From: [redacted]
To: Specialist IMG Pathways Review
Subject: Consultation of Revised Registration Standard
Date: Monday, 8 July 2024 11:23:15 PM
Attachments: [redacted]

Please find attached the Royal Australasian College of Medical Administrators submission to the Consultation of Revised Registration Standard.

Don't hesitate to contact me if you have any questions.

Kind regards,

[redacted]

[redacted]

Stakeholder details

Initial questions
To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.
Question A Are you completing this submission on behalf of an organisation or as an individual? **Your answer:** ☐ Organisation Name of organisation: Click or tap here to enter text. Contact email: Click or tap here to enter text. ☐ Myself Name: Click or tap here to enter text. Contact email: Click or tap here to enter text.
Question B If you are completing this submission as an individual, are you: ☐ A registered health practitioner? Profession: Click or tap here to enter text. ☐ A member of the public? ☐ Other: Click or tap here to enter text.
Question C Would you like your submission to be published? ☐ Yes, publish my submission **with** my name/organisation name ☐ Yes, publish my submission **without** my name/ organisation name ☐ No – **do not** publish my submission

Your responses to the consultation questions

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

Content and structure is clear and highlights pathways to specialist registration.

More detailed would be helpful on what constitutes:

- Completing a required period of supervised practice in the specialty (for both supervisors and supervisees)* see below
- Board approved orientation to the Australian healthcare system (hyperlinked resources)
- Cultural competency training

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

Supervised Practice*:

- The timeframe of six months of satisfactory supervised practice approved by the Board in the specialty within Australia – is this long enough in terms of IMGs who are new to Australia and are adapting to a new language, culture and medical frameworks that are completely new – medical terminology public vs Medicare system/ prescribing competencies in hospital /community/ SAS etc?
- Who will supervise – will this need to be a Fellowed Specialist or can this be a non-Followed Specialist
- What is the framework for supervised practice and assessment – and how will this compare to an SIMG following the Section 58 c pathway?

Supervision Support

- Consideration for differences in rural and remote areas – in particular resources available for support and supervision of IMGs especially where there is predominantly a FIFO VMO led specialist model. structured additional support for supervisors also requires acknowledgment in the reforms. There is an amplification in areas with medical workforce shortages in that the demand on supervisors, or their ability to provide additional support, is limited as a consequence of operating in an already resource constrained environment. As a result, there is great concern about the level and quality of supervision overseas practitioners receive after they arrive.

3. 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?

Credentialing and Scope of Practice:

College training programs are structured with key goals and competencies set out as part of the overall recognition of specialty training. This differs for each College and for many procedural specialties it

requires a log book of cases and certain core competencies to be obtained (- and many College encourage post training Fellowships for additional training to acquire specialist skills that need to be applied in increasing subspecialisation in many specialties). Therefore Fellowship via College Training programs established some recognised “core” competencies that are built into many credentialing frameworks (NB: NSW SoCP). The revised specialist framework does not articulate how these core competences will be determined and assessed under the standard.

- The Colleges and AHPRA need to work together to core credentialing/scopes required for specialist registration to ensure that standards are met for a supported and competent specialist workforce. Colleges have key subspecialty expertise and play a key role in the individual comparability assessments. (Refer to Box 3.4 in Kruk report pg.56)

- Where there may be deficits in a particular country (particularly those deemed to have substantially different specialist training pathways or limited access to technologies/procedural skills)– this needs to be recognised and addressed in deterring scope and any restrictions – and clearly outlined pathways/requirements to full accreditation either by additional supervised practice or targeted training and upskilling.

- This does not remove the need for credentialing and SoCP at the health service level- with supervision and support being determined based on local supervision/support/facility service level delineation and locally informed decision making by the relevant credentialing bodies.

General Practice:

- Consideration for the GP pathways and in particular procedural GPs – how will they be assessed and compared with GP proceduralist under the ACCRM/FRACGP pathways. We know that primary practice scopes can be very variable – with some countries e.g. Canada/ Cuba have extended roles for GPs compared with others. Given the shortage of GPs and the declining numbers of rural procedural GPs this area may need particular focus and a better defined pathway for GP vs Procedural GP vs Generalist roles both in health services and the community setting.

Proficiency in English Langue and Improved clinical and cultural screening

- Communication is vital in the healthcare field. While English language proficiency is generally required, there may be variations in, medical terminology, and cultural differences that can impact effective communication with patients and colleagues. The cultural values and awareness of some overseas practitioners may not be in accord with Australian values, for example attitudes towards women in some cultures. To address this properly, clinical and cultural interviews should be in place to ensure overseas practitioners can reach an adequate knowledge attitude standard

- Kruk report suggests IELTS test parameters (reduction of written score for 7 to 6.5), but need to consider broader competency in communication – welcome the recommendation re more programs of study conducted in English.

