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Standing Committee on Health and Ageing
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**Submission No. 132**
(Overseas Trained Doctors)
Date: 22/03/2011

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

Dear Chair and all Committee members,

Thank you for considering my submission. I would like to welcome this Inquiry and hope that the committee will reach some solutions to solve a vital problem that has been growing in its complexity over the last few years.

I consider fixing this issue is a high priority for the future of health care in this country simply because it is about delivery of health care to the most rural and the most disadvantage community who deserve the wright to access quality health care.

I really feel the difficulty of your position as I understand how complex the issues you are facing and also knowing that it will take a lot of effort and courage to be able to fix issues at its roots, I wish my submission will assist you in solving this problem facing overseas trained doctors .

Let me introduce my self I am an overseas trained doctor my self I have been in Australia for more than twenty years I have been through the process my self and also watched it changing over the years, I also helped a lot of overseas trained doctors to navigate their way through the system specially over the last seven years. I have held few positions over the years that assisted me to give hand to those doctors, until early this year I was the director of medical education in the Riverina-Murrumbidgee area, I am also the deputy chair of the National Rural Faculty of the Royal Australian Collage Of General Practice. I am also principle of one of the biggest general practices in Wagga Wagga that have won me few national awards in recent years including GP of the year in 2009 and general practice of the year in 2007 and 2010.

International medical graduates (IMGs) are no longer considered a temporary solution to the medical workforce problems in rural and remote Australia.

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IMGs have become an integral part of their communities, many of which are in the most remote parts of the country and are not the first choice of Australian medical graduates

Our workforce already relies heavily on IMGs -- they make up almost 50 per cent of the GP workforce in rural and remote Australia.

It is clear that the general practice workforce is likely to face continued chronic shortages, which means that IMGs will continue to play an important role in providing medical services in rural Australia, despite the so-called tsunami of Australian graduates

So if we rely so heavily on IMGs, are we supporting them adequately?

We have to change our philosophy in recruiting doctors from overseas.

At the moment we are treating IMGs as creatures that have to pass our basic student level exam no matter what their expertise or qualification in their country of origin. Then we allocate them to work in area of need positions without any support and then request them to perform high level of care while they are under continuous threat of losing there registration if they don't fulfill the ever changing rules of the medical board.

We need to treat Overseas Trained Doctors as professional colleges, respect their capacity and offer them all the support to help us solve our problems of doctor shortage.

We have to continuously remind our selves that we are so lucky to have those doctors to agree to come and work in rural Australia and it is our responsibility to support them and give them all assurance they need to continue pursuing there own ambition and career and in the same time provide quality health services to our communities.

The last federal budget, while welcomed by GP organisations, did not allocate any money to support IMGs, even though the budget addressed the core issue of supporting primary health workforce.

Several groups and organisations have tried to support IMGs, but most of these programs are periodic or fall apart without the involvement of key individuals. The reality is that there are no well-funded programs or solid strategies to ensure consistent and ongoing support for IMGs.

Most of the doctors who come to Australia are looking to secure a decent future for their families but, unfortunately, they face insecurity from the first day they start working.

Many haven't had any introduction to the health system -- to Medicare billing, patients and medical culture issues -- in other words "the way we do it in

Australia". They continuously feel under the threat of losing their job or being deregistered.

One of the things I introduced in my practice to support new IMGs is to offer them three months of observation and orientation time, where they sit in consultations with myself or my wife. This helps them to become familiar with the Australian system and also helps them to learn more about Australian patients' needs, demands and the various cultural issues.

The orientation period not only gives them confidence but also helps them to pass the medical board interview ( PESCI)before they are allowed to work in an area of need. While, despite our best efforts, some IMGs who do the orientation don't pass the interview, many do. It is clear that orientation is a vital way to support newly arrived IMGs -- benefiting both the doctors and the patients they serve.

Another problem is that doctors who pass part one of the Australian Medical Council assessment and are working under supervision in general practice sometimes have to wait for two or more years before they are allowed to sit the clinical exam and conclude their AMC assessment.

This means that doctors who are already working hard in a rural area and most of the time are of very good standard are not allowed to sit an exam that will determine their future as a doctor in this country.

There must be ways around this situation. If we are happy for these doctors to practise in a rural area, we must also ensure they have the opportunity to sit the clinical exam within good time and secure the certainty and security that was so important in coming to Australia in the first place.

The Government fully funds up to 1200 GP training places through GPET for doctors wishing to be specialist GPs and who have general registration and permanent residency. These doctors undergo well supported and resourced training programs through regionally based training providers leading to Fellowship of RACGP or ACRRM and unrestricted practice, to do so GPET spend at least 15000,00 dollars per trainee compared to a max of 6000,00 dollars offered to support IMGs

I don't think I will need to repeat to the committee members how dysfunctional, difficult, inefficient, complicated and unclear are the registration categories and processes that are currently in place.

The current system is nothing but obstructive and unfair there is clear absence of a fair appeals process among all the different organisations involved.

I would appreciate if the committee gives me a chance to personally present and discuss some of the ideas that could offer a solution for a long-standing and complex problem.

