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BY: MH

Migration Committee
House of Representatives

20 July 2005

Dear Sir/Madam,

RE: SKILLED MIGRATION

Two weeks ago I saw the announcement in the West Australian newspaper requesting views on skilled migration issues. I would be pleased if the committee would care to consider my experiences to date. I would be happy to forward all documentation and correspondence that I have relating to the issues if thought to be helpful. An overview is shown below:

1. I am a British trained Consultant Anaesthetist, trained far in excess of the Australian equivalent.

2. I successfully ran the Anaesthetic Department of a 1400 bedded University Teaching Hospital in the UK (bigger than the vast majority, if not all, of the Australian equivalents).

3. The Australian and New Zealand College of Anaesthetists have put a number of artificial barriers in place for overseas specialists which they do not apply to their own trained specialists.

4. These barriers are applied indiscriminately.

5. Prior to 1997, the Australian and New Zealand College of Anaesthetists automatically recognised training from the UK. I completed my training well before that date, I simply arrived after that date.

In more detail:

I am a British trained hospital specialist in the field of Anaesthesia. I underwent approximately 9 years of post-graduate training after gaining my medical degree to become an independent accredited specialist in the UK. During these years I worked in excess of 80 hours per week. This resulted in a huge level of experience. In contrast the Australian equivalent is a total of 5 years with approximately 40 hours per week. The population density of the UK as compared to Australia is such that the UK trainee sees and deals with more patients with more complicated pathology than the Australian equivalent. The Australian post-graduate examination system is based on the UK system. These comments in no way should be construed as denigrating Australian specialists, they merely serve to illustrate the greater exposure of the UK trainee to clinical experience.

Despite this the Australian body (the Australian and New Zealand College of Anaesthetists - ANZCA) that assesses training has deemed it necessary for me to undertake an examination and be supervised until I pass this exam. It should be noted that prior to 1997, UK Accredited Anaesthetists were automatically recognised by ANZCA. After that date this was no longer the case. I can see no logic in this since, in effect, in my case retrospective de-recognition of training has occurred. In other words Anaesthetists with similar training and experience are currently working in an unrestricted fashion in Australia. If I am not sufficiently trained and experienced, how can they be?

The process of the assessment appeared to me to be unprofessional in that I was initially interviewed by a panel which was improperly constituted as the Chairman was not present. The interview lasted approximately 10 minutes and drew the above conclusion. I was asked no questions relating to my accredited training posts. I was not asked a single question about my Consultant experience (lasting about 10 years) or my experience as Head of Department. The Chairman subsequently wrote to me after I had queried the process stating that he too would have come to the same conclusion. This caused me to speculate as to whether or not the interview process (for which considerable payment and time away from work were required) was a serious attempt to assess my skills and experience. I persisted with my concerns and was eventually re-interviewed. This again lasted approximately 10 minutes and drew the same conclusion. It is worthy of note that the principal question of the new Chairman of the panel was to ask if I had received <u>any</u> specialty training at all. At the conclusion of the interview I asked what deficiencies had been identified in the UK training system, the UK exam or more specifically in my training. The Chairman's response was "We have your CV." I asked the question again and received the same response. I have repeatedly asked these questions. To date ANZCA have never acknowledged, much less answered these questions.

Any claim by ANZCA to be unable to differentiate between Anaesthetists trained in different countries does not stand up to scrutiny. Moreover, in coming to their views

on any particular country's training system ANZCA must surely have made an objective investigation of that training. It would be worrying if the assessment process were based on opinion and not fact. Accordingly, the answers to my questions should have been promptly forthcoming. This has not been the case. Indeed, when a group of ANZCA representatives were recently questioned as to the problems with UK trainees and the UK training system, they were initially unable to make any response and eventually stated that Australian trainees would be guaranteed to have completed a modular training scheme. This was notwithstanding the fact that no Australian trainee had completed this process and also the fact that my training exceeded these newly created modules by a factor of approximately four.

After further communication, ANZCA eventually sent me the criteria and point scoring system that they apparently use in the assessment process. This process appears to be biased towards academic Anaesthetists. This is bizarre since academics by very definition usually perform less clinical anaesthesia and the process is supposedly intended to assess the overseas trained specialist for clinical posts. Additionally, if I had applied for and been appointed to a Head of Department position, my training would have been automatically recognised. I am unable to fathom the logic of this. ANZCA also stipulated that achieving in excess of a set number of publications would count towards automatic recognition (a target that, I believe, has changed very recently). Again, I fail to understand how this is indicative of clinical competence and adequate training.

