

To: House Standing Committee on Health and Ageing



Re: Inquiry into Registration Processes and Support for Overseas Trained Doctors

Supp. Submission No. 66.1 (Overseas Trained Doctors) Date: 16/08/2011
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Dear Committee Members,

I would like to give you my personal views and experience with the assessment process of overseas trained doctors. There are a few points I would like to get across. I will first make these points and then explain in more detail and give you a rundown of my case.

1. In my opinion the assessment process of overseas trained doctors as it is conducted by the Royal College of Surgeons (RACS) and the orthopaedic specialty board largely influenced by the Australian Orthopaedic Association (AOA) in particular, is designed to serve two purposes.
 - a. the actual assessment of training and experience of overseas doctors
 - b. to keep as many overseas trained doctors as possible out of the country, especially well experienced middle aged doctors.
2. The Australian Health System heavily relies on overseas trained doctors especially in rural regions. Middle aged experienced doctors from countries with comparable high standard of health care are the most suitable candidates for these often somewhat isolated positions. The current assessment process keeps these doctors systematically and very effectively out of the country, disadvantaging rural populations of Australia.
3. The current shortage of doctors is anticipated to be a transitional problem creating an immediate problem of undersupply for the Australian public and a window of opportunity for overseas trained doctors. If this situation is not managed properly then an oversupply of doctors and disadvantage of young Australian trained doctors will be the consequence.
4. Due to various changes to national registration and area of need programs a loss of already practicing doctors is imminent requiring quick sensible action. An appropriate review of practice and standard of care delivered by these doctors while practising in Australia should be conducted. If this review shows that expected standards are met then continuing registration and unrestricted integration into the Australian workforce and community would be only fair to call for.
5. Further recruitment of overseas doctors should target experienced doctors with a documented track record in countries with equivalent standard of health care in an age group that will be near retirement when the new generation of Australian trained doctors become available. (about 2025 is estimated) Impediments like making experienced doctors sit an exam designed for registrars should be replaced by performance assessment. This could be either a period of attachment to a centre of excellence in Australia as a fellow, or performance assessment in the actual job recruited to, as a period of oversight or probationary period.
6. Recruitment and/or retention of the above described doctors will only be possible if the medical profession and their professional organizations are willing to give them a fair go and an assessment as equal colleagues. Some professional organizations still need to be

convinced that there is actually a need for more doctors in their specialty. I believe that if the Government succeeds in reassuring the profession that it intends to recruit only a limited number of doctors to cover the "gap period" then more flexible ways of assessment can be agreed upon enabling the truly most suitable doctors to come to this country.

My experience with recruitment as an overseas trained doctor to Australia starts in 2004. I came to Sydney to participate in a congress. I took the opportunity to enquire about the internationally advertised position as orthopaedic surgeon in Bega. At this point I was a consultant orthopaedic surgeon in Boston, England. I held a secure position for life, working in the NHS and private. I gained my orthopaedic specialist qualification in Germany in January 2000. I moved to England after finishing a work contract in UAE. In 2001 I started working for a locum agency in England at senior registrar level. The agency sent me twice to the same hospital in Boston. The second time around I was approached by my consultant colleagues if I would like to pick up a vacant consultant position at their hospital. My colleagues were impressed by my work and thought I would fit well in their team. I was first offered a locum consultant post. After a few months the post was advertised and I was expected to get a permanent post. Due to European laws locum positions can be filled by any doctor holding the appropriate European qualification. However permanent posts require an interview and approval of the relevant Royal College. The Colleges in England are independent like the Colleges in Australia. They are not bound to European law in their decision making. In my case the College of Surgeons pointed out some differences in the German and English training systems and requested for me to verify my skills in a centre of excellence in a 3 month fellowship. I went to Oxford for this fellowship. My work was again much appreciated and I received a top reference. During this time the hospital in Boston continued to pay my consultant salary and conducted a second interview upon my return. This time I was appointed with full recognition of my German qualifications by the British Royal College of surgeons. When I came to Australia I had worked in this consultant position for four years including training of registrars for the College of Surgeons and being appointed audit coordinator for the orthopaedic department.

