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Dr Anne Tonkin
Chair, Medical Board of Australia

By email: medicalboard@ahpra.gov.au

Public consultation on the draft revised good practice guidelines for the specialist international medical graduate assessment process. Submission by the Royal Australasian College of Physicians (RACP)

Dear Dr Tonkin

Thank you for the opportunity to comment on the proposed changes to the good practice guidelines for the specalist international medical graduate (SIMG) assessment process. Subject to the below recommendations, the RACP supports the Medical Board's proposal to build on the existing guidelines to give greater clarity to processes and improve transparency and procedural fairness.

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?

   RACP agrees that the revised standards are clearer and easier to read. RACP also supports the reframing of the guidelines as standards.

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?

   RACP agrees that the rewording and restructure make the definitions clear.

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.

   RACP supports this change and agrees with the alignment with the Board's guidelines for supervised practice for IMGs. The proposed change will support consistent terminology.

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?

   RACP supports this change but recommends a minimum period of six months for both partially and substantially comparable applicants. Whilst RACP recognises that the timeframes proposed are a minimum requirement and Specialist Medical Colleges may set longer periods of supervision, we feel three months allows little continuity to adequately assess competence. RACP data suggests that issues during supervision, for both partially and substantially comparable SIMGs, usually arise between the three and six-month

timeframe. It would therefore be in the community's best interests for the minimum period to be six months to ensure safe medical practice over a continued period.

Additionally, applicants will be encouraged to challenge Colleges for the minimum period of supervision. If the proposed three-month period remains for substantially comparable applicants, which is not preferable, RACP requests that the Board provide guidance on when the minimum period might apply.

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

RACP supports the proposal for a summary of findings. RACP has been conducting this process for over five years & found it extremely beneficial to increase transparency and reduce the number of reconsiderations, reviews & appeals. The process also encourages continued communication with the SIMG to ensure they are fully informed between submission of their application and receipt of the interim assessment decision.

If the Medical Board progresses the proposal for a summary of preliminary findings, RACP requests that the Board amend the reporting benchmarks for Specialist Medical Colleges. Metrics 10 and 11 of the current *Report on Specialist Medical Colleges' specialist pathway data* will not be achievable with the introduction of the summary of preliminary findings. The RACP recommends that the timeframe between interview and release of the interim assessment decision should not be less than ten weeks. This will allow 21 days for Colleges to release the summary of preliminary findings (as proposed in item six), 21 days for the SIMG to provide a response to the summary of preliminary findings and a further 28 days for Colleges to determine, confirm and release the interim assessment decision. The RACP currently determines assessment decisions at monthly committee meetings before finalising and releasing the decision to the SIMG. The Board should consider this when setting realistic benchmarks for Colleges to release interim assessment decisions.

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?

Initially RACP considered the timeframes proposed in the revised guidelines to be appropriate. However, we agree with comments made during consultation discussions with other Colleges that the timeframe for SIMGs to respond should not be greater than the timeframe for Colleges to provide a summary of findings. Following the interview, RACP interviewers/assessors require adequate time to put together a quality and detailed assessment report. Therefore, RACP requests that the timeframe for release of the summary of preliminary findings is 21 days.

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?

Yes. RACP agrees with the level of information to be included in the summary of preliminary findings.

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.

RACP does not support the proposal to conduct area of need (AoN) only assessments. Aside from the fact that it is near impossible to assess an SIMGs suitability for an AoN position without first assessing their comparability, it also creates a second pathway for SIMGs to become 'stuck' in the system.

The assessment of comparability is critical in determining whether a SIMG is competent to practice at the level of a specialist and this is even more pertinent for SIMGs seeking to practise in locations where onsite supervision may be limited. RACP suggests that the assessment of comparability should be conducted regardless of the length of time the SIMG intends to practise in Australia. The risk to patient safety remains the same whether practising short-term or long-term.

RACP regularly receives contact from distressed IMGs on the *short-term training in a medical specialty pathway* that have exhausted their renewals under limited registration and have no time to transfer to another registration pathway. Despite every effort to inform IMGs that short-term training does not lead to long-term registration in Australia, many only initiate the process to obtain general or specialist registration once they have exhausted all permitted renewals. This can create a gap in practice whilst the SIMG applies for specialist assessment or sits the AMC exams via the standard pathway. RACP foresees that the same issue will occur if SIMGs choose to be assessed via the AoN only pathway.

Finally, if SIMGs are under a College supervised pathway, the Medical Board will have confidence that the appropriate monitoring of performance is in place and that SIMGs have access to resources for support as well as continuing professional development (CPD). If it is a separated process, the Board may need to consider strategies for remediation if issues are experienced whilst the SIMG is practising in the AoN position. This seems to be a duplication of a system that is well established with Colleges via the specialist pathway.

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?

