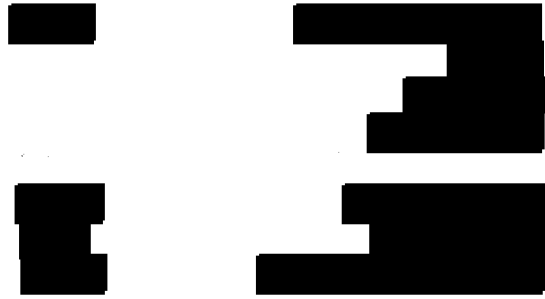


Dr Bo Jin MD, PhD



26 January 2011

THE SECRETARY OF THE COMMITTEE

Secretariat Overseas Trained Doctors Inquiry
House of Representatives Standing Committee on
Health and Ageing

PO Box 6021
Parliament House
Canberra ACT 2600

Parliamentary inquiry

Dear Secretary,

I am Dr Bo Jin. I am writing to submit my report to the committee regarding the Overseas Trained Physician Assessment through the Australian Medical Council (AMC) and the Royal Australasian College of Physicians (RACP). I firmly state here that this is a non-confidential document, which you can publish details on my name. And also, I would be ready and happy at any time to make an oral presentation to the committee if requested.

I am an Australian citizen. I have been living in Australia for more than 20 years since the May 1990.

I am also an Overseas Trained Physician (OTP). I have been straggling for the medical registration with the Australian medical system for almost 18 years since 1993/1994, which I am still unsuccessful.

I graduated from the HeBei Medical University, HeBei Province in China in 1983. I completed my physician training, as a general physician in the Beijing Friendship Hospital in 1990.

My story in Australia is awful and totally unbelievable. The details are as following:

I first contacted the AMC for the overseas trained doctor issue when I arrived in Australia in 1990. The AMC indicated that there was no shortage of the General Practitioners (GP) in Australia currently. But the AMC suggested me to contact the

National Specialist Qualification Advisory Committee (NSQAC). In 1993, the NSQAC replied a letter and advised me to contact the AMC for concerning specialist registration in Australia.

In 1995, the [REDACTED] (Federal Minister for Human Services and Health) wrote a letter to me. She further indicated *that there was a well-recognised oversupply of medical practitioners in Australia: the doctor:population ratio increased from 1:720 in the early 1970s to 1:430 in 1992, with an associated increase in health outlays but with little discernible improvement in the overall health status of Australians or the geographic distribution of the workforce.* She advised me to contact the AMC again, as the *Commonwealth government currently placed no restrictions on the numbers of overseas trained specialists entering Australia.*

In 1995, I completed the procedure of the registration with the AMC for the overseas trained physician assessment, which indicated that my overseas qualification has been recognized by the AMC. The relevant documents have been forwarded to the RACP for the further assessment.

At the same period of time as the above, I made an appointment to meet [REDACTED] at her college office. She declared that I should complete a postgraduate study and obtain a relevant degree in Australia first; otherwise I could not be eligible to apply for the OTP assessment through the college. She further explained to me that all of specialists in Australia would be asked to obtain the higher degree than the bachelor degree, which could be a new policy of the college. I had no document from her at that moment, but she left her business card to me. She suggested that I could go back to see her again in the college for the assessment after degree study. *It is clear to know now that it was totally wrong and misleading!*

I completed my PhD study in Endocrinology, in the University of Sydney and the Royal Prince of Alfred Hospital in 1999. I passed the Occupational English Test (OET) as requested by the AMC for the OTP assessment in 1999 as well.

I was back the RACP after obtaining the PhD degree in 1999. But my application for the OTP assessment was rejected by the college. I did the appeal procedure. The Appeals Committee of the RACP has finally decided that *Dr Bo Jin's OTP qualification is equivalent to the Australian trained physician; Dr Jin's PhD degree has been recognized and taken into a consideration by the RACP; Dr Jin should pass all of the FRACP examinations including the written and clinical examination; and Dr Jin should complete 24 months clinical practice at the senior registrar or junior consultant level in the teaching hospital before or after passing the FRACP examinations. Finally, Dr Bo Jin can be a physician consultant in Australia.*

The awful story of mine has started since that period of time.

As an Australian citizen, I am not allowed to obtain the medical registration. In addition, I will not be able to apply for a clinical position in the hospitals nationally without the Australian medical registration. I applied for this clinical position in all of

states of Australia for at least 3 years, but my applications were rejected because of the above reason. It was a tricky trap and Black Death circle.

Finally, I found an unpaid position as the Endo-registrar in the RPA hospital for 12 months in 2003/2004. I was so lucky to have an Australian medical registration in NSW. I also had my provider number and prescriber number. I was so confident to practice in the RPA hospital. But the head of department doubted that I have not passed the FRACP examinations. Therefore, he bureaucratically concluded that I was not equivalent to the Australian trained physician. He wrote three reports back to the RACP. He advised that I should pass the FRACP examinations and complete the clinical training. The RACP forced me to discontinue my clinical training position and focused on the FRACP examinations. The RACP has considered that these 12 months clinical training in the RPA hospital was valid.