I enquired about the post as orthopaedic surgeon in Bega in 2004. I was interviewed and informed by a senior administrator of Southern Area Health Service of NSW. My previous work experience and special interest in joint replacement surgery made me an ideal candidate for the proposed position. In fact this estimation of judgement was confirmed during the six years I worked in Bega. I received full support by local colleagues, my employing health service, the entire medical profession of this region and large numbers of the public when my registration was under threat earlier this year.

In 2004 my employer had previous recent experience with recruitment of overseas trained consultant surgeons of similar back ground. In these cases an Area of Need (AON) registration was supported by RACS. After a successful period of oversight Fellowship resulting in full registration was granted without these consultants being asked to sit a full registrar exam. My assessment and recognition was anticipated to follow the same process. Little did I and my employer know that RACS and its 9 different surgical subspecialties and their specialty boards have very different views in assessing overseas surgeons of the same country background. These differences only became evident in contradictions in statements made in writing, oral, or to local media by various representatives of RACS and AOA. In recent times it has even gone so far that the AOA is openly

discussing a split from RACS largely based on difference of opinion in assessment of overseas trained surgeons.

In 2005 RACS assessed me through a paper based assessment including references, logbooks, Audits, consultant appraisal by department head in Boston, and degrees and qualifications from Germany. I was judged suitably experienced to fill the AON position as orthopaedic surgeon in Bega. This letter did not mention that a later interview with RACS could lead to a request for me to sit any exam. Neither my employer nor I anticipated this kind of request. Based on this letter I resigned from my secure post in England and the Health Service offered me a fee for service contract. This contract requires me to maintain my own surgery. This is necessary for consultations, management of consulting services in three locations and operating services in five local hospitals, as well as correspondence with other doctors and patients. I had to buy this business at depreciated value of all fixtures and fit out and maintain it including rent, insurances and staff. This was vital for a smooth effective running of my services. Bega hospital has no out patients department or secretarial/management services available to support and coordinate my consulting and operating service. My contract and nature of my work and workload never took into account that I may require extensive time off to prepare for a major exam. This was not expected from previous experience, nor would it make any sense allowing a doctor to start practicing if there were any doubts about his qualification.

I arrived in Bega in early August 2005 and started working later that month. There have been no problems of integration into the Australian Health System or local Health Service. I have essentially worked alongside my local colleagues as an equal independent consultant from day one. Oversight was done for the NSW Medical Board by my local orthopaedic colleague. The nature of this oversight is retrospective. It is done for a given time period, initially monthly later in six month intervals. The year 2006 became my oversight period with RACS. Oversight was done by my local orthopaedic colleague and a colleague from Canberra. This oversight was agreed upon by the College in June that year and backdated to January! The retrospective nature of this oversight can't be more evident than this. All reports to College and Medical Board have been very positive indicating a high standard of care. In recent times RACS and AOA representatives have made comments to local media that I have only worked as a supervised surgeon and not as an independent consultant. These comments don't reflect the truth and are intentionally unfair.

I would like to make the point here that it is possible to recruit overseas trained doctors to this country who are able to fit in smoothly requiring very little support and are able to provide a quality service without delay shortly after arrival. I am a prime example for that, with regard to supplying the needed medical professional service and so is my family with regard to integration into the local community and an honest desire to make a long term contribution to this rural community. My wife works as a Reiki Therapist providing most of her services as a volunteer in the Oncology department of Bega hospital. My daughters have settled into the local schools and community. We have bought land and build a house designed to be energy efficient and sustainable in the long term, making up front investment in technologies that will only make financial sense over a long time period.

Certain professional bodies are afraid to set precedence in recognizing my foreign qualification as they fear too many others would follow. That is why they put up impediments to turn people away. No sensible person would leave a secure post in a first world country in the middle of his professional career, in order to put his career on the line in Australia having to pass a major exam.

Medicine is a highly competitive profession in most developed countries. There are quite a number of countries who protect their own professionals by asking foreigners to pass major exams creating a barrier. However there is no shortage of these professionals in these countries creating suffering of the population. This is different in Australia today. Apparently there has been a time of true or perceived oversupply of doctors. Current laws and assessment procedures were made during this time of oversupply to protect the Australian medical profession. They need to be reviewed. This is in the interest of the public! Undersupply of health services create suffering and inferior outcomes for the population affected. In many rural areas the infrastructure is there, but the manpower is not. However I cannot stress it too much, Government will only get the profession to change their ways if it is made clear to them and interested foreign doctors that this is an interim period of need, leading to a limited number of doctors allowed into Australia with an appropriate back ground and certain age preventing an oversupply in the future.

