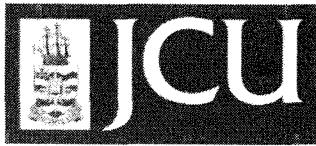

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Submission No. 13
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Mr Steve Georganas MP
Chair
Committee to inquire into Overseas Trained Doctors' Registration and Support
Standing Committee on Health and Ageing
Parliament House
Canberra ACT 2600

Dear Mr Georganas,

Thank you for the opportunity to make this submission to the enquiry.

This is a personal submission.

No doubt this enquiry will receive detailed reports from the Specialist Colleges and from other advisory bodies. I think it most likely those reports will suggest the current processes are well organised and may only require minor alteration. They will also defend the current system on the basis of protecting a standard of care. Changes that have been made more recently have been cosmetic and have not made the system less cumbersome or easier to negotiate. In my submission I wish in particular to address specialist anaesthetist's recognition.

The reality of Registration and Support processes for Overseas Trained Doctors (OTDs) is far from satisfactory and has little to do with a standard of care. Many countries of origin of OTDs who arrive in Australia have high standards of care and medical practice. This fact goes unrecognised for the average OTD even the ones who have been wholly educated and obtained their basic medical qualifications and subsequent specialist training in countries such as Great Britain, Ireland, Canada and the United States. I believe the success of the current system is best judged from the perspective of OTDs. Their experience is that there is repetition of form filling in, delays in replies, varying quality and access to advice, multiple applications to different bodies, and various, often changing interpretations of regulations over the period of assessment. The high standards of medical practice in their countries of origin are apparently not part of assessment.

This leads to many OTDs developing a deep sense of despair, frustration, futility and a mistrust of our system. The whole process leaves a stigma and OTDs develop a resentment that stays long after any success or recognition is achieved. This is widely known amongst OTDs and most likely intimidates some applicants to not bother, to give up or to feel so discouraged that failure is accepted. Having watched 9 OTDs go through the current processes I feel I am qualified to offer my opinions. The difficulties I have encountered while supporting OTD anaesthetists makes me feel that I would be unlikely to try again and I wonder if the current cumbersome process is designed to discourage OTD specialists particularly when they are in the private sector.

I am personally embarrassed for my country and disappointed that we have a need to have this enquiry. I base my opinion on my personal experience having helped several OTDs join the Specialist Anaesthetic workforce in North Queensland in the private sector. My experience has been gained over the last 17 years in Townsville, North Queensland. In addition I have served on College of Anaesthetist's committees, am the Chair of the Curriculum Committee at James Cook University School of Medicine, currently teach medical students and have been involved in the past as a supervisor of training at hospitals for Australasian trainees.

If the current hurdles and impediments to OTDs gaining recognition cannot be removed or reduced, and the system cannot be improved to make easier registration possible, then one important area of Australian Health care delivery will be further disadvantaged. I am referring to Regional Australia where there is a higher proportion of OTDs than metropolitan Australia. Specialty service provision is interdependent on several specialties working together. In regional Australia this is a frail system dependent on fewer specialists than in metropolitan Australia. Anaesthesia is central to many specialty services and a short supply of specialist anaesthetists, in particular, limits surgical and interventional procedures.

In addition Hospital costs to maintain support for surgery and procedural medicine is expensive to acquire and maintain. Unlike metropolitan centres the absence of key personnel can be more frequent and less easily replaced at short notice. The consequences are more disruptive and financially significant if a service cannot be maintained because of a lack of

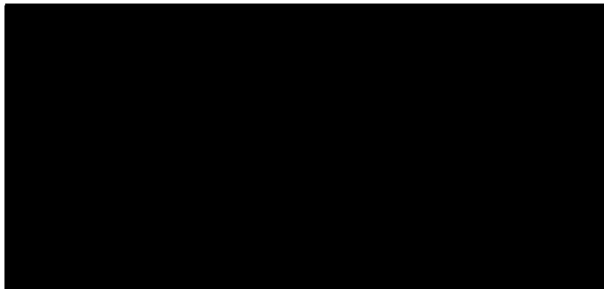
suitable specialist staff. Regional Australia will continue to be underserved for the delivery of important medical professional services it requires if OTDs are not welcomed and helped into practice.

Any changes made should therefore improve the efficiency of the program, reduce complexity and improve OTD friendliness. If I could use a fishing analogy the current system is like a fisherman's driftnet. It indiscriminately catches and delays good OTDs while at the same time does not identify those OTDs who need to improve skills, knowledge and attitudes and does not help them do that. It is unable to identify those OTDs who could go almost immediately into our medical workforce from those who need further support and education. It lacks a just form of discrimination and assumes all OTDs have to undergo rigorous assessment despite contrary evidence. It is neither sensitive nor specific for the purpose it is meant to serve.

