



Australian Indian Medical Graduates Association.Inc

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**Dr Joanna Flynn. Chair
Medical Board of Australia.
GPO Box 9958.
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Dear Dr Flynn

Thank you very much for inviting comments from the stakeholders on the proposed changes to the medical registration of IMGs in Australia.

Australian Indian Medical Graduate Association has been actively involved in the welfare of doctors of Indian origin for over 3 decades. With the steady increase in foreign trained doctors, Indian doctors have undoubtedly played a significant role in complementing the medical work force in Australia. Their presence in academic, clinical and research field is exemplary and more visible than ever before. Therefore it is more than likely that the brilliant young doctors who are leaving their homeland encouraged by the Australian government for greener pasture will follow the path of their senior Indian doctors provided they are given the opportunity.

AIMGA has grave concerns for the health and future of these doctors who are thrown from pillar to post during the most productive years of their life. With string of failures and disappointments, the outcome for many is that due to unfair and delayed registration process they lose their enthusiasm, drive and motivation. With increasing financial demands for funding each exam leads to emotional and family crises. On average it takes about \$15,000 to reach the final registration requirements without any guarantee of success. Marriage and family breakups, domestic violence and suicidal depression though not formally researched is anecdotally far more prevalent in this group than general community.

AIMGA object to providing examination centres in India for part 1 AMEC at the cost of nearly \$ 3,000 giving false and misleading hopes to these young doctors who are full of spirit, ideas, energy looking for opportunities to materialise their dreams. I can only compare it to cutting the wings of the flying bird in the sky, which Australian registration system does well. With this background AIMGA would like to submit the feedback from the doctors who can be classed as long suffering victims of a self centred oppressive regime.

Australian government must be responsible enough to warn the prospective applicants at the time of their enquiry before charging any fee that registration in Australia is an uncertain long drawn out process with no guarantee that they can work here as a doctor

The following are the group responses from our member IMGs. I am also enclosing an attachment which was submitted by Dr Wenzel last year for the Enquiry with little implementation.

Many thanks for the opportunity to express my views regarding this document.

Basically, AMC has three pathways for registration-

- 1) AMC certificate standard pathway- usually the pathway the young Indian doctors who are non-specialist pursue.
- 2) Competent Authority designed for the doctors from medical settings similar to Australia (eg :UK,

USA, Ireland and others)

3) Specialist pathway-this is for specialist from all countries including India. .

1) In the document they have mentioned that competent authority may not need AMC certificate for their registration. According to me, this is a very complex issue- fair and unfair both at same time.

a) It may seem unfair to non-specialist (pathway one) people that they have to give AMC clinical exam to get registration but other two pathways do not need to give them.

b) But I feel, it is very fair on those who are eligible for competent authority pathway not to give the clinical exam. There are several reasons which make it fair. i) AMC clinical exam was designed to assess the candidate's clinical competency but it has failed very poorly to achieve this.

Dr.Wenzel and other experts believe that the passing or failing the exam does not give good picture of clinical performance of the candidate, eg: a candidate who failed the exam may demonstrate better performance at workplace than the person who has passed it. Some experts argue that the clinical exam does not help to differentiate the 'safe practitioners', the work-place based assessment is much superior to the exam. On top of it, only 30% is the passing percentage/rate of candidates who appear for this exam, rest 70% fail- who do not even get constructive feedback why they failed. No other university or college restricts examination results to a simple pass/fail .

From an educationalists point of view this is inappropriate! ii) Secondly, competent authority pathway have already demonstrated their clinical competency by giving the exams superior and much more regulated, compared to AMC clinical. I also agree work-place based assessment is more appropriate to guide the registration than the clinical exam.

Overall, I give my vote that it is fair they do not have to give the clinical exam.

2) Second point in the document is that "The proposed changes include that the IMG in the specialist pathway will communicate directly with the relevant specialist college, rather than through the AMC, and that much of the communication between agencies involved in the assessment of IMGs be done through a secure portal". This is very good initiative as most of times the AMC and Specialist college have discordant views about the process and dealing with both makes the process rather complex to the involved specialist. Dealing directly with the relevant specialist college will make the process work smoothly. I am happy with this change too.

The following comments are from another group of IMGs

1 The increasing number of AMC MCQ centres around the world without any obvious increase in the job number.

2. While the graduates of Australia themselves are waiting to get into internship, why is the necessity of taking exams and bringing doctors from overseas.

3. Why not taking doctors who have already been here.

4. Straightening the pathway for Competent Authority pathway without any changes on Standard Pathway format.

5. Counting the preparation time for MCQ and Clinical exam as gap, and not offering the job if the gap increasing and asking for recency of practice.

6. Not providing any training (Observership) and clinical opportunities and asking for Australian Clinical experience. (Compared to last year, this year almost all hospitals have closed their observership programs)

7. Not providing job opportunities in the cities if the OTD is Permanent Resident.

Looking forward to your response

Kind Regards

Your sincerely

Dr Shailja Chaturvedi
AIMGA