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AUSTRALIA

4 February 2011

Dear Secretary,

RE: Submission to the Parliamentary Committee Inquiry into Registration Processes and Support for Overseas Trained Doctors

Alecto Australia is a specialist medical recruitment company supporting doctors from the UK, US, Canada and NZ to find General Practice jobs and specialist medical jobs across Australia. On a daily basis Alecto Australia coordinates the registration process for individual overseas trained doctors.

As recruiters we have a unique understanding of the perspectives of individual doctors applying to work in Australia. We gain perspectives of the personal challenges they face as they try to navigate the system of medical registration in Australia. We are conscious of the fact that much of the commentary on medical workforce issues is provided by agencies focussed on policy development and the overall workforce shortages around Australia. This perspective is vital, but this Parliamentary Inquiry provides an opportunity to focus on the perspective of the OTD coming to Australia. Although we also participate in the various policy debates on behalf of many of our clients, this submission is focussed on the perspective of OTDs we encounter in our day-to-day work.

INTRODUCTION

Becoming registered as a doctor in Australia is a very lengthy and difficult process. We understand that it is necessary to have stringent quality checks to ensure the safety and health of the Australian community. Our doctors understand that too and don't expect to be allowed to practise without proving their competency and a clear record of medical practice. As a European doctor said in an email this week: *"I understand that Australia wants some kind of strict control on who is allowed to come and who is rejected."*

At the same time, there is no doubt that the perception of Australia as a destination for doctors from overseas is that it is almost impossible to gain entry and the requirements are so bureaucratic that it is almost impossible to get in without an enormous amount of effort.

As we are a relatively small recruitment company, we deal with a small number of candidates, but we have a great deal of personal contact. The following messages were part of communications from prospective candidates over the *past ten days*:

"I have been thinking about coming to Australia for years, but when I heard about the paperwork I decided my time would be better spent on doing professional development in my field of speciality"
(Psychiatrist practising NZ for the past 11 years with multiple Fellowships in Australasia, UK and Asia)

"The application process appears like an endless road..... Sometimes I think all the paperwork is among the greatest barriers, refraining [sic] applicants from trying to get to Australia." (German Anaesthetist who works in a major University teaching hospital assisting with heart and liver transplants)

"I started applying to come to Australia a few years ago but gave up because it got too complicated". (UK Physician)

"I have applied for literally hundreds of positions in the last few months to get supervised experience so I can practice in Australia. Most hospitals don't respond or they send me a form email. I just wrote to my parents who are both doctors at home and told them my wife and I will probably need to come back home because it is impossible." (A young South American doctor who passed his AMC Part 1 ranked 6th out of 390 candidates.)

I just looked at the requirements for the Certificates of Good Standing and it is going to be really difficult because I have been volunteering in a number of developing countries in the past few years. I don't know how I will be able to fulfil the requirements. Do you think I should just give up? [on Australia]. (A German trained Physician who is interested in a vacancy in remote South Australia working in indigenous communities)

I am so frustrated with the process that I wish I had never applied. If I could get a refund for the money I have spent on trying to get registered, I would withdraw my application. (A fully qualified Irish GP waiting to start a job in a District of Workforce Shortage)

We were working with an excellent Physician from Holland but we gave up half way through the application process because it just got too hard. (Hospital Manager in rural Queensland)

We have also included a detailed letter (attached) from an Irish GP who wrote to us recently expressing her frustration. A week later, none of the issues had progressed. We have not included her name and contact details in this submission but can provide these to members of the committee as required. This doctor may also be willing to share her experience at a hearing.

Subsequent to receiving the attached letter, we received the following email communication (which has been modified to protect the identity of individuals and practices):

"Honestly the whole experience is driving me around the twist. I can not continue waiting like this and then having to still apply and wait to hear whether Medicare grants me a 19Ab exemption for PC. When I initially contacted you I mentioned that there were two other job possibilities for me(mental health job and academia) but that I wouldn't be pursuing anything other than what you came up with, but I got a real fright when the DWS status was taken from PC so I started exploring those avenues again and have signed a contract for a less complicated offer which allows me to start very soon. I cannot stress enough that this was not intentional but I was so demoralised when I realized that something like that could happen with DWS status changing and I felt I had to see if there were other options since nothing is written in stone for me to definitely be able to work in PC.

I am very sorry that I am not going to be in a position to proceed further and take a position in this clinic. I was looking forward to it so much and wish things could have worked out differently. I am also sorry that you and your colleagues have invested time in trying to secure this job for me and again I did not intend to take an alternative but I have to remember that a bird in the hand is worth two in the bush, so to speak.

This situation represents an example of how the complexity of the system can scare off some of the most highly qualified candidates. There are numerous other examples, but many of the affected doctors are not willing to make the details of their situation public.

The implications for the medical practice are significant and have both financial and non-financial outcomes can be affected. The owner of the practice is also more than happy to provide specific experiences in relation to this doctor and others. We are able to supply contact details as required to the Committee.