From 2004 until now, I have no chance to practice in hospital in Australia, because the NSW medical board has rejected my application for the medical registration.

I successfully passed the FRACP clinical examination in 2006. I was eligible to sit for the FRACP clinical examination.

After passing the FRACP written examination, I sit for the 2007 and 2010 FRACP clinical examinations twice. However, I could not believe and accept the result of 2007 and 2010 FRACP clinical examinations.

I prepared for almost one year. I was confident to sit for the 2007 FRACP clinical examination in the Box Hills Hospital in Melbourne. I was shocked to meet [REDACTED] who were the college staff, at the training section in the college. Both Professors bullied me before 2007 clinical examination. They prejudged that I could not be able to pass the clinical examination because of shortage of clinical practice. They also advised me to go back the AMC for the MCQ examination. I was also surprised that both professors were my examiners for the 2007 clinical examination.

As an eligible candidate, I paid a several thousand Australian dollars for the 2007 FRACP clinical examination. *Until today, I have not yet received any result for the 2007 clinical examination. I have no any idea about my final total score now. What was that?* I was terrible shocked to only receive a feedback letter addressed by [REDACTED] which was funny, unbelievable and unacceptable. There were some serious and fetal mistakes found in this feedback letter.

I examined 2 patients for my long cases, Mr M and Mrs A. I firmly believed that I did well for these two long cases. I could not understand the reason that why I was failed the 2007 clinical examination.

At the first, I remembered that I could not complete the presentation for the first long case (Mr M), as I was forced to stop it within the normal limiting time (10 min). The examiner deliberately broke in my presentation and asked me many other questions. I

could not understand why I was criticized by [REDACTED] to omit many important components in the feedback letter.

I was also complained by [REDACTED] about my English ability during the examination. I did not think that I delayed for 30 seconds to understand the task that was given by the examiner. Actually, it was wrong that I did not take 30 second. I needed a little of time to think about my answer correctly. I emphasize that English is not my first language, but it is good enough for me to pass all examinations including the Occupational English Test and the FRACP written examination. I have been in Australian for more than 20 years; and also I have been continually working in the Australian medical system for more than 15 years including the hospital and medical centre.

I was astonished to find an unbelievable error in the feedback letter that the female patient of my second long case was replaced by a male patient. It was not my patient definitely, as the past history of this male patient was apparently different to compare with my patient in the record, such as: Mrs A, the patient of mine has diagnosed with Polymyositis for more than 19 years since the early of 1988. She denied taking any Statin treatment. Her current polymyositis did not relate to the Statin treatment. I checked with a few Australian Pharmacists for this topic issue after clinical examination that there was no Statin available on the Australian market during that period of time. It is clear enough to identify that Mrs A was female. For example: Mrs A had breast cancer with mastectomy 17 years ago in 1991; she also had a total hysterectomy without HRT 24 years ago in 1983.

I have really confused about a male patient, who could have a past history of total hysterectomy and mastectomy. Perhaps, it can only be diagnosed by Australian trained physician in Australia, who is also an examiner for the FRACP clinical examination.

I had a meeting with [REDACTED] and others after examination in the college after 2007 clinical examination. There was no clear explanation to me from the college until today. Finally, my solicitor wrote a letter to the college. [REDACTED] replied with a personal letter to my solicitor dated 31 July 2008. As the Chief Executive Officer in response to my correspondence, she stated that *“Dr Jin had examined two male patients in the long cases. You will note that the enclosed correspondence includes feedback from the examiners regarding each patient that he saw during the 2008 clinical examination”*. [REDACTED] further noticed that *“I would be happy to arrange an informal meeting to discuss his (Dr Jin) best options for moving forward with Specialist Registration in Australia.”*

[REDACTED] arranged me for a meeting at her office. However, she could not trust my English ability and requested me to bring an interpreter with me for the meeting; even she apologized for this mistake for many times at the meeting later. She told my wife and me that my story was awful and the feedback letter and the mistakes were totally unacceptable. She promised me that she would take her care on my case and return the college decision to me as soon as possible. However, I did not hear anything from her. Until a few months later, she left the college without any notice.

I received a letter from [REDACTED] dated 24 Feb 2009, who took over [REDACTED] position. He avoided this important question and did not make any explanation to me, but he advised me to go back the AMC for the MCQ examination.

Honestly, I tried to take a legal action to against the college in 2008-2009. I never ever want to fight with the college. I just want to get an explanation for the feedback letter and to get my final result. I spent more than \$15,000 to look for the legal advice from the 2 famous barristers. They advised me to give it up, as it could cost fortune. [REDACTED], a solicitor from the college also advised me to do so.

I cannot trust some of college staffs, who are real coward. They have no courage to face the error that they made. They can ignore their error or blind on their fetal mistake, but they nitpick from me and from all other OTPs. They are real nitpickers because of prejudice and discrimination. It is totally unbelievable and unacceptable.