I imagine if Professors Fiona Woods and Fred Hollows turned up in Australia now with their evidence of overseas training they would face the same hurdles and find it very difficult to teach or practice in their specialty fields. A Professor of Paediatrics in this modern era had a prolonged and difficult time gaining recognition to practice his specialty but was able to supervise, teach and examine Medical Students at James Cook University School of Medicine for many years before finally gaining acceptance by the Australian College of his speciality.

The rules for recognition are not consistent across specialties and while some Colleges require exams others do not. Periods of observation vary dramatically. A consistent and fair approach across specialties is essential to any future program.

Specialist Anaesthetists I have supervised since 2000 for the College of Anaesthetists to gain recognition. All these Anaesthetists did their exams and assessment in the private sector.



* indicates achieved speciality recognition by Australian Anaesthetic College examination
** Indicates achieved speciality recognition by Australian Anaesthetic College assessment process

Throughout my submission my recommendations are in italics.

Registration Processes

English Language requirements
The requirement for English speaking evidence is excessive and four of the anaesthetists listed had English as their first language yet still had to provide documentary evidence of their schooling (which may have been more than 20 years ago) or sit a recognised English competence exam. The others all were competent English speakers and could be identified as fluent in English language and competent in understanding written and spoken English. Such testing is illogical when by conversation one could document the ability to speak and understand English in a matter of minutes if not seconds.

"The requirement for satisfactory English language and comprehension need not be so formal and can be simplified."

Certificate of Good Standing
These are often repeatedly required and need to be current and often they are out of date by the time the application is processed and they need to be re-obtained, re-certified and resent to relevant authorities. This happened on several occasions to some of these doctors.

"Certificates of good standing can be verified at less frequent times and should be able to last for 12 months."

References
On many occasions reports and references are repeatedly requested by all groups involved in the certification.

"One set of documented reports and references sent to one authority should be all that is required."

Previous Hospital Reports
Reports from each hospital worked at are difficult to obtain, are obsolete and contribute little beyond reports for hospitals worked at for the *last 5 years.*

"The requirement for recent work reports should be current and cover the last 5 years of practice."

Details of Training and previous experience
This can be ascertained from the CV.

"Details of previous experience should be submitted once."

Delays
Responses from Colleges can be delayed and are not able to be processed quickly.

"A time limit for College assessment should be shorter and reasonable.

Changing personnel
Often personnel in the various Colleges change and this often requires further delay before requests for assessment or advice can be given.

"It is especially important that College assessors be consistent."

Expiry dates
Many dates for Medical Registration College approval, Area of Need and Provider numbers vary and this causes a problem with getting every detail lined up to have a commencement date that is predictable and continuing registration that is not dependent on many different approvals from various organisations with different deadlines.

"Deadlines should be coordinated."

Immigration and Residency requirements
These requirements are generally easy to obtain but rely heavily on all of the above being satisfactory and often because of technical difficulties with obtaining the above there are problems with visa, and continuing residency approval.

"Immigration and Residency requirements should be coordinated with recognition."

S u p p o r t

College reports, inspections, costs, and administration
In my opinion these are excessively repetitive, costly and tiresome. All of the previously mentioned doctors and myself (despite my many years of involvement) find the whole experience frustrating, time demanding and full of confusion.

"The process needs to be uniform across Colleges, predictable, fair, transparent and be stable over time."

College Assessment is designed for the Public Sector

My overall experience is that it is extremely difficult to bring an OTD into private practice. This is generally frowned upon by College members. My experience is that the hurdles for gaining recognition for positions in the private sector are significant, arbitrary and basically adapted from requirements for a full training program designed for novice Australian trainees who are predominantly based in the Public Sector. There is not the same College acceptance and support for training or assessment of OTDs in the Private sector as there is in the Public sector.

"The Private sector should be treated in a manner consistent with the different requirements it has."

Exams and Assessment
The method of assessment over the years has been varied and can even depend on the position the OTD is taking. For instance one OTD from Great Britain (not one of the ones I have mentioned) in Brisbane was granted recognition because the position he was taking was an academic one. Shortly after taking the position the OTD resigned and moved into private practice taking full recognition, thus gaining an unfair advantage over other OTDs who were in service positions but not granted full recognition. This has probably happened on other occasions and there is a perception that recognition for OTDs who are applicants for senior positions in larger academic institutions gain recognition more readily than those who are in the regions. The decision process for requirements for recognition has been altered several times. Periods of work assessment can vary and gaining positions in which work assessment can be undertaken require College approval and continual reporting.

The following are the words of one OTD specialists who despite having worked for six years in Australia as a specialist in a Public Hospital was required to do a years supervised practice and sit the Australian exam when he returned to Australia to work in Private Practice.

