

14 February 2020

Dr. Anne Tonkin  
Chair, Medical Board of Australia  
Australian Health Practitioner Regulation Agency  
Melbourne 3001  
Email: [medicalboard@ahpra.gov.au](mailto:medicalboard@ahpra.gov.au)

Suite 1, 20 Cato Street, Hawthorn East  
Victoria 3123 Australia  
T+61 3 9824 4699  
[info@racma.edu.au](mailto:info@racma.edu.au)  
[racma.edu.au](http://racma.edu.au)  
abn 39 004 688 215

**RE: Draft Revised Good practice guidelines for the specialist international medical graduate assessment process.**

Dear Anne,

The Royal Australasian College of Medical Administrators (RACMA) as a specialist medical college accredited by the Australian Medical Council (AMC) is dedicated to the education, training and professional development of medical practitioners in senior leadership, management and administrative roles, in clinical and non-clinical settings, throughout the world.

Our constantly evolving fellowship and professional development program responds and pre-empted the ever-changing landscape of medical administration both in Australasia and beyond. RACMA's involvement in education, policy formulation and decision-making enables it to help contribute to the Australian and New Zealand Health systems which is integral to our objects.

RACMA has reviewed these revised draft guidelines and "Summary of Proposed changes" in correlation with feedback we provided in the July consultation 2019. We believe that the revised standards are much clearer and easier to read, making it a much better document. The proposed revised guidelines give greater clarity to existing processes and improve transparency and procedural fairness in the process. As such, RACMA supports the key recommendations and changes, however we would like the following advice and recommendations to be noted.

1. We note the following items as being *appropriate changes*, which do significantly change from our initial consultation in July 2019.
  - i. Item 9, current section 12, on page 11:  
Added a statement that objective scoring systems can be used as part of the interim assessment process and if used, colleges will publish the broad criteria used.
  - ii. Period of peer review, current section appendix 3, on page 12:  
Comparability definitions reworded and restructured to make clearer and to differentiate between the definitions of comparability and the additional requirements to be completed by substantially comparable and partially comparable SIMGs Term 'peer review' replaced by term 'supervised practice'



for substantially comparable definition. Minimum period of supervised practice incorporated.

- iii. Evidence of English language proficiency, current section 10, on page 15: Amended from the English language standard required must be no higher than that required by the Board's English language skills registration standard to the standard required must be at the level expected by the Board's English language skills registration standard.
- iv. Timeframe to complete requirements, current section 12 on page 14: The current guidelines and the proposed Standards require colleges to monitor SIMGs undertaking supervised practice. Although this finding relates to a compliance measure, added requirement for colleges to ensure SIMGs are adhering to the timeframes. Additional information about managing SIMGs who have satisfactorily completed additional requirements with the exception of exams"

This is a current specialist medical college practice, as such RACMA is not sure as to the context of the recommendation, except to state that we support this requirement.

In regard to the additional 'Questions for Consideration' (page 7) we provided the following advice:

- 1. Are the proposed Standards, clearer and easier to read? In particular, are there any areas of the proposed Standards that could be clearer about the precise requirements of the assessment processes?**

As per our introduction we agree that the proposed standards are clearer and easier to read.

- 2. Does the rewording and restructure of the comparability definitions make the distinction between substantially comparable, partially comparable and not comparable SIMGs clearer or are they open to interpretation? If they are not clear, how should the definitions be reworded or what additional explanation should be included in the proposed Standards?**

We agree that this rewording and restructure of the comparability definitions is much clearer.

- 3. For the definition of substantially comparable, do you support replacing the term 'peer review' with the term 'supervised practice'? If not, please give reasons.**

RACMA supports the use of 'supervised practice'.

- 4. Do you support a mandatory minimum period of supervised practice for all SIMGs assessed as substantially and partially comparable? If not, please give reasons. If yes, are the minimum periods proposed appropriate?**

RACMA supports a mandatory minimum period of supervised practice for all SIMGs assessed as substantially and partially comparable, as this allows for additional information in an Australian context.



5. **Do you support the proposal for a *Summary of preliminary findings* as part of the comparability assessment process? If not, please give reasons.**

RACMA supports the proposal for a summary of preliminary findings as part of the comparability assessment process as this supports a course for natural justice.

6. **Is the timeframe for providing a SIMG with a *Summary of preliminary findings* and the timeframe for receiving feedback from the SIMG appropriate? If not, what should the timeframes be?**

RACMA does not believe that the timeframes should differ. There is no logic in not aligning the timeframes. We recommend either 14 days or 21 days is suitable, so long as they are the same.

7. **Is the level of information to be included in the *Summary of preliminary findings* appropriate? Is there any additional information that should be included?**

RACMA agrees that it is sufficient and no additional information needs to be included.

8. **Is the proposal for when it is appropriate to conduct an area of need assessment only, helpful and appropriate? If not, please give reasons.**

Sections 9 and 9.1 language could be clearer in language as this paragraph indicates that SIMGs in a specialist pathway does not lead to specialist registration, yet in the following paragraph SIMGs are required to be in a pathway to specialist registration.

9. **Is the proposal for colleges to publish a minimum list of requirements for eligibility to apply for assessment (specialist recognition and area of need) appropriate? Are there any other minimum requirements that should be included?**

RACMA agrees that a minimum list of requirements for eligibility to apply for assessment (specialist recognition and area of need) would be appropriate.

10. **Is the revised guidance on assessing SIMGs for a limited scope of practice clearer? If not, which aspects are unclear and what additional information should be included?**

RACMA agrees that assessing SIMGs for a limited scope of practice is much clearer.

RACMA would like to thank the Medical Board of Australia for inviting our college to contribute to this paper consultation. If I can be of any further assistance to provide further information on this matter, please do not hesitate to contact me.

Sincerely



**Associate Professor Alan S C Sandford AM**  
President, RACMA