A few months ago, I sit for the **2010** FRACP clinical examination because of a letter that sent from the college, which I was asked to take this examination. I was also noticed that it could be the last time for me because of **5** years policy. Furthermore, I was warned by the college that I would not be able to take any more clinical examination without current medical registration in future. I had a meeting as usual before the examination at the college. [REDACTED] a college staff to charge the OTP unit, came to see me. He asked me why I would rather select the college examination than the AMC examination. He wanted me to return back the AMC examination.

I resigned my job and prepare in full time for the examination, even I went to overseas and to practice in the American hospital. I felt much better and confident for the **2010** clinical examination. I did well, particular in the long cases. I completed presentation on time and examined my patient properly. I knew that the examiners were satisfactory about my presentations, as I found that they recorded the details of my presentation in a few pages. One of the examiners told me that he would ask me a few questions in order to add on my total score. However, I could not believe that my total score of the **2010** clinical examination was too low to be trusted. I got an email only and have not received a feedback letter today. I was invited to the college for the meeting and told that I could have the feedback letter after the meeting.

I found again that [REDACTED] were my examiners at the examination room for the **2010** clinical examination.

Regarding the FRACP clinical exam, I conclude that it is unfair to me totally. I believe now that I have been discriminated by some of the college staffs, even they never admitted it.

Firstly, basic on the unknown reason, these staffs completely refuse to know me as an OTP who can match to the Australian trained physicians. They have a little known about China, where they have never been. They ignore the fact that I have already completed the physician training and passed all of the relevant examinations in China. They have deep prejudice and harbor a great grudge against all OTP's including me naturally. Therefore, they have lost their psychological balance and the basic human

kindness. They never image and allow that the OTP will take the positions, which only set for the Australian trained physicians.

Secondly, it is well known that I am not allowed to obtain the Australian medical registration and to practice in Australia. But I am asked by the college to pass all of the FRACP examinations and to practice in Australia.

Logically, my clinical results must be failed because of the above reasons. No matter how hard I study and work and no matter what my true result will be. My final destination will only go back the AMC.

I have no doubt that I am competent to be an Endocrinologist in Australia. I have no trouble with my medical knowledge and clinical skills. The only problem for me is that my presentation is not perfect, which provides a chance for the nitpickers unfortunately.

In my summary:

The Australian's overseas trained doctor assessment and registration system are racially discriminatory, unfair, unreasonable and unlawful.

The RACP looks like a richman's club and the Nazi Third Reich, but it plays a very important role in the Australian medical system. In my case, the RACP is unwilling to know me as an OTP. It set up many barriers for me to pass, such as PhD degree, OTP assessment, FRACP examinations and clinical practice in Australia.

The key points in my report are:

- The Australian trained physicians have a wonderful chance to continually practice in the hospitals in Australia. However, as an Australian citizen, I have no right and chance to practice in Australia for many years. But I am asked to pass the most difficult medical examination in Australia, which is as the same level for Australian trained physician as for me to pass. It is totally unfair.
- The RACP is clear to realize that the clinical examination is my final barrier to cross. Therefore, the RACP is unwilling to let me to pass this examination. The examiners bullied me first and then asked me to give up before the examination. The examiners also set up the difficult time for me during the examination including cutting down my presentation time, breaking in my presentation and complaining about my English ability. In the last, in order to fail my examination, the college refused to provide me with the result, even my female patient was replaced by a male patient in the feedback letter. The RACP denied all of these bad behaviors until now. It is so pity.
- The Medical Board should be accused for the bureaucracy. It is suspected as an accomplice. The RACP asked me to practice and pass the clinical examination, but the Medical Board refused to provide me with the medical registration. Both the RACP and the Medical Board are the same trouble makers for the OTPs.

- It has been more than 15 years since I first contacted the FRAP in 1994/1995. It is well-known, in Australia, that it only takes less than 15 years for an Australian medical student to become a physician consultant. The time is longer enough for me!

I am 55 years old this year. I have been living in Australia for more than 20 years. As an Australian citizen and medical doctor, I have no right to practice in my country because of discrimination and prejudice. Is that correct? My human right is abused.

I admit that I am not always right and perfect. I need to update my medical knowledge and clinical skills. It is why that I come to Australia.

I admit as well that the program of physician training in Australia is wonderful, but it is not the tool for someone to discriminate other Australians.

In fact, it is well-known as well that there is significant shortage of Endocrinologists in Australia, particularly in the country regions national wide. Recently, I went to the Wagga Wagga base hospital and the Cootamundra Medical Centre with my wife, who had a GP training position there. The medical staff advised me to stay there as an Endocrinologist. It was because that there was no Endocrinologist in this region. It was not a long time ago; I sit for the 2010 FRACP clinical examination in the Launceston general hospital. I was told by local medical staff that there was no any Endocrinologist on duty in this hospital. They wished that I could pass the 2010 FRACP clinical examination and be there as an Endocrinologist.

In my dream, I am willing to be an Endocrinologist in the country area, as I am a medical doctor. I should serve my patient in my own country, which is Australia.

I am so poor that I cannot take further legal action to against the RACP. However, I trust the Australians. I believe that the above story of mine will be good enough for the Parliamentary Inquiry.

Thank you for your time to listen to my story. I am looking forward to getting you help and support.

All best regards

Jinbo

Bo Jin