RESPONSE TO TERMS OF REFERENCE NO.1

1) Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand colleges' assessment processes, appeal mechanisms could be clarified, and the community better understand and accept registration decisions;

We therefore welcome the opportunity to highlight a number of issues in response to the terms of reference which are clearly designed to address the kinds of issues we have highlighted above. Due to time constraints we have only responded to Terms of Reference No 1.

A CONFUSING ARRAY OF DISCONNECTED REQUIREMENTS

Typically there are about 10-14 steps involved in gaining registration as a specialist in Australia – regardless of the qualifications of the applicant. The steps are not sequential and yet it is important to take each step in the correct order. There is no central point of contact where a doctor can get information about the totality of the application pathways including the AMC, the Specialists Colleges, AHPRA and Medicare. It is almost impossible to get information about the requirements from individual agencies, let alone gain an overview of the entire process in order to know how to follow each step.

The processes are repetitive and there is no apparent logic between the division of responsibilities and requirements between the AMC and AHPRA in particular. In fact, they require some of the same information so that there is duplication. Doctors are pleased that there is now a national registration body but in practice the individual jurisdictions still differ in their requirements. It is often the case that when you call AHPRA, you are directed to the staff representing the jurisdiction where the applicant is likely to work. More importantly, the processes at both the AMC and particularly AHPRA are so complex that it is clearly difficult to train staff to the required level of knowledge. Consequently, doctors are unable to get good information.

SPECIFIC CHALLENGES

There are a number of specific challenges associated with the application process. The list below is indicative only, but gives a snapshot of some of the challenges OTDs face.

- It is often unclear what the specialist colleges consider to be suitable qualifications for consideration as substantially, partially or not comparable. It would be helpful to provide a listing of the qualifications that are generally deemed to be 'substantially comparable'. The methodology adopted by the colleges for GP (the RACGP and ACRRM) provides a more transparent approach. As a result doctors can spend a lot of time on applications that go nowhere.
- The community has trouble understanding that the specialist pathway is not designed to assess competence. It does so by default and ensures that only competent practitioners can practice but it does not ensure that competent practitioners are identified.
- Many doctors fail to notice the requirement that the *same person* must certify all documents, photographs and witnesses forms, meaning that their application is delayed and a processing fee of \$110 is applied. Also, verification is only allowed by a notary public or the Australian embassy. This is often difficult for doctors as not all doctors are close to a city with an Australian embassy. Why is it unacceptable for different people to certify documents and witness forms and even photographs if they are eligible to provide certification? Why is it not possible to extend the list of accepted agents to verify a document?
- The requirements for gaining a Certificate of Good Standing differ for the AMC and AHPRA and the processes mostly have to be conducted separately as there is often a substantial time delay in the process so that the initial CGS may be invalid by the time the applicant is dealing with AHPRA.
- Application forms that overseas trained doctors must use for registration in Australia are not clearly defined and doctors often apply using an incorrect form. It would be beneficial if each form for medical registration in Australia could have the eligibility criteria outlined so that doctors are using the correct forms when applying for registration. We have a number of experiences of doctors gaining different advice from the call centre on which type of registration they should apply for as the call centre staff are newly trained. Some clear guidance material on the registration types and applicability would assist overseas trained doctors greatly.
- The new PESCI requirement, while potentially a good means of providing opportunity for supervised practise to GPs who cannot get a placement in a hospital when starting work in Australia, is still in need of refinement in our view. In spite of a national registration system, the administration of, and the requirements for, the PESCI vary between jurisdictions. There is no transparency or accountability about the way in which the PESCI is administered and who is likely to pass. We spoke to a West Australian GP practice today that reported that applicants were asked a lot of questions about local conditions such as the location of individual health services, specialist referrals in the area and other issues that had no bearing on clinical competence.
- The "doctor connect" website is not linked to a telephone helpline and so it is not possible to put any queries to the Department of Health and Ageing except by email. This makes it difficult for doctors to get specific information about individual cases. The International Health Professionals Victoria agency provides a model which could be adapted and expanded to provide a practical information sources for doctors or recruiters wanting to make general enquiries.

- The AMC call centre is often unavailable due to technical difficulties making it impossible for candidates to check on the progress of their application. There was recently a period of more than a week where it was impossible to call the AMC. The only method of communication was by email and then we had to wait for a call back. Similarly the AHPRA call centre is still unable to provide good information on any issue. It is quite common to get different advice from different members of staff on the same day. It is also seldom the case that the telephonist can answer a query. Typically, the caller is put on hold while the telephonist asks a manager for information.

If you would like to discuss this further, please don't hesitate to contact me [REDACTED]

Kind regards

Martina Stanley

Martina Stanley
Director

LETTER FROM AN OVERSEAS TRAINED DOCTOR

27th January 2011

Dear Sir/Madam,

I am writing this letter to describe the medical registration process within Victoria from my perspective.

I arrived in Australia at the end of July 2010 with my husband and two small children. He was due to commence working as a urology fellow in the [REDACTED] at the start of August. I was planning on working at that time and had all of my documentation with me apart from my certificate from the Irish College of General Practitioners as I has just completed my training prior to travelling here and was waiting to receive my MICGP.

I was disappointed to see I could not even begin the registration process while awaiting this one document. I was theoretically not due to receive it until the end of October 2010 as that is when the graduation takes place and the certificates were not due to be printed (and the headed paper was not ready) until just before the graduation.

