here. This struggle has occupied countless hours of my time and taken a huge amount of energy. I came to this country as a highly respected Family Physician in my field. I now occupy a rank lower than an intern and need to be "supervised" by colleagues who do not have my level of academic and/or clinical experience. It is degrading! Also, because I have spoken to the media about my problems I have been actively sought out and contacted by over 70 overseas trained health professionals who have had their own struggles. While the vast majority have been doctors - dentists, nurses, pharmacists, physiotherapists and even a veterinarian have also contacted me! I am not infrequently overwhelmed by their suffering and feelings of helplessness and betrayal by a country which espouses to treat people fairly.

I have often been asked why I haven't gone back to Canada if things are so bad. The reason I give is the most common one I hear from the other IMGs. Most stay because of their families. In my case I have two school aged children ages 11 and 14 who have settled in this country and see Australia as their home now. It would be unfair and traumatic to subject them to another international move. I have also turned 50 this year. It is very difficult at this stage in your career to pack up and start all over again.

Solutions?

There are multiple reasons for the deep- rooted dysfunction of these organizations and the current system. Regardless of the nature of the dysfunction, the government has the responsibility to ensure that the Australian public and IMGs are not the victims of these private clubs' problems. The government has a responsibility to ensure that the organizations involved in Medical workforce regulation and registration are directly accountable to the public/government through legislation to prevent the public from suffering the adverse effects of these organizations dysfunctions and that these

organizations meet specific standards in terms of efficiency, fairness andaccountability. It is also critical that the government ensure that the and most importantly that their policies reflect the best interests of the public and are not adversely affected by professional self-interests. For example it is inappropriate for a reciprocal arrangement between two private clubs, or its absence, to have any impact on the deployment of doctors!

The government must lead by example and take the steps to ensure that their own laws are congruent with anti-discrimination laws and policies. I have also been the victim of 19aa and 19ab. 19aa is not about standards it is about membership to a member of a club. 19ab has enabled the government to continue to exploit IMGs by forming two separate groups of doctors that are differentiated soley on the basis of country of birth.

Next steps?

The government must focus on three areas:

1. Scrap 19aa and 19ab, which contravene the international declaration of human rights and creates two groups of doctors in Australia based on country of birth and/or nationality and enables the ongoing exploitation of IMGs in Australia.
2. Amend the national law to ensure that any organization involved in registration and/or accreditation is subject to legislation which specifies standards which must be adhered to in relation to efficiency, fairness, transparency and accountability AND ensure that registration/accreditation policies reflect the best interests of the public not private organizations. This can be accomplished by establishing an advisory body whose role is to advise the government on a range of issues relating to IMG registration/accreditation. This would be similar to the Ministerial advisory council except the members would have experience and expertise in IMG issues, human rights law and accreditation issues. This body would serve a very different role than the Medical Board in that it would ensure that Medical Board and any contracted organization is adhering to the agreed upon standards, and that registration/accreditation decisions are not affected by organization self-interest. Depending on the issue the advisory body could seek independent advice on a range of issues (i.e. consult expert in medical assessment to review

a policy or concern regarding assessment, lawyer to give advice on lawfulness of a policy etc.) This organization could also act as an appeal body/ombudsman for IMGs whose qualifications are not recognized by the existing accreditation bodies and/or claim to have been unfairly treated.

3. IMGs must have meaningful voice in the Australian registration/accreditation system. IMGs make up over a third of the Medical workforce. And is the backbone of the Medical workforce in rural and remote Australia. It is unacceptable that IMGs are not meaningfully consulted and involved in the development of policies that directly impact on their professional careers and personal futures! There needs to be official IMG representatives that have an official relationship with an IMG organization like ADTOA on the major accreditation bodies.

I would also recommend that the government consider doing a wider inquiry looking at the registration and support for other overseas born health professionals and that consideration be given to expanding the role of an advisory body to investigating similar issues for the other health professionals once it has become established.

In closing, I would like to extend my thanks and appreciation to the members of the committee, to the politicians who raised these issues in parliament and to the honourable Minister for Health, Nicola Roxon for launching this important inquiry.

I would be happy to speak to members of the committee about any of the issues and/or events described in this submission and will provide documentation as per the committee request.

Respectfully yours,

Dr. Sue Douglas MD CCFP (Canada)

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[i] RACGP Fellowship guidelines.
www.racgp.org.au/Fellowship/RequirementsforFellowship/2007 accessed October 26, 2007