Yet further requests for clarification by the Australian Medical Association on my behalf yielded, after further delay, a reply from ANZCA that they would stick to their position. They enclosed details of their appeal process. Intrinsic to this process is a fee (undefined) charged by ANZCA and the requirement to pay the travel and accommodation expenses plus honoraria for all the appeal panel members. Obviously the total amount is also undefined and potentially open-ended. In other words ANZCA appear to wish to intimidate, by means of these undefined costs, any potential appellant. In addition they state that the appellant is unable to be legally represented or to have an advocate (unless special prior permission is sought and granted) whilst at the same time they are entitled to precisely the same thing. They also stipulate that any transcripts are confidential which rather contradicts their avowed commitment to openness.

I am working in Australia under the Area of Unmet Need legislation which means in effect that I am working in a manner no different to any fully recognised Australian specialist. ANZCA assessed my specialist qualifications and experience as suitable for this post. The concept of "supervision" is puzzling since, if there were sufficient resources to supervise, there would be no need for an AON doctor. Common sense shows that any Anaesthetist can damage or kill patients within seconds and that no amount of remote or retrospective "supervision" can prevent this. Only direct and immediate supervision would protect against unsuitable specialists threatening the well-being of their patients. Non-medical friends of mine have commented that

inherent in ANZCA's position is the implication that the patients in hospitals covered by AON legislation are deemed less worthy of protection than those outside of these areas. Either the practitioner is deemed competent for the role or they should not be in that role. Surgical colleagues at one of the hospitals that I work actually refer their sicker patients to me. If ANZCA were serious in their concerns they would actually direct a limitation on the level of sickness of the patient and stipulate a limitation on the complexity of the procedure to be undertaken by the foreign-trained specialist. They do not do either. If they did do either, it would negate the usefulness of the foreign trained specialist. Is ANZCA suggesting that the safety of patients being treated in AON areas is not as important as those in other areas? How can ANZCA on the one hand license specialists and on the other deem them to be insufficiently trained or experienced? It is worthy of comment that I have designed software that actually addresses these issues whilst automatically rostering clinicians and guaranteeing that appropriately experienced and trained clinicians are in place (software that is now used in the UK NHS and has been put in place at the Royal Perth Hospital).

Not only do I have more training and experience than the Australian equivalent, I also successfully ran a department larger than almost any hospital department in Australia. I have, since arrival in Australia, been appointed to a Consultant post at a major teaching hospital. I teach trainee Anaesthetists.

The upshot of ANZCA's position is that I am unable to apply for permanent residency and eventual citizenship. Despite asking for reasons there is no intelligible response from this licensing authority. This is at a time when there is a world-wide shortage of Anaesthetists. I could sit down and undergo (again) the rigorous revision exercise to take the examination, however, it is quite clear that it is a completely unnecessary exercise. I would have been less reluctant to do this if ANZCA had from the outset behaved appropriately. However, having embarked on an exercise of asking questions, I am not confident that this will not rebound on me.

A very significant issue is that if the body licensing an activity makes money from the act of licensing, then there is clearly a conflict of interest. Skilled migration should not be subject to the financial imperatives/desires of the licensing body. There are a number of Anaesthetic colleagues of mine from the UK who have stated that they will not come to Australia because of the attitude of ANZCA (cynical Australian colleagues have commented that this is probably precisely what is intended). One of those refusing to come is an Australian Liver Transplant Anaesthetist (probably one of the most complex of all areas of Anaesthesia). If Australia rejects or repels it's own, how can it attract the people it needs?

I am concerned to hear comments from both Surgical and Anaesthetic colleagues that the various Colleges may intend to use the recent events in Bundaberg to strengthen their position. My understanding is that the individual involved did not even go through any College assessment process and had in any event forged documents. It is

certainly not the case that Australian specialists are exempt from problems. It defies common sense that Australian patients would be better protected by barriers erected against the entry of suitably experienced practitioners.

I enclose my CV for information. I am happy for that CV and this communication to be in the public domain. I am also happy to have my professional experience compared with all Anaesthestists appointed to a Consultant post in Australia since 1993 (when I was Accredited).

Yours faithfully

Peter Mulrooney
MB ChB FRCA