

My recommendations:

1. Introduction of the transparency and accountability to the work and functioning of the registering bodies, including medical Colleges and Medical Boards. Establishment of the parliamentary commission, which would conduct regular reviews of their work, especially when it comes to areas of need and grievances of OTDs. At the moment OTDs are practically defenceless without an effective avenue of redress. Concentration of the limitless power in one hands invariably leads to totalitarian abuse of this power.
2. Conduct of an independent, parliamentary controlled enquiry, similar to an epidemiological survey, into a distribution and supply of doctors versus density of population. The problem of the shortage of the service providers relative to the density of the population could be regarded as an epidemiological problem. Its resolution should be attempted by the epidemiological means. The conduct of such a survey should be taken out of hands of those, interested in maintaining a status quo. The AMWAC disaster should not be repeated.
3. Recruitment of OTDs to the areas of need with the clear understanding (we all need stability in our lives) – that after, say, 3-5 years of work in these areas this person will be permanently registered, provided that the peer support and community references are satisfying. Those who wish to sit

College Fellowship exams could do so of their own free will but it should not determine their and their families' future in Australia.

4. Reduction of the dependence on the Medical Colleges in qualifying matters, giving more authority to doctors in the field, introducing a period of, say, 3 years, personal (or a group) **rotating clinical apprenticeship**, including supervision, assessment and mentorship. To reduce the possibility of the conflict of interest on the part of a mentor, an obligatory inter-practice rotation should be introduced. It will solve doctors' shortage and at the same time would provide on the job training as well as the peer scrutiny for an OTD. The examination procedure used now to assess an OTD's knowledge is traumatic, damaging and, in the end, ineffective. Even after the passing majority of OTDs are reverting to the techniques they have learned in their clinical infancy. The substitution of examinations by clinical apprenticeships will reduce the overblown expenditure budget spent on useless bureaucrats and remove the expense, torment and trauma OTDs and their families are experiencing, while forced to go through the unreasonably harsh examinations. Would any Australian-trained doctor pass these exams after many years of practice? I dare say not likely. Personalised rotating clinical apprenticeship with the mentor/s at the coal face would be much more effective than any examination could ever be. It will provide the necessary quality and standards control, be more personalised, more flexible and attuned to the

apprentices' needs, as well as more responsive to the needs of a community an OTD is serving. Additionally, this apprenticeship model will remove inconsistency, chaos and ad hoc-ish character of the standards maintenance and control, where some immigrant doctors are required to sit a qualifying exam and some are not.

5. Decrease the now required levels of IELTS from Level 7 to Level 6 – this is perfectly adequate for the purpose of work, because in practice of medicine we are not expecting literary giants. At the moment doctors, who studied in English can not get registered and drive taxis because they are short of half a point.
6. Introduction of an amended legislation, giving an OTD right to be permanently registered in Australia after a period of temporary clinical apprenticeship registration of 3-5years, spent in the areas of need.