



**Recommendations to the House of Representatives standing committee on Health and Ageing-Inquiry into the Registration and accreditation processes of overseas doctors.**

**Issues of concern/reference for International Medical Graduates (IMG's)**

Date- 4/04/2011

- 1) **Urgent need for a case manager** - to address and improve the lack of coordination and communication between regulatory authorities such as AMC and AHPRA, employment authorities and the colleges causing obstruction to the training progress of the International Medical Graduates.

A dedicated case manager can look into the individual doctor's case and make recommendations taking into consideration the specific qualifications and experience of these doctors rather than subjecting all the overseas doctors to one general blanket rule irrespective of the requirements of a natural justice to a particular case .

The case managers should either be from attorney general's office or be trained by them, so that they are independent of the Board and be able to represent the legal rights of an individual doctor to remain registered with the Board based on merit and not discriminated against.

- 2) **General registration pathway for AMC** – Replacing AMC clinical examination with work place assessments for IMG's due to the prolonged waiting periods for AMC clinical examination causing delay in the progress towards specialist qualifications as well as the AMC general registration .

The doctors already serving in highly demanding positions as advanced trainees in the individual specialist training programmes should be given priority and allowed to progress towards general registration based on their work place assessments.

The work place based assessments which were already taking place in many of the employing hospitals for satisfying individual college

requirements should be retrospectively taken into account and the overseas doctors should be granted AMC general registration as long as they meet up the requirements as per the assessments.

**3) Urgent need to remove the four year policy for achieving general or specialist registration-** The competing demands from AMC, Medical Board of Australia (AHPRA) and Specialist colleges makes it nearly impossible to achieve the general or specialist registration in four years. This four year policy places them in a very vulnerable position which is being used against the overseas doctors in deregistering them or demoting them and mandating them to serve in junior roles with lesser pay scales.

The sudden change in rules and pathways as a result of the very unsmooth transition process from the State Medical Boards to National Medical Board is one of the main reasons why many overseas doctors are now in a vulnerable position where they could not achieve the AMC general or specialist registration in the four years time period.

This discrimination and exploitation of overseas doctors for cheap labour should come to an end urgently.

**4) Immediate need to remove mandatory clinical internship positions-** Many overseas doctors with overseas specialist qualifications are working in advanced training positions(registrar level and above) in various hospitals across Australia. Many of these doctors are already performing in registrar roles in those acute care specialities which address all aspects of the general medicine as well as general surgery and even paediatrics medicine (eg: anaesthesia and peri operative medicine, intensive care, emergency medicine). The mandatory clinical internship positions are specifically designed for the doctors who have freshly come out of their medical school and may also suit the overseas doctors interested in becoming a general practitioner rather than an acute care specialist.

Overseas doctors in specialist training pathways are as a matter of board policy being required to do these mandatory clinical internship

positions as a precondition to achieving general registration. These internship requirements may range from anywhere from a time period of 3 months to 12 months which is a major setback for those overseas doctors already advanced in their specialist training pathways.

Many a times the overseas doctors in specialist training would have already gained sufficient experience in Australia but at a higher level in those areas of clinical internship which are being enforced upon them. Workplace assessments also achieve the same purpose.

There is no justification or validity for the mandatory clinical internship requirements for those overseas doctors already serving as advanced trainees in acute care specialities like anaesthesia, emergency medicine and intensive care. This will neither benefit the individual doctor nor the employing department.

**5) Urgent need for legislation to control and supervise the college accreditation process of overseas specialist qualifications-** due to lack of transparency as well as marked inconsistencies and unpredictability in the assessment process and the delay due to appeal processes.

Overseas doctors who hold similar qualifications and nearly similar experience in the same speciality ended up getting different assessments without any valid explanation and it is left to the imagination of the applying candidate.

**6) Urgent need for regulation of the appeal processes** in order to bring accountability and transparency to the process of registration and accreditation.

Some of the pathways for appeal processes especially with the AMC, Medical Board of Australia, and specialist colleges need to be urgently regulated and made more transparent and effective in order to improve accountability and prevent discrimination against vulnerable overseas doctors with specialist qualifications from abroad.

For example with the appeal process for the Australia and New Zealand College of Anaesthesia (ANZCA) involves evaluation of the applicants case in the first instance by the same assessor who has placed the applicant(overseas doctor) in that vulnerable position.

**7) Appeal for Equal standing in the pathways of registration** for all the non-Australian doctors holding similar qualifications irrespective of their nationality once they meet the necessary criteria.

If a doctor from non- European nation moves to Australia after having worked in places like UK with full GMC registration for more than two years and have achieved similar qualifications to a UK graduate while employed in the UK then that particular doctor should be granted similar standing by AMC and other assessment authorities.

Some of these non-European doctors would have been granted exemption from PLAB in the UK due to their overseas experience and valid assessments by the respective specialty colleges.

Their experience in the UK and their GMC permanent registration status should be taken into account and these doctors should also be exempted from AMC examinations in Australia in a similar fashion to UK graduates.