Concerns or Complaints about a Clinician

- Notwithstanding the role of the Board in managing professional issues and the availability of subject matter experts, – how and where do the Colleges play a role in managing and maintaining professional standards in relation to underperformance.

- Also what are the pathways for remediation for underperformance during the supervisory period

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

Under Section 75(1) € - there is reference to completing a Board approved orientation to the Australian healthcare system and cultural safety education.

- Many College training programs have cultural competency modules/frameworks built into the specialist training pathways (RACMA is a good example of this). Also this is a part of undergraduate medical education and post graduate programs. Many IMGs (with a few notable exceptions e.g. graduates from the Canadian health system) will have had consideration of indigenous populations as part of their medical or specialist training, so how do we ensure this potential deficit is managed to best serve indigenous communities and patients?

- Consideration of specific cultural competency training as part of the revised registration standards. Stand-alone module or provision of a structured learning and education program - ?AIDA for example?

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

Supervision Support

- Consideration for differences in rural and remote areas – in particular resources available for support and supervision of IMGs especially where there is predominantly a FIFO VMO led specialist model. structured additional support for supervisors also requires acknowledgment in the reforms. There is an amplification in areas with medical workforce shortages in that the demand on supervisors, or their ability to provide additional support, is limited as a consequence of operating in an already resource constrained environment. As a result, there is great concern about the level and quality of supervision overseas practitioners receive after they arrive.

- Providing comprehensive language and cultural support programs, as well as mentorship opportunities, can assist overseas health practitioners in improving their English language skills, understanding medical terminology, and adapting to the Australian healthcare system.

Indemnity:

- As yet unknown, but will indemnity premiums for individual practitioners be weighted differently by insurers based on perceived risk if a specialist is not a Fellow of a College? This may have impacts on induvial practitioners but also employers and institutions – e.g. GP practices etc? Is there a way to manage this so as not to disadvantage specialists on this expedited pathway?

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

CPD Homes:

- All practitioners need to have a CPD home. Traditionally, specialists will have their CPD home within their College with a framework that encompasses key competencies in their ongoing professional and clinical accreditation.

- Will non-Fellowed specialist have access to their respective College CPD programs (and what are the potential resistance/barriers) and if their CPD home is outside the College – how will

	their ongoing Specialist accreditation be measured and recognised in non-specialist CPF home frameworks?

Summary Comments:

The new pathway outlined in Attachment A focuses on section 58 (B) of the National Law and importantly does not require a college to assess the induvial practitioner, uses precedents set in NZ and some other "competent authority" countries and tries to consider recommendations from the Kruk report (Recs 9-16). The current standard does not clearly outline the requirements to ensure that the new expedited pathway provides a safe and competent workforce, so in principle the Boards suggestion to revise the existing standard is the correct approach. Also, there are currently provisions under the National Law, for alternative qualification options for medical specialists outside of Fellowship, so this pathway is not completely new, but sets out a framework in which IMGs can access and navigate that pathway more easily.

This will need a collaborative approach between the colleges, the federal government and the Board if we are to ensure that professional standards are maintained and that we have a supported and competent workforce should this new pathway be established. However there are some areas that need further clarification, including minimum supervision requirements, language and cultural competencies, supervision supports and arrangements core scopes of practice, CPD homes and compliance outside a Fellowship framework and the management of underperforming practitioners.

From a RACMA perspective, we have a strong pedigree of supporting IMGs on then pathway to specialist recognition within our college, but also, as system administrators where we are responsible for ensuring a competent and sustainable medical workforce equitably distributed across our health services. We are also ultimately responsible for safety and quality, professional and clinical governance, including local credentialing and scopes of practice.

It is important that we approach this consultation with consideration of the Kruk report recommendations the recent Ombudsman's report, but with a primary consideration to ensuring professional standards are safeguarded whilst working towards a supported and clinically & professionally/culturally competent SIMG workforce.

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Friday 5th July 2024

Executive Officer Medical
AHPRA
GPO Box 9958
Melbourne 3001
Via: SIMGPathwaysReview@ahpra.gov.au

Dear Executive Officer,

Re: Public Consultation on the Draft Revised Registration Standard: Specialist Registration

The Royal Australasian College of Medical Administrators (RACMA) appreciates the opportunity to provide feedback on the *Draft Revised Registration Standard: Specialist Registration.*

About RACMA
The Royal Australasian College of Medical Administrators – RACMA – is the only specialist medical college that trains doctors to become specialist medical leaders and managers. Our education programs, including our accredited flagship Fellowship Training Program, aim to equip doctors with the leadership and management skills needed to influence and lead Australasian healthcare systems with the explicit aim of improving health outcomes for all peoples of Australia and Aotearoa New Zealand.

RACMA has over 1500 Members across Australia, Aotearoa New Zealand, and Hong Kong. The strength of RACMA is its members, who, through the skills of system leadership, clinical governance and workforce management, strive to lead for change and ensure the delivery of safe and quality healthcare for all. The RACMA membership is a highly regarded medical leadership group as demonstrated by our members' roles and responsibilities within those health systems across the Public Service Sector, Private Health, Primary Health Care, Medical Insurance, Tertiary Sector, Military and beyond. Some of the pivotal roles carried out by our Members include Chief Executives, Chief Medical Officers, Medical Directors, Heads of Departments, Regulatory and Quality Assurance Body Executives and Chairs of key industry and research committees.

RACMA members occupy roles in the health system that consider whole-of-system delivery and are unique in their leadership of health and medical professionals, funding and financing, systems and processes. The impact of that leadership is demonstrated in all public and private settings, primary and tertiary settings and system reform.

Executive Summary
As a leading authority in medical administration, RACMA is committed to ensuring that the standards for specialist registration promote excellence in healthcare delivery and support the professional development of medical practitioners. This submission is made with consideration of the current National Medical Workforce Strategy (NMWS) and the Department of Health and Aged Care (DoHAC)'s focus on improving the numbers and distribution of the generalist and specialist medical workforce.

Given the political and regulatory pressure to establish an expedited pathway for International Medical Graduates (IMGs), it is crucial to address this issue comprehensively. The proposed new pathway, based on section 58(B) of the National Law, aims to streamline the process for IMGs without requiring college assessment, aligning with precedents set in New Zealand and other competent authority countries. This approach also considers recommendations from the Kruk report (Recommendations 9-16).

RACMA strongly supports the need to identify and address issues such as quality of care, workforce security, remuneration, professionalisation, and funding within the medical workforce. The overall development of this part of the economy will be held back unless these issues are addressed. This submission provides detailed responses to the consultation questions and highlights key areas for improvement to ensure a supported and competent IMG workforce.

Response to Consultation Questions

Content and Structure

The draft revised specialist registration standard's content and structure are generally clear and helpful. However, more detailed guidelines on specific aspects such as supervised practice, orientation to the Australian healthcare system, and cultural competency training could enhance clarity and practical implementation.

Specific Content Changes

- **Supervised Practice:** The timeframe of six months of satisfactory supervised practice may not be sufficient for IMGs who are new to Australia. A more extended period might be necessary to ensure full adaptation to the new medical and cultural environment.
- **Cultural Competency Training:** Specific training modules on cultural competency, especially related to Aboriginal and Torres Strait Islander health, should be included in the orientation program to ensure that IMGs are well-prepared to serve diverse communities.

Impact on Patients and Consumers

The proposed changes should consider the potential impacts on vulnerable communities. Ensuring that IMGs have adequate support and supervision will be crucial to maintaining high standards of patient care and safety.

Impact on Aboriginal and Torres Strait Islander Peoples

Including comprehensive cultural safety education and training as part of the registration process will help address any potential gaps in understanding and ensure better healthcare outcomes for Aboriginal and Torres Strait Islander patients.

Regulatory Impacts or Costs

The proposed changes may have implications for supervision resources, particularly in rural and remote areas. Additional support and structured mentorship programs could help mitigate these challenges.

Additional Comments

RACMA supports the introduction of an expedited specialist pathway, provided that robust mechanisms are in place to ensure the competence and safety of practitioners. Collaboration with specialist medical colleges will be essential to implement these changes effectively.

Considerations and Clarifications

We acknowledge the strong views from various colleges regarding this proposed change to specialist registration. A collaborative approach between the colleges, the Federal Government, and Ahpra is essential to maintain professional standards while establishing a supported and competent workforce.

Areas needing further clarification include:

- **Minimum Supervision Requirements:** Clear guidelines on supervision to ensure IMGs receive adequate support.
- **Language and Cultural Competencies:** Enhanced focus on language proficiency and cultural competency.
- **Supervision Supports and Arrangements:** Structured supervisor support systems, particularly in resource-constrained environments.
- **Core Scopes of Practice and CPD Homes:** Ensuring alignment with existing frameworks and continuous professional development opportunities.
- **Management of Underperforming Practitioners:** Clear pathways for remediation and support during the supervisory period.

Dual Perspectives: RACMA and System Administrators

From a RACMA perspective, we have a strong pedigree of supporting IMGs on their pathway to specialist recognition. As system administrators, we are responsible for ensuring a competent and sustainable medical workforce equitably distributed across our health services, ultimately responsible for safety and quality, professional and clinical governance, including local credentialing and scopes of practice.

RACMA endorses the efforts to streamline the registration process for IMGs while maintaining high standards of medical practice. By addressing the specific needs and challenges outlined above, we can ensure that the revised registration standard supports a competent and culturally aware medical workforce. We are committed to working collaboratively with all stakeholders to achieve these goals and ensure the successful implementation of the new pathway.

We look forward to contributing to the ongoing development of the specialist registration standard.

Yours sincerely,

[redacted]

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RACMA President