

Submission

Medical Board/AHPRA: Public consultation on the Draft Revised Registration Standard: Specialist Registration

Thank you for inviting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG, the College) to make a submission to the Medical Board of Australia's public consultation on the draft revised registration standard: specialist registration. This submission follows the format suggested by the response template provided by the Board on its consultation page.

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification, and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

General Feedback

The College is generally supportive of the expedited pathway for a subset of overseas specialist doctors. The College agrees that the barriers to specialist registration for these individuals should be lowered.

RANZCOG also acknowledges the inherent intricacies of a two-pronged specialty comprising the different domains of obstetrics and gynaecology, and the difficulties of assessing overseas doctors who may have narrowed their scope of practice and/or have less recency of practice in one domain or the other.

There is a risk of creating a two-tier specialist registration: (1) the current standard of meeting accepted Australian and New Zealand training or College recognised equivalence standard and (2) registration that meets an overseas standard.

The College must stress in the strongest terms that, regardless of the final shape of the revised standard, we must remain involved in the assessment process. Without direct involvement, RANZCOG can take no responsibility for any future adverse outcomes that may arise out of any part of the new expedited pathway.

Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and workable?

It may be useful under "Eligibility for specialist registration" to provide a visible link to qualifications. Simply adding e.g. "see below – Qualifications for specialist registration" Eligibility point (a) would provide clarity, particularly with the introduction of the expedited pathway, that holding a qualification is only one component and that eligibility for all still includes a period of supervised practice. This would read:

Under section 57 of the National Law, you are eligible for specialist registration if you:

- are qualified for registration in the specialty (see below – qualifications for specialist registration)

Is there any content that needs to be changed, added or deleted in the draft revised specialist registration standard?

The assessment of those on the expedited pathway needs to take into consideration recency and scope of practice. This is particularly important for RANZCOG where the specialty comprises two distinct domains.

Are there any impacts for patients and consumers, particularly vulnerable members of the community that have not been considered in the draft revised specialist registration standard?

The background information to the revised standard states that "the expedited pathway will not require a college assessment of the individual". Onward supervisory arrangements will also be overseen by the Board which completely disconnects prospective registrants from the College. This may result in different program outcomes for a) Australian-trained specialists and SIMGs who undergo College assessment and b) SIMGs assessed by the Board under the expedited pathway. In disconnecting applicants from the College in this way, the pathway may have unintended consequences of introducing a two-tier system with future practitioners having different understandings of what being an O&G consultant in Australia means, especially since the College will have no role in signing off on candidate fitness for specialist registration.

Furthermore, the background information states that "Applicants will be required to undertake a period of supervised practice in the specialty and a comprehensive orientation to the Australian healthcare system, which includes cultural safety training. This will ensure that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner receive registration."

The statement above is somewhat at odds with Recommendation 15 of the Kruk report which states:

"Supervision requirements to focus on the minimum required to build the capability of the health practitioner to deliver safe and quality health services in the Australian healthcare setting, recognising that supervisory resources are scarce. Innovative solutions, including a review of current Ahpra supervised practice framework, expansion of remote supervision models and online cultural competency and Australian health system training to be considered."

RANZCOG considers that the absence of College assessment, with a future intent to reduce supervision requirements, will lead to increased risk of compromising patient safety.

We therefore recommend that oversight of the period of supervision, and assessment thereof, remains appropriately robust if falling outside of the College's remit.

It is RANZCOG's experience that some overseas trained specialists, who have performed well at initial College assessment and interview and are deemed to require only 12 months of oversight, may show signs of struggling in the Australian setting only after the initial six months of supervision. In other words, cultural challenges may take time to show up in supervisory assessments. There must therefore be more serious thought given to adding provisions to allow for extended supervision or a probationary registration after supervision if problems arise after this initial period.

Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised specialist registration standard?

Those on the expedited pathway may undertake Board-driven cultural safety education that is separate to that offered by the College. Those individuals will therefore not have the nuanced training and education in the cultural safety space that has been created to be O&G-Fellow specific.

Are there any other regulatory impacts or costs that have not been identified that the Board needs to consider?

It is unclear how supervisory arrangements will be put into place. RANZCOG Training Supervisors are appointed and approved by relevant College committees and receive College training. If supervisory arrangements for those on the expedited pathway are going to be organised by the Board, how will they ensure that supervisors are fit for purpose? Where will the Board draw their prospective supervisors from? There is a risk of conflict of interest. Put simply, who selects and supervises the supervisors and who ensures that there is no conflict of interest in the voracity and credibility of supervision if the overseas qualified specialist is appointed to and working at a hospital that is understaffed in that specialist field? In such

scenarios, it is in the interest of the receiving institution, and therefore potentially in the interest of the supervisory relationship, that the inbound candidate has a successful supervision period, regardless of suitability, so that workforce coverage in an area of great staffing need can be ensured. This may come with attendant implications on patient safety for the local population.

This also speaks to the ongoing disconnect between expedited pathway SIMGs and the College. Expedited pathway SIMGs are not learning how College systems work and therefore will be less able to apply this learning in the future. They are less likely to be engaged with the College, and less likely to contribute to future specialist training, exacerbating supervisory availability for future cohorts of trainees.

Do you have any other comments on the draft revised specialist registration standard?

The background information states "The proposed changes to the standard will establish an alternative, expedited pathway to specialist registration that does not require an individual to hold or be eligible for college fellowship. Individual applicants will be free to seek college fellowship once they have been granted specialist registration, and colleges will retain their standing as CPD homes and as sources of collegiality and other membership benefits."

Lack of assessment by the College, and no requirement for fellowship, weakens SIMGs' connection with the College and removes a foundation for onward engagement in RANZCOG activities, and involvement in training others. There is less sense of building collegiality as the College has not been involved in the process from first application.

Should it be assumed that to maintain their specialist registration in Australia, that overseas qualified specialists holding only overseas qualifications must maintain this qualification through their home country medical Board and/or CPD requirements? How will this work, and has this issue been considered in the shaping of the new draft standard?

Finally, RANZCOG has been given no insight from the Board about how long the expedited pathway process is expected to take. Without this information, it's impossible to comment on whether the proposed pathway will be faster than the College's pre-existing process.

Summary

RANZCOG has consistently expressed its concerns with the excision of specialist college involvement in approving incoming international registrants and supervising their onboarding training in the Australian system. These concerns have been reiterated in reply to this public consultation. As discussed with the Board in different forums RANZCOG is, however, supportive of the need for new pathways to expedite appropriately qualified candidates. RANZCOG would be pleased to work with the Board on proposals where the College remains more directly involved, which we feel would provide a higher quality experience for candidates, ensure stronger adherence to Australian standards, and give better confidence for patients in terms of expectations of safety, both culturally and in clinical skill and experience.

RANZCOG acknowledges with thanks, the contribution of Dr Benjamin Bopp, Dr Pallavi Desai, Dr Uchechukwu Ijeneme, Dr Per Kempe and Dr Thangeswaran Rudra for this submission. These contributors are current and former members of the RANZCOG Specialist International Medical Graduate (SIMG) Assessment Committee.

Yours sincerely,



Dr Gillian Gibson
President