

14 February 2020

Dr Anne Tonkin
Chair
Medical Board of Australia

Via email: medicalboard@ahpra.gov.au

Dear Dr Tonkin

Re: Medical Board of Australia – Consultation – Good practice guidelines for the specialist International medical graduate assessment process

Thank you for asking the Royal College of Pathologists of Australasia (College) to provide further feedback on this consultation.

Please find attached a copy of the questions for consideration with answers provided by the College. It should be noted that our feedback has not changed significantly since that provided at the preliminary consultation stage.

If you have any further questions, please do not hesitate to contact Dr Debra Graves, CEO
[REDACTED]

Yours sincerely,



Dr Debra Graves
Chief Executive Officer

Medical Board of Australia – Consultation on proposed Standards for the SIMG assessment process – Questions for Consideration

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?

The College in general is supportive of the revised Standards noting the specific comments below.

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 be open to interpretation? If they are not clear, how should the definitions be reworded or what additional explanation should be included in the draft revised Standards?

The College is happy with the rewording of the comparability statements, please however note the response to question 3.

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.

Using 'supervised practice' for both substantially and partially comparable will result in Colleges having to 'educate' their fellows and it does remove a very useful shorthand. E.g. the College uses 'peer review' to clearly identify a 'pathway' for substantially comparable IMGs which is very different to one which is undertaken by IMGs who are deemed partially comparable. It will result in Colleges having to review and implement amendments to policies, guidelines etc. We would prefer to keep the distinction.

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?

The College does support this practice. Our current 'peer review' policy does have a minimum of 3 months built in before the candidate can apply for any reduction to the 12 month period; so would support 3 months. As all the College's partially comparable candidates are required to do some formal examinations, the College would also support a minimum period of supervised practice. The College supports the minimum proposed periods.

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

The College does not support this. It appears to build in another, unnecessary, step. Candidates are given reasons if made non-comparable pre or post interview and can request reconsideration if they wish to query the decision providing additional information if relevant. To ensure the College has the maximum information before interview, in addition to the initial application form our College provides candidates who are called for interview with a blank interview protocol form (developed for each discipline) to complete which gives them the opportunity to provide the information which they will be questioned on during the interview. They return the completed form and it is sent to the panel before interview. If it is introduced, the College is assuming the benchmarks will be reviewed.

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? [See above](#).

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? [See above](#)

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. [This statement seems to indicate that applicants would be dealt with on a case by case basis and we support that.](#)

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?

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The College includes a checklist which is part of the application form which covers the requirements listed in the document. If documentary evidence is not provided (or not evidenced) e.g. verification of qualifications, it would be deemed an incomplete application.

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? **The College does not currently offer fellowship with a 'limited scope'.**

11. Is there anything missing that needs to be added to the proposed Standards?

None identified.

12. Do you have any other comments on the proposed Standards? **The College wishes to maintain the condition that candidates hold specialist medical registration in their current country of domicile. In the absence of evidence re: a SIMG's registration status, the College may request a Certificate of Good Standing. Exceptions can always be made for special circumstances e.g. asylum, refugees, applicants applying from Australia, taking into account any recency of practice implications.**