Considering there are so many steps to registration and the only body who really need this cert are the RACGP, it was a pity the initial stages of my application could not be processed without it.

Anyway I waited for the certificate which was issued in Ireland in mid October and arrived to me at the end of October and I immediately began the registration process, only to discover that now my certificate of good standing from the Irish medical council had expired as it was over three months since I had requested it. Therefore at the beginning of November I requested a new copy (well two in fact- one to be sent directly to the AMC in Canberra and one to be sent to AHPRA in Melbourne). This was apparently done and received by Ahpra in mid November but never received by the AMC. When I discovered this I requested a second copy to be sent to the AMC which also apparently never arrived and subsequently a third copy- also missing in action. The third request was delayed on my part because the AMC informed me by email that they had indeed received my CGS, but they subsequently informed me that this was not the case. By mid December I had requested three copies of my CGS to be sent to the AMC and had been told one had arrived, only to find out this was not the case on December 22nd. At this point I knew that AHPRA had received two original copies of my CGS at least while the AMC were still waiting, so I tried to get AHPRA to send one on to the AMC. I was informed that this would be done but low and behold by January 10th this still hadn't arrived. Therefore a new one was requested from Ireland (for the 4th time) and I also went into AHPRA again (for the third time). Again I was promised that their second original CGS would be sent on but 10 days later it hasn't arrived. However the Irish fourth attempt has successfully been received.

The most frustrating part is that the rest of the documentation can not be processed until one document is received by all bodies- even though there is more than one copy of this in Australia in a registering body since mid November. I made no error with any of my documents and it was out of my control that this one document was not received by the AMC.

My main frustrations with the system are that the registering bodies will not communicate at all with each other. If they did, first of all duplication of so many certified documents would not be necessary. Also it should be that one can apply to all bodies at the same time instead of a system whereby one step cannot be processed until the previous one is complete. This would save a lot of time and in that case duplication of certified documents would seem warranted.

Although the AMC are reasonably good at answering their phones, once they are answered it is very difficult to get accurate information. I received incorrect information by both email and over the phone from a couple of individuals in the AMC about how my application was progressing. It took 7 weeks for the AMC to pass my application on to the RACGP (without the CGS) which could have been done 5 weeks prior at least when I was initially informed everything was in order other than the CGS.

Regarding AHPRA, they say it will only take a day to finish processing my application once my fellowship is through from the RACGP. However then I will have to wait for an interview from AHPRA to identify me. I have already been in that office 4 times at this stage. Surely that interview could have already taken place to try to speed things up. AHPRA have also proven impossible to contact by telephone or email. I was on hold by telephone for 30 minutes one day and when my call was answered and passed between three agents, the third girl told me she would pull my file and phone me back, which never happened. I tried to phone back but after 30 minutes of being on hold I had to hang up. I have sent two email queries to AHPRA in the past month also and have had no response to either so I have had to physically go into their office as it is the only way to make any progress.

I should mention that I got a job offer early in November to work in a practice in Point Cook and I signed the contract but whilst I have been awaiting my registration to come through, the District of Workforce Shortage area boundaries have changed and Point Cook is no longer considered DWS so as it stands I currently have no job despite having paid a huge amount in registration costs on the presumption of having a job that was within a reasonable commute since I have two small children needing to be collected from Creche.

There are lots of advertisements in Ireland for GPs to come to work in Australia as there is a shortage. There is meant to be reciprocal recognition for qualifications once one holds the MICGP, which to my mind means that it should be pretty easy to get registered and be able to start working. On this point, I would have thought that reciprocal recognition of a qualification makes one equal and that it is quite unfair to not allow one who is here on a legal working visa with a recognized as equal qualification to work in an equal job/location. The concept that overseas trained GPs can only work in certain regions is utterly discriminatory as far as I am concerned.

I arrived in July with the hope that I would be working in September 2010. It is now the end of January and it still looks like it is going to be another couple of weeks before I start working at least.

I am paying a lot of money on childcare at the moment while waiting to start and I can not pull my children from creche or I will lose the places since childcare places are so difficult to get here. We came for my husband to work as a urologist, which there is also meant to be a shortage of here but we are very frustrated at how difficult it has been for me to start working. We are due to leave Australia this August so by the time I start working it will hardly be worth my while. If I could have a refund of all of the registration costs, which between the three bodies (AMC, AHPRA and RACGP) amounts to around \$3500, I would happily do so at this point and not work at all, which is a pity because Australia apparently needs GPs.

In summary I feel that the registering bodies for medical practitioners in Australia need t be better able to communicate with each other and with clients in order to attract a workforce here. I also feel that if it is required to provide duplications of documentation to all bodies then one should be able to apply to all bodies at the same time and not have one application dependent on the other. I haven't even been able to start the Medicare application yet and it is now 3 months since I started my application procedure. AS outlined I also feel that the system of GPs who are OTDs only being allowed to work in DWS areas is utterly discriminatory.

I hope this is of some assistance in restructuring the registration procedures for the future.

Yours sincerely

Dr Ruth