RACP supports the proposal that Colleges publish a minimum list of requirements but does not support the wording around eligibility. The guidelines are clear in that SIMGs require a primary qualification in medicine and surgery (from a training institution recognised by both the AMC and WDOMS) and to have satisfied all the training and examination requirements to practise in their field of specialty to be eligible to enter the pathway. The minimum requirements set out in appendix three indicate whether the SIMG is likely to be comparable, and not whether they are eligible to apply for assessment under the specialist pathway.

Currently, the RACP publishes eligibility criteria consistent with the Board's (outlined above). Additionally, and separately, the RACP publishes advice on the minimum requirements for a SIMG to successfully progress to interview. This includes advice on the expected training, assessments, experience, recency of practice and CPD that a SIMG should have achieved. This encourages SIMGs to self-assess their comparability before applying but does not to determine their eligibility to enter the pathway if they wish to do so.

The Board should be careful not to confuse eligibility to enter the pathway with advice on comparability which will assist SIMGs to assess whether they are likely to have comparable qualifications, training, assessments, experience, recency of practice and CPD. This difference needs to be clearly defined.

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?

RACP is supportive of these revisions.

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

RACP suggests that the Board better define the mandatory documentation requirements that Colleges can request during the interim assessment stage as well as reframing the

published minimum list of requirements. As outlined in item nine, the Board should clearly define the eligibility requirements for applicants versus College advice on comparability, workforce and other matters relating to appropriate information SIMGs require to set 'realistic expectations when they apply for assessment'.

Without clear differentiation between non-negotiable requirements (i.e. primary qualification in medicine and surgery (from a training institution recognised by both the AMC and WDOMS) and to have satisfied all the training and examination requirements to practise in their field of specialty) and advice for SIMGs to make an informed decision on whether to apply for assessment (i.e. workforce data), inconsistencies will occur between Colleges and there is the potential for unnecessary barriers to be put in place.

12. Do you have any other comments on the proposed Standards?

The use of objective scoring systems

Although only a brief reference, the suggestion that Colleges are "encouraged to explore the feasibility of using objective scoring systems to increase transparency" is problematic for RACP. The recommendation from the Deloitte Access Economics report was discussed extensively at a Medical Board Forum held on 24 July 2018. The consensus appeared to be that objective scoring was good in theory to improve consistency, but it didn't work in practice due to the heterogeneity of applicants. Two Colleges shared their experiences of numerical scoring and advised that it reduced flexibility, proved difficult to weight variables to reflect the global whole and, despite the numerical score, resulted in changes to comparability if significant gaps were identified during the assessment.

There appeared to be no validity for Colleges that trialled the numerical scoring system so RACP disagrees that Colleges should be encouraged to explore the use of objective scoring systems. The Medical Board should oppose this recommendation from Deloitte Access Economics and Colleges should be encouraged to use objective criteria to assess SIMGs but have flexibility, without numerical scoring, to determine comparability on a case by case basis.

Absence of current registration or registration in the SIMG's country of training

RACP understands the Boards concerns with Colleges requesting current registration or registration in the SIMG's country of training, as those practising in a different jurisdiction or those without current registration may not be able to provide these documents. RACP agrees that absence of these documents should not prevent an SIMG from progressing on the specialist pathway.

However, the wording on page 23 of the consultation document is unclear and can easily be misread to imply a certificate of overseas specialist registration is not required at all. RACP requires a certificate of overseas specialist registration as it provides the College with evidence that the SIMG has '*satisfied all the training and examination requirements to practice in their field of specialty*'. The wording on page 23 should be reframed to make it clear that Colleges should request evidence of a SIMG's overseas specialist registration, but where a practitioner is not currently practising, lack of current specialist registration should not prevent them from progressing on the pathway. Thus, SIMG's may provide evidence of overseas specialist registration from either the SIMGs country of specialist training or the jurisdiction in which they're currently practising (if different to the jurisdiction where they completed their specialist training). This will ensure it is clear for both Colleges and SIMGs, who often refer to these publicly available guidelines.

The Board should note that RACP currently mandates a certificate of overseas specialist registration and has not encountered any issues in obtaining this document unless the SIMG has not completed a recognised/accredited program of overseas training and therefore is not formally recognised as a specialist. It is also worth noting that in some jurisdictions, practitioners may become Fellows of the relevant specialist medical College prior to completing specialist medical training and achieving specialist medical registration.

In both instances, the SIMG may be able to submit a specialist qualification for primary source verification via the Australian Medical Council. It only becomes clear that they are not a recognised specialist when they are unable to provide a certificate of overseas specialist registration. This demonstrates the enormous importance of a certificate of overseas specialist registration.

Given the above, RACP urges the Medical Board to clearly outline the requirement for a certificate of overseas specialist registration, either from the SIMGs country of specialist training or the jurisdiction in which they're currently practising. Refugees and other extraordinary cases should be managed on a case by case basis under a special circumstances policy.

Again, thank you for the opportunity to respond and if you require any clarification or further information, please contact

Yours sincerely

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Royal Australasian College of Physicians