Submission No. 158
(Overseas Trained Doctors)
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# Parliamentary Inquiry: Overseas Trained Doctors

## Submission

Thank you for this Inquiry and for the opportunity to make a submission. I have been closely involved in a support staff capacity with a situation of an overseas trained doctor being placed in an area of need. It was not a positive or productive situation for anyone involved. I have been witness to, and personally affected by, the extreme stress and distress caused to everyone involved when these situations go badly. We have learned many important lessons.

I have spoken at length with many colleagues and health professionals involved in this situation, and in an attempt to communicate what we believe is relevant to this Inquiry, I have distilled a few opinions on which we all agree:

Areas of need are not best placed to adequately supervise overseas trained doctors. By allowing OTDs to go directly into areas of need, and expect the doctors in these areas to find the time to supervise them adequately, or even at all, is ludicrous and patently unfair. They are, by definition, in **need**. Most often these doctors are burned out. At best they are extremely time-poor. Expecting them to take on supervisory roles just adds to the load of people who are already hanging by their fingernails. It is too much to ask, even if things go well. When things go wrong, these people are subjected to extreme stress and are stretched to breaking point. Overseas trained doctors should only be sent to areas of need after the 12 month supervisory, assessment and orientation/training process is completed.

This supervisory process of OTDs needs to take place in large public hospitals where a hierarchy exists, and where supervision is carried out by a team. No one person, or two people, should have to shoulder this enormous responsibility. Nor then, can supervisors be easily coerced, bullied or influenced in any way. This would also ensure that supervisees are not treated unfairly. A hierarchy with appropriate due process provides protection for everyone.

A supervisory team should include staff members from all relevant disciplines including doctors, nurses, and administration staff, so that all pertinent information can be adequately assessed, including clinical, ethical and all-important personality considerations.

There are facets of the orientation of overseas doctors which could be handled by non-clinical support/administration staff. Clinicians and other clinical staff should not be wasting precious time doing tasks that can be carried out by support staff. This is a waste of their training and skills.

A supervisory team should have at least one member with the appropriate expertise. A vascular surgeon can only be adequately assessed and supervised where there are other

vascular surgeons on the supervisory team, a GP for a GP, etc. It takes one to know one, and it takes specific expertise to be able to judge, train and orientate a supervisee.

As part of the supervisory process, doctors, nurses and others on supervisory teams making submissions to colleges or the Medical Board as part of the due process, should be able to do so privately, without risk. Voting for specific competencies should be in a similar form to a secret ballot, although with the supervisors name on the paper. For example: Members of the supervisory team should be able to fill out the relevant forms, make comments on these forms, and place them in a sealed envelope. The contents of these envelopes should then be opened by an impartial person somewhere else. Perhaps by members of the Overseas Trained Doctors committees in the relevant colleges. Then, if there are concerns, the supervisory committee member is contactable by the college/administrator, and people cannot make false, unchallengeable accusations, as their name is on the form. The other team members or the supervisee should not expect to be privy to who is saying what. Otherwise, most people are too afraid to speak out. And only then will you get the whole truth as told by a consensus, or not, formed by several **honest** opinions. The supervisee still has the right of reply, and/or the opportunity to defend themselves to the committee, and a supervisee is at less risk of being victimised by a supervisor if his reports are being tabled in the form of a consensus of opinion. One or two isolated incidents are not necessarily indicators of problems, but patterns of outcomes/behaviour are. You need to gather a lot of information to form patterns, and the only way to gather this volume of information is if people feel safe to speak freely.

As it stands, supervisors must show and discuss their recommendations and reports to the supervisee before they are submitted. At best, this is a further time drain on supervisors. But most importantly, at worst, this requirement makes it **extremely** difficult to provide negative feedback or reports, and leaves room for coercion, or worse.

(As an aside, I also believe that this type of process should exist for doctors and nurses in light of our mandatory reporting laws. Otherwise, whistle-blowers carry the onus of proof, and these things can be subjective and difficult to prove, so people do not come forward. Patterns of bad patient outcomes and/or behaviours are where real risks to the public exist, but too often these are only visible in hindsight, when it is too late).

It should be made clear to all other staff, that a doctor is under supervision, and where/how they can contact/address their representative on the supervisory committee if they have concerns.

The same opportunity for complaint should be presented to patients. GPs in this county must display in their waiting rooms, pamphlets for patients with information about their regulatory bodies and how patients can make a complaint if they want to. Similar information should be presented to hospital patients of OTDs, and their families.

When complaints are made, decisions pertaining to the registration of the doctor at the centre of these complaints need to be handled entirely by the authorities and registration boards which are set up, and qualified to handle them. External influences such as the press, pressure groups, politicians etc, should not be allowed to influence such matters. Doctors at the centre of any complaints should not be allowed to practice until after all questions have been answered, issues are resolved, and every appropriate box has been ticked. Historically, as we have seen, allowing doctors at the centre of such allegations to continue to practise is effectively allowing the public to be put at risk. Only very rarely is there smoke without fire.

There are many wonderful doctors who have come to Australia from overseas for valid career, lifestyle, or family related reasons. However, it is also clear that some doctors who have made a mess of things professionally because of a personality disorder or problems with their training or competency are also likely to want to change countries to escape the mess they have created for themselves. Therefore, Australia does need to protect itself by carefully assessing and monitoring any new comer from overseas.

That we have not trained enough doctors in this country is a travesty. That we can take them out of the countries who have supported their training, and who in most instances need them even more than we do is morally wrong. That we now waste the precious time of the clinicians we do have on the administration of processes like these, taking them away from what they are trained, at great expense, to do, while patients wait months or years for health care defies belief.

However, supervision of overseas trained doctors must not be allowed to be undermined or diluted in any sense. Please consider the years of hoops our Australian trained doctors and physicians have to jump through to obtain registration, and membership to appropriate governing bodies such as the Medical Colleges. With good reason. It should follow that any doctor working in this county should be required to show similar proof of competency, understanding of our system, our culture, and our moral and ethical values system. This can only be achieved over time, and with appropriate supervision. But, this supervision should be shared among all facets of the health industry, and not rest entirely on the shoulders of our already over-stretched doctors. This would benefit all parties, supervisees, supervisors and most importantly, the people who should be at the forefront of everyone's minds when these decisions are being taken, your family and mine, the patients. Please do not allow minority pressure groups or disgruntled malcontents to water down due process. The overriding concern, at all times, should be to keep our community safe.