



**Federal Parliamentary Inquiry into Registration Processes and Support for
Overseas Trained Doctors**

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SUMMARY OF A CASE STUDY

- a. **Purpose:** This account identifies administrative gaps and deficiencies in the process of Specialist recognition of OTD's with lack of accountability and other irregular administrative practices that had been personally experienced by an OTD.

b. Introduction:

The following is my understanding and experience of the processes.

In Australia, an Overseas Trained Doctor (OTD) is defined - after the mid 1990s amendments to the Health Insurance Act 1973 - as a person who has medically qualified from a country other than Australia and New Zealand.

Generally, if an OTD who comes to Australia and desires to be registered as a non specialist doctor, he/she is required to pass the Australian Medical Council (AMC) Examination before General Registration is granted – and only after a further period of satisfactory supervised work as a post registration junior doctor in an “approved” hospital. During the interim period, the OTD is granted limited registration with conditions

– usually onerous ones – purportedly to “maintain high standards.” During this time, the OTD works to pass theoretical basic knowledge examinations and later, clinical examinations. These examinations are not applied to Australian-NZ graduates but only OTDs. **The ‘rules’ have seen some frequent discretionary policy changes over the past years and continue to evolve. (TERMS OF REFERENCE 1)**

After appointment to an Australian post, an OTD who wishes to commence work as a specialist may be first interviewed face to face by the respective college delegates, and, if deemed suitable, allowed to practise “under supervision” in a peer review practice situation under a limited registration ticket. These have to be “prospective approved” by the college before commencement. This generally applies to ALL specialists including senior and distinguished doctors. **The peer review period is ordinarily for one year with fixed structured evaluations at 3 mo, 6 mo and 12 mo (generally) though discretionary assessments can be applied at any time (though this is ordinarily not documented in any formal agreement with the college). (TERMS OF REFERENCE 1)**

Both these processes are ‘managed’ by the AMC which often relies on “bottom-line” type recommendations by their ‘approved’ ‘subcontractors’ – i.e. the Australian colleges. It appears that past State Medical Boards had varying requirements and discretionary ‘rules’ governing limited registrants whether they are generalists or specialists whilst under Australian evaluation. Some of these may be linked to visas granted by the Australian Government.

For specialists with overseas qualifications, assessment via Peer Review is by the AMC, ‘subcontracted’ to the relevant Australian college. (TERMS OF REFERENCE 1)

Further, it also appears that a college has the discretionary power to recommend conditions to be placed on the registrant's registration at any time and also recommend termination of registration (without citing any reasons). (TERMS OF REFERENCE 1)

c. Case Study Details

1. The author (OTD) was recruited from a UK centre of excellence in April 2003 and took up the position in October 2003 as a Consultant Medical Oncologist in Ballarat, Victoria. The Peer Review Practice commenced at that time with Limited Professional Registration with the Medical Board of Victoria.
2. There were no criticisms of the OTD's expertise, clinical and communication skills whatsoever during the first two assessments - which were near perfect.
3. The Peer Review period was completed after 12 months and the final assessment was considered "unsatisfactory" on account of alleged "poor communication skills."
4. The RACP made a decision in Feb 2005 which imposed further conditions of an extended Peer Review practice period in a "Metropolitan Teaching hospital."
5. A second period of 6 months peer review was commenced from Aug 2005 – end Jan 2006 in Adelaide.
6. In Jan 2006, automatic deregistration by the Medical Board of South Australia took place because the registration was limited for the sole purposes of Peer Review.

7. A decision by the RACP was made in March 2006 for recognition of overseas specialist qualifications but with caveats.
8. The OTD was unemployed until he was appointed to a 0.75 FTE position in NSW Health (NCAHS – North Coast Area Health Service) in end May 2006.
9. In July 2006, the caveats were removed on second appeal made by the OTD.
10. On 15 Aug 2006, the OTD was stood down by the NCAHS on inconsistent pay with allegations which were never proven.
11. In Oct 2006, the OTD did not renew his professional registration as his 457 (Business) Visa had been revoked for NSW with his being appointed to a locum position in Queensland in Oct 2006 – an application which he had made several weeks before the OTD was stood down.
12. Because of the NSW situation, the OTD's interim credentialing with the Queensland Health hospital could not continue.
13. When the OTD's NSW employer discovered that he was not registered (though potentially reinstatable) his position was terminated and the file passed on as a "complaint" to the NSW Medical Board.
14. No disciplinary action or statutory inquiry was held for this complaint.
15. A Certificate of Good Standing was refused despite no disciplinary action being taken.
16. An application to the Industrial Commission was made for unfair dismissal by the OTD.
17. The OTD remained unemployed from Nov 2006 till he obtained an overseas appointment in May 2007.

18. During this time the OTD and his family had to reapply for tourist visas whilst his spouse applied for a student position after having decided to enrol herself at university.
19. In 2008, the OTD returned at his own expense to give evidence before the Garling Inquiry.
20. In March 2009, the OTD successfully applied for reinstatement of his General Registration in Western Australia, which he obtained in 1981 as a young doctor on a working holiday.
21. In April 2009, all the negative allegations made against the OTD at the NSW Medical Board were rescinded.
22. Only after this, the OTD could formally state for the first time in job applications that no adverse findings had been made against him by any regulatory body.
23. The OTD immediately applied for a locum position in the UK and was appointed in May 2009.
24. In Jan 2010, the OTD returned to Australia to join his family as his wife had decided to apply for a skilled occupation permanent residence visa.
25. The OTD commenced applying for positions all over Australia (except NSW) but was repeatedly unsuccessful.
26. The OTD then moved overseas again to take up a locum position in Nov 2010. The author's family remains in Australia and the family has again had to endure a forced separation because of the processes experienced by the OTD.
27. Despite the OTD having cleared his name of all allegations made he has not been able to obtain any appointment in Australia.