**Recommendations and suggestions for improvement.**

The first step to be taken is we have to acknowledge our need for the expertise of OTDs, imported doctors are not second-class doctors. As with the overall GP workforce, the majority are well-trained, skilled professionals with a dedicated approach to patient care. More must be done to counter prejudiced views and disseminate a well-rounded understanding of the expertise of foreign-born doctors and the contribution they make to our health system.

Any system we want to implement have to be based on a vision to facilitate and support for OTDs to be able to practice safely and deliver high quality health are for our communities.

❖ **For OTDs who are currently in the work force**

- Engage OTDs who are well established in Australia to have fair presentation on boards of different organisation so they can be part of future decision making.
- Funding to support willing doctors who achieved specialist recognition to assist them in the role as medical educators, supervisors and mentors for future doctors.
- Support OTDS in achieving Australian general practice qualifications and specialist registration by offering them positions to join in currently available training programs for Australian graduates.
- Fund mentoring for OTDs on a program basis.
- Develop a strategy to recruit mentors to support OTDs from all parts of rural and remote Australia
- Continue to nurture collegiality amongst current OTDs by facilitating networking and publicly valuing their contributions to the profession.
- Develop a suite of web base culture and clinical resources for OTDs
- Insure that doctors in process to achieve specialty with relevant colleges are guarantied registration with the national medical board with no time limitation. Doctors will still be under registration rules and should be deregistered in case of misconduct.
- Review of performance should be conducted by direct supervisors or by relevant collages with adequate and fair feedback aiming to support and assist the doctors to achieve their ultimate goal to obtain unconditional registration.
- Clinical Australian experience in any discipline should be considered to be equivalent to the year of intern required by the medical board for the purpose of general registration, as long that the doctors will fulfil requirements to pass the two parts of the Australian medical council (AMC) exam.
- Doctors who have more than three years experience in a clinical setting and have not passed the second part of the AMC exam should be offered work place assessment aiming to achieve general registration it should be done at their work and in their working environment and not at specific hospitals or centres that sometimes

can be different stats (at the moment it is only offered in 3 places around Australia )

- OTDs should pass the English assessment (either the ILETS or OET) only once. If those doctors are discovered to have communication problems after they start working than a funded programs to assist better patient communication in the Australian context should be in place to support those doctors
- The AMC should make places for the clinical examination on regular basis without discriminating between doctors who are at first or second attempt (The AMC is the only organisation in the world that can delay a candidate to attend the exam for up to 2years and some times even more)

❖ **For OTDs who are whishing to come and work in Australia**

- Establish an organistion (or use the current work force agencies) that report to the minister of health and have a board representation from work force agencies, Health Workforce Australia, Department of immigration , Medical Board Australia , all relevant Colleges, DOHA, an OTDs representative, the Health insurance commission and or other relevant organisations.

- The aim of this organistion is
    - Evaluate current work force shortage and area of need positions
    - Recruit OTDs for available position
    - Case manage to fit suitable doctors for specific positions
    - Facilitate assessment of qualification by relative colleges
    - Setup a clear pathway for each individual doctor
    - Facilitate immigration requirements
    - Facilitate registration with the medical board
    - Facilitate provider number with DOHA and Medicare Australia

- **The Colleges assessment**

    - The uncertainty about the role of each of the bodies involved in the medical registration decisions which includes the Medical Board of Australia (MBA), AMC and the Colleges should be sorted.
    - There is no need for the AMC to be involved in the assessment of all registration applications
    - Depending of the experience of the doctors and the qualifications they obtained, colleges should asses applicants on three different levels similar to the specialist path way currently available, applicants should apply straight to the colleges without having to be assessed by the AMC and then referred to the colleges a duplications that is not needed.

- **Fully comparable:** Have qualification and experience recognized by the colleges to grant them fellowship after working under observation for a period of time.

- **Partially comparable:** Have qualification and experience that are not fully comparable with college fellowship standard and will require to work under supervision and then attend the final college exam or have work place assessment and if successful be granted fellowship and specialist registration

- **Initial entry level:** Have qualification but little experience and will need to go through an initial entry exam before he is allowed to work under supervision for a period of time, then under go well structured supervised training to allow him apply for the final collage exam and if successful be granted fellowship and specialist registration.

- There is no need for the Medical Board of Australia (MBA) to asses suitability of doctors to work as a GP under supervision (the current PESCI assessment) this assessment should be conducted by the Royal Australian Collage of General Practice (RACGP) or relevant colleges

- Applicants assessed by the colleges should automatically gain conditional registration for a length of time sufficient for them to obtain fellowship by relevant colleges.

- The proposal to abolish the ten-year moratorium requirements under Section 19AB of the Health Insurance Act 1973 is supported by various organization it should be highly considered by the committee as long as there is a clear strategy to be developed to allow phased out to coincide with the arrival of new medical school graduates already commenced and which peaks in 2014 onwards.

- One of the most important things that need to be implemented is to insure eligibility to get access to Medicare and public education for IMGs and their families.

- Once again I would appreciate if the committee allow me a chance to personally present to the committee and discuss some of these ideas .

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