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(Overseas Trained Doctors)

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Committee secretariat,  
Inquiry into Registration Process  
& Support for Overseas Trained Doctors,  
The House of Representatives,  
Parliament House,  
Canberra

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Being a proud Australian now, and an Overseas Trained Doctor (OTD) myself, I went through the registration process here between 1986- 1991. I am very pleased to see that eventually The House of Representatives is having an inquiry into this issue.

From my point of view, and seeing and hearing many OTDs regularly, the main issue appears to be a lack of uniform standard or bench mark that OTDs should expect to achieve, in order to be registered for practising their profession.

Apart from the fact that different states have inconsistent criteria/requirements for different levels of registration, the Australian Medical Council (AMC) examination that most OTDs are expected to eventually pass for ongoing practice, itself appears to be inconsistent in standard from year to year. It appears in years of apparent shortage of doctors the pass mark may be lower than the years when there maybe supposedly sufficient number of doctors practising (No transparency as how the pass mark is set from time to time). As well, this examination is a requirement only to some and not all OTDs (e.g. graduates of UK, New Zealand etc). This situation itself is the root cause of a perception of discrimination amongst most affected OTDs.

In this context, although apparently a fair, equitable and consistent screening method for OTDs has eluded the Australian authorities for decades, in my view there is a method that fulfils all the above criteria. This tried and tested and reliable technique is the "standardization method" which is what the American FMGEMS (Foreign Medical Graduate Examination in Medical Sciences) is based upon.

With this method, in short, a hand full of registered, currently practicing doctors would be invited either as volunteers or be paid an honorarium, to sit the same examination (AMC) under exactly the same conditions (including room temperature and noise levels) as the OTDs wishing to practice medicine here. The Australian doctors' scores averaged out, would be considered the minimum requirement or mark expected of all the OTDs. Obviously the score would vary in each examination depending on the performance of the cohort of Australian examinees.

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It should be noted that it would make no difference if the Australian candidates were fresh interns or senior surgeons. The examination would test a doctor's essential theoretical and clinical competence that must be attained by anybody contemplating to practice medicine independently in at least General Practice level.

The current AMC examination as mentioned above, firstly is not standardized (compared to prevalent, and constantly changing local competence levels); secondly it is used only for some and not all OTDs; and thirdly only one part of it (written component only) is bias proof and its clinical component is perceived by many OTDs to be open to examiner bias. This is in contrast to the American ECFMG, which is a one-stop qualifying examination encompassing full spectrum of the required basic theoretical and clinical competencies. This examination is conducted in multiple examination centres throughout the world and is used to screen candidates even before they arrive in the country, although the same examination can be taken after arriving. Only success in that examination can open the door for any medical practice in the USA.

The important point here is that this examination (ECFMG) is wholly a written one that practically eliminates all possible discrimination and bias with regards to the candidates' racial and cultural background and even place of their graduation. As is the case with FMGEMS, the AMC examination, if slightly modified to cover the clinical component too, would and should obviate any need for interviews such as PESCI (Pre-Employment Structured Clinical Interviews) and would rank candidates only on the basis of their medical knowledge and competence.

This is not re-inventing the wheel and is a method that has been tested and tried and has been working well for decades in the most advanced medical system in the world (USA) and whom we follow in many social and scientific trends.

Introduction of a modified AMC examination as suggested above, in my view, would eliminate the need for the multitude of duplicitous patchwork of state and federally based screening methods. This in turn would eliminate the discontent (and perception of discrimination and bias) amongst all the OTDs. This would indeed be a triumph of common sense and the notion of true Australian fairness.

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