> "When I think back I think the single aspect of the whole process that really infuriated me and which reveals an unequivocal set of double standards in the whole system, is the ease with which one could fill a specialist's place in public hospital, in a 'deemed specialist' sense'
>
> What annoyed me the most, was that I worked for six years as a 'deemed specialist', with exactly the same rights and remuneration as anyone else, and I contributed to the training of Australian trainees. Supervision by the way was non-existent. Yet none of that was taken into account in the OTD process. I remember at the preliminary interview in Melbourne, asking the interview panel why my six years in a tertiary referral centre weren't taken into account and didn't absolve me from having to sit the exam; why it didn't constitute an adequate period of assessment. I wanted to know from them why six years of full time work without any complaints didn't satisfy their suspicions that I wasn't up to scratch. I was answered by a slightly embarrassed snigger that essentially admitted to me that there was no reason, but they didn't really give a bugger."

The hurdle exam for OTDs is essentially an Exit exam that has been adapted from the exam taken by Australian trainees. There is little academic evidence that hurdle exit exams are a logical, fair or efficient means of assessing competence to practice professionally, and their relevance to OTDs competence has not been validated. The support the Colleges provide is aimed at this exam and how to pass it rather than how to adapt the OTDs previous experience to Australian Medical Practice. In fact when helping prepare OTDs for Australian assessment it is important to stress to them that role-playing what is done in Australia is more important than imparting academic knowledge.

"Exit exams should not be used for assessment of OTDs."

Thus for OTDs a major effort is the preparation to pass exams and is more important than preparation for practice. This is extremely depressing for well-trained OTD specialists who have already demonstrated their competence to peers in their origin countries. This is particularly hard for OTDs from similar medical standard countries such as Great Britain, Ireland, Germany, South Africa, The United States and Canada.

"Countries with an acceptable but not exactly equal or identical training schemes for specialist training should be given recognition by the Anaesthetic College."

OTDs find it hard to identify the Core objectives for their assessment. These are poorly delineated because the focus is on an exit examination and how to pass that. The College needs to identify Core Key objectives that are fair to OTDs and allow OTDs who are obviously well qualified to easily enter mainstream anaesthetic practice efficiently and without arbitrary bureaucratic delay. They ought not be treated or assessed as Australian trainees unless they are required to be in that pathway. Many of the above anaesthetists have questioned why the requirements for the College of Anaesthetists has varied and has an excessive reliance on exams in comparison with other Specialist Colleges.

"Core objectives for OTDs should be reasonable and identified and uniform amongst Colleges."

General Comments

In Australia anaesthetic specialist selection, training, examination, assessment and recognition are controlled by the College and this gives the College a monopoly that is unchallenged. This is made worse because College headquarters are metropolitan based and thus input, management and day to day decision making are all metropolitan centric for ideas, assessment and orientation. OTDs in regional centres have less support, access and opportunity than metropolitan OTDs. Specialist recognition is clearly different to College membership.

"Remove the conflict of interests Specialist Colleges have."

"Colleges should lose their right to decide on Specialist recognition and a separate body should took over that role."

The one size fits all approach the Anaesthetic and other Specialist Colleges have does not take into account the different training, experience and other qualities OTDs have. Specialist anaesthetists are trained throughout the world and it defies logic to think that only those doctors with Australian training, examination success and experience deserve the title of a specialist in anaesthesia. The Anaesthetic College approach does not allow or take into consideration the stresses on OTDs related to immigration issues, visa requirements, obtaining medicare numbers, fear of failure, financial hardship, lack of support (particularly regional OTDs) or travel needs to satisfy interview requirements. Many of these stresses make performance in an exit exam very stressful. The use of these exit exams has little educational basis and does not assess competence in the workplace. The poor coordination, for administrative requirements further places practical difficulties on employment and opportunity. The complexity associated with accessing provider numbers, interim specialist recognition and registration further complicates employment in the private sector because of reimbursement issues.

"Make the whole system transparent and consumer friendly."

The Future

In summary and to complement the recommendations I have made throughout my submission below are general recommendations I would make to the current system.

Direct the Colleges to adopt fair, transparent and uniform procedures for OTDs with identifiable objectives.

Direct the Colleges to nominate those overseas programs that currently satisfy requirements for specialist practice in Australia, without need for further training or assessment.

Have one central body to control registration, provider numbers and streamline the application processes.

Remove exit examinations as a means of assessment and replace them with workplace based support and assessment only in those cases where it is required.

Provide meaningful support to welcome and help OTDs.

Provide extra support and consideration for regional OTDs.

Eliminate the monopoly of the Colleges and institute a separate independent body to allocate specialist recognition.

Ensure provider numbers are easily accessible.

I would be happy to attend the inquiry if requested.

Yours sincerely,

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