**8) Appeal for support from Federal government in setting up a web site with discussion forums-** The website will enable direct access to overseas doctors providing them with a platform and interface with the government where they can freely raise and discuss their issues.

**(Example case which was submitted to inquiry committee)**

As an example I would like to bring to your attention an individual case of my [REDACTED] Dr [REDACTED], who is currently an advanced trainee in Anaesthetics at [REDACTED]

[REDACTED] completed her specialist qualifications in Anaesthetics and Intensive care in India in 2002 and served as a fully qualified and deemed specialist in Anaesthetics and intensive care at a highly reputed

institute called Christian Medical College in India for up to 18 months before moving to the UK.

She moved to Australia at the beginning of the year 2008 after having worked in the UK with permanent General Medical Council (GMC) Registration for more than 3 years in Anaesthetics and intensive care in a training position and also having cleared the basic examination in anaesthetics in the UK. She was exempted from the screening exam called PLAB in the UK which is similar to the AMC because of her evident experience as an overseas doctor with specialist qualifications in Anaesthetics.

Dr [REDACTED] applied to the Australia and New Zealand College of Anaesthetists (ANZCA) in 2008 for recognition of her Anaesthesia training and did not receive even partial comparability approval for specialist pathway training in anaesthetics by ANZCA .

At the same time many of her anaesthetic postgraduate colleagues from India holding similar qualifications and similar or less experience at Christian Medical College were granted partial comparability by ANZCA and allowed to progress through specialist pathway training of 2 years.

Dr [REDACTED] was not even invited for the primary interview in the first place by the ANZCA and did not receive any valid reasoning for not being interviewed either.

Subsequently she was taken out of the specialist registration pathway by Queensland Medical Board in 2009 after the ANZCA assessment report and she was asked to progress through standard registration pathway. She was asked to go through both parts of the AMC exams and complete mandatory clinical attachments (internship) of up to 47 weeks to meet the Board's requirements for standard pathway towards attaining general registration.

The ANZCA on the other hand asked her to do the basic /primary examination in anaesthetics and complete 3 years of advanced training instead of the two years of specialist training pathway.

Due to the competing demands from both the ANZCA and AMC, it has become more and more difficult for Dr [REDACTED] to progress to general registration in the given 4 years time frame which she completes in

January 2012. The main reason for that is also the inability to obtain a position for AMC clinical examination in the first half of 2011 in spite of her completing the AMC MCQ examination in 2010.

The other compounding issue is that Dr [REDACTED] has taken 6 months off as maternity leave which is also included in the 4 year time period which again seems very unfair since it makes it very difficult to balance family life.

Dr [REDACTED] was even asked to appear for PESCI (Pre-employment structured clinical interview) in Anaesthetics in 2010 after working in Anaesthetics in Australia for more than a year (which she passed with excellent grades) and recently her registration was suspended for two days and she was not allowed to work due to the lack of support documents from ANZCA about which she was informed on the day of her suspension.

The medical board of Australia recently notified Dr [REDACTED] that she will also need to complete up to 47 weeks of mandatory clinical supervised training (internship) which should include up to 28 weeks in general medicine, surgery and emergency medicine prior to applying for general registration.

The medical Board of Australia have completely overlooked the fact that Dr [REDACTED] have gained sufficient experience in the above specialities i.e general medicine, surgery and emergency medicine not only as a part of her overseas internship positions but also as a part of her training in anaesthetics and intensive care medicine of more than 10 years in India, UK as well as in Australia.

Anaesthetics and Intensive care of specialist training encompasses an advanced level of exposure and experience in the acute care management of patients in all the above three specialties i.e general medicine, general surgery and emergency medicine. It is sheer exploitation of a highly experienced doctor with advanced skills of training if Dr [REDACTED] is being asked to complete up to 47 weeks of clinical internship positions.

These mandatory clinical internship positions being enforced upon Dr Arora will not only delay her progress towards completion of her

specialist training in anaesthetics but will also lead to severe stress in her family life as she has to move into junior level job roles at reduced pay scales.

This case presentation is only an attempt to highlight the impossible situation and a very vulnerable position that an overseas doctor can be subjected to in the current system in Australia due to the inconsistency and unpredictability of the assessment process by the concerned regulatory authorities and specialist colleges.

To sum it all up, Dr [REDACTED] is an outstanding candidate with top ranks in her undergraduate as well as postgraduate careers in India. She provided excellent references from senior colleagues in the UK and India as a proof of her commitment to the anaesthetics specialty. In spite of her outstanding CV and excellent references from overseas as well as from within Australia she is currently facing enormous amount of difficulties and obstacles in the name of regulations and new rules from the concerned regulatory authorities

It will not only delay the progress of this excellent doctor towards completion of her specialist training but it is also causing huge amounts of mental stress in her personal life as she has to balance her personal life with two young children while meeting the draconian targets imposed upon her by the concerned regulatory authorities.

Kindly take a note of this individual case and make the necessary changes to the system in order to end the exploitation of overseas doctors in the name of regulations.