The following is part of a PowerPoint presentation given at a public meeting in June this year. During this meeting I was supported by both local members for Bega and the CEO of the regional health service. This support is only possible as these politicians and administrator have experienced the full support of local hospitals, doctors, allied health professionals and patients to my case. The presentation intended to highlight contradictory and misleading statements. More importantly it shows that the assessors who claim to safeguard standards are not actually interested in demonstrated standards, and use their quest of maintaining standards as a camouflage to keep well performing foreign doctors out of this country!

Chronological order of events and related facts

1. **Local advice in 2004 - no exam needed to have surgical qualification recognized in form of Fellowship of RACS. However a period of oversight of up to 2 years is to be expected.**
 - No written document available of this verbal advice by a senior administrator of Southern Area Health Service. However there is a position statement by the same administrator in January 2006 advising the CEO which pointed out an inconsistency to previous recent recruitment experience with RACS leading to Fellowship without the requirement to sit a fellowship exam.

2. **Advice from RACS in July 2005: " you are suitably experienced to undertake the requirements of the Area of Need position in Bega (Orthopaedic Surgeon)**
 - No information given that an exam may be required to obtain full recognition of my qualification. I am advised that I will have to attend an interview. This is the only

letter I received from the college after my application, before resigning from my position in England.

3. Potential necessity of need to sit the exam is first mentioned in October 2005 in an invitation to attend an interview

- The College had no additional information in October than what they had in July. Yet in a letter in 2009 they state that the recommendation for me to present for this exam was made in October, before I went to the interview in November.
- Why did the College withhold the request for me to sit an exam until I actually moved to Australia?

4. Assessment is finalised in December 2005 requesting to sit the exam.

- No reasons given on what ground the College found me to be partially comparable and why I should sit the exam in question. Furthermore I was not informed that an appeal process (of their decision) was available nor that this appeal application for submission had a time limit of 3 month.

5. Representation by CEO of GSAHS on my behalf asking why the college makes a decision which is out of step with previous experience in similar cases (my case not being a precedence)

- "Our past experience with general surgeons of comparable background is that while a conservative approach is taken, consideration is generally given to the award of Fellowship after a period of satisfactory oversight. The approach taken by the Orthopaedics Interview Panel appears inconsistent with this and unduly harsh. I ask that this recommendation from the assessment be reviewed

6. Alternative options are available at discretion of the College (not having to sit the exam)

- "The college has assessed Dr Ahrens through a paper based and an interview format, and due to the nature of his overseas based experience, has recommended that he present for the Fellowship Examination. This decision will remain unaltered unless the assessment under oversight clearly identifies reasons to revise this

recommendation. Alternative recommendations in relation to Fellowship are acceptable, but entirely at the College's discretion. The viability of this can be assessed and reviewed at a more appropriate time" (Censor in Chief)

- At this point in time I had two options:
 - Plan A: try to obtain fellowship by satisfying the College
 - Plan B: continue working in Bega as long as the position is awarded AoN status. (AoN certificates were issued for 5 year intervals)

7. Satisfactory completion of oversight in February 2007, however need to sit the exam again requested

- (Original text AOA): reports are certainly very satisfactory.
- Supervisor A: Dr Ahrens is carrying out a safe orthopaedic practice of a standard befitting a Fellow of the Royal Australasian College of Surgeons
- Supervisor B: extremely proficient in joint replacement surgery, a safe and confident trauma surgeon who knows his limitations. He is safe, confident and dependable.

8. May 2007 possibility to revisit the matter at some time in the future

- Fax to supervisor B who repeated in a phone call that I am a safe and sensible Orthopaedic Surgeon. Fax defers the matter to the future

9. June 2007 asking for a definitive time frame and way forward as it was proposed in the response to the CEO of GSAHS in May 2006

10. Response naming Article 21 as the option in question

- Article 21 allows for fellowship without sitting an exam. It applies for surgeons who are judged fully comparable, or for individual surgeons who perform in a certain field above the standards of an Australian trained surgeon. This must be in the public interest and/or in the interest of the profession

11. March 2008 letter advising me of a change of goal posts in removing "Plan B" (removal of the option to continue to work in Bega as long as it remains an area of need)

- Policy was changed in October 2006, but I was only notified of this change in March 2008

12. In November 2008 I presented to the AOA research meeting in Canberra what I wanted to utilise for my reassessment under Article 21

- Conversation with president of AOA if the presented material could suffice for article 21. He wasn't sure about that.
- However just recently the College had granted an overseas trained orthopaedic surgeon fellowship on what they called assessment according to current practice. This represented a change in policy and was taken without the consent of the AOA. I asked for how long I would have to practice in Australia before I could approach the College with this request. 5 years was thought to be appropriate.

13. In October 2009 I lodged a reassessment with the College requesting to be assessed according to current practice. This included detailed documentation of my work and 24 letters of reference/support.

- During that year a fierce controversy developed between the College and AOA about the assessment of overseas trained doctors which resulted in a motion of the AOA to put it to their members if they want to split from the College.

14. After 2 further interviews the College advised me in October 2010 that they still want me to sit the exam and that I will have to leave Bega for at least 6 months and up to 24 months of further supervision. They acknowledged that I have worked at consultant/specialist level in own region (Bega).

- The reassessment and both interviews again focussed on my training program in Germany and the Exit exam I passed in Germany. The interview panel of both interviews only reluctantly listened to my evidence of current practice in Bega. It appears that they completely disregarded the 24 letters of reference and support that I submitted with my application.

15. thoughts and reflections

- Why wasn't I told up front in England that the College intended for me to sit the exam? This decision was taken in October 2005 before my interview in November and should have been voiced when notifying me in July 2005 before I came to Bega.
- Why does the College deny evidence of statement made by Censor in Chief of May 2006. September 2010: "The IMG Department cannot find any evidence by Prof Davidson that you would obtain Fellowship by any other means other than by sitting the Fellowship Examination" (please see point 6)
- A policy change in October 2006 is only revealed in March 2008. New introduction of a validity period for an assessment. Before this change it would have been possible in principal to continue in an area of need as long as the position remains AON.

- The fact is that I am caught in a dispute between College and AOA. This is shown in the contradiction arising from the comments made by a College representative to this parliamentary inquiry and the statement of an AOA representative to the local ABC radio that - what was mentioned to the inquiry doesn't actually exist - !!!
Statement to parliamentary inquiry: "We also have a provision in our assessment for what we call a restricted scope of practice fellowship where you may have let us say a 50 year old surgeon who comes in who has been practicing. There might be two examples. One might be Another one might be an orthopaedic surgeon. They are not practicing in areas outside those areas, but if it is deemed that they are well trained, performing well and it is in the public interest, they can achieve fellowship through a restricted scope of practice. That is allowed for in our processes"
Interpretation of this statement by College and AOA:
 - AOA representative Dr Greg Witherow on ABC radio: These arrangements do not exist.
 - Dr Quin, RACS to Bega News: A surgeon would need to demonstrate standards above an Australian trained surgeon to qualify:
 - Dr. Edwards, RACS on ABC: a surgeon would have to practice in a very narrow field like spine only to qualify

Is this how you understood the statement when it was made in front of this committee? Do the above interpretations reflect the intent of this statement?

- Further comments were made by RACS members who obviously were not orthopaedic surgeons and had no knowledge about the particular ways how the orthopaedic specialty board judges foreign surgeons, or what the orthopaedic exit exam involves.
 - "Judgement of fully comparable (Article 21) is frequently used"
This is certainly not the case in orthopaedics
 - "The exit exam is a test of clinical judgement and decision making. Knowledge is tested earlier on in it's various components of the training program and is not part of the exit exam"
Again this is not the case in orthopaedics where detailed basic Anatomy and Histology forms part of the exam as well as detailed knowledge of recent journal publications in all subspecialties of orthopaedics.

I am looking forward to meeting you on Tuesday 16th August and will be happy to answer any questions you may have about the above.

Christoph Ahrens

Bega, in August 2011