

Recommendations for AMC Exams, Registration Processes and guidelines for

Overseas Trained Doctors/International Medical Graduates

Case 1 : An IMG passed his AMC mcq and after a waiting time of around 1 year 6 months gave his clinical examinations and passed them. He is an AMC Certificate holder. He is interested to work as a General Practitioner in Australia. He applied to AHPRA and after nearly 2 months the application was rejected based on the grounds that he has only a limited experience of 1 year. After having spent 3 years in the process and getting a recommendation that he should get more experienced, the doctor returned to his home country dejected.

Discussion: With high hopes of working in Australia, the doctor did everything as given in the AMC website and succeeded in getting an AMC Certificate only to find out that it is not helpful in getting a job and that there are a lot of issues in Australia to get into the healthcare system. He never had clear guidelines on experience needed to work in Australia or the latest job situation. All the hard work he has put in to pass the examinations and the expenses he incurred during this process turned out to be futile.

Recommendation 1 : The AMC specification booklet/AMC website should clearly state the availability of jobs (Hospital/General Practitioner) and the minimum experience needed to get accepted into the Australian healthcare system. AHPRA should have clear guidelines on which position can be taken up by IMG's before launching an application as this causes wastage of valuable time and money not only for the doctor but also for the AMC, medical board and the agency.

Case 2 : An IMG passed his AMC mcq and clinical exams and holds a valid AMC certificate. He was offered a GP position in Australia. He was advised by AHPRA that he can apply for provisional registration and that he will be advised of the outcome in 10 days. After nearly a month of repeated phone calls and emails he was advised to take a PESCI for that position. The supervisor and the practice manager were not happy to wait for an additional 4-5 months as the doctor needs to book a pesci, attend it and wait for the medical board's decision.

Discussion : When a doctor has already passed in the 16 station clinical examination which is set at very high standards, why is he asked to attend a 4 station PESCI again to prove his skills? Over the years the stations tested in PESCI were no different from the ones in the AMC clinical examination. Further, there are no clear guidelines regarding PESCI and even the registration officers at AHPRA are not able to guide candidates in this regard. All they ask the doctors is to lodge an application and wait for the decision of the board.

Recommendation 2 : There should be clear guidelines to IMG's on which positions need a PESCI and all doctors who are eligible for provisional registration should be exempted from PESCI as they already proved their standards in AMC Clinical which is well developed and standardised than PESCI.

Case 3 : An IMG who is a permanent resident of Australia passed her mcq and clinical examinations and holds a valid AMC Certificate. She lodged an application for provisional registration with AHPRA. She was advised to take a PESCI and she passed the same. She wanted to apply for a provider number and contacted the RDN and RLRP. To her surprise she was advised that permanent residents should get their overseas experience assessed by RACGP and she will be given a provider number only if RACGP grants her a minimum of 2 years

experience. Her overseas experience is only 1 year 6 months and so she will never get the required assessment outcome.

Discussion 3: Permanent residents should be given employment opportunities ahead of temporary residents. Isn't it ridiculous that the same General Practice position can be taken up by a temporary resident without racgp assessment and having a PR is a disadvantage for a particular doctor.

Recommendation 3: Permanent residents and citizens should be given priority over temporary residents for jobs. There should be alternate options for doctors who cannot get their RACGP assessment done and they should be given an opportunity to enrol in RLRP or other 3GA programs to get their medicare provider number.

Case 4 : An IMG married a citizen of Australia and entered Australia. No hospital is happy to offer her a job with just 2 years of overseas experience and only a pass in the AMC mcq examination. It takes nearly 2 years to get AMC certificate. To avoid a gap period, she is forced to do a non clinical program which costs around 30000 aud.

Recommendation : OTD's should be able to obtain observership positions to help them to learn about the Australian health care system and maintain recency of practice. Residents of Australia should be assessed suitably with regards to the gap periods as gaps are sometimes unavoidable.

Case 5 : An IMG passed IELTS with band 7. He gave his AMC MCQ and clinical exams and applied for registration with AHPRA. He is advised that his IELTS is valid only for 2 years and that he needs to give it again. All these years he is in Australia and is communicating in English.

Recommendation : If an OTD lives in Australia, he should be exempted from repeating IELTS every 2 years after he proves his English language skills in one exam.