

From: [REDACTED]
Sent: Wednesday, 12 June 2024 8:46 PM
To: Specialist IMG Pathways Review
Subject: SIMG Consultation on Draft Revision of SIMG registration pathway

Dear AHPRA

Many thanks for the opportunity to provide feedback on the Draft changes in the SIMG pathway to registration.

This is a much needed revision to the current standards of IMG specialist registration. I am an IMG and I wish to provide the following feedback.

1. The AMC accredits Australian educational institutions to ensure safety of Australians in metropolitan, rural, remote Australian communities by ensuring very high educational standards of Australian medical education and the education of overseas practitioners.
2. The role of AHPRA is as a regulator of a practitioner's professional practice and maintenance of license. As far as I am aware AHPRA is not an accreditor of educational institutions or educational standards of overseas practitioners.
3. There is no clarity on the 'Standard' that will be used by AHPRA on its decision of "comparable or substantially comparable" education and competence of SIMG in this document.
4. If I may say so, comparability of education, skills and competencies is beyond the scope of AHPRA. As you know such comparisons are currently done by Specialist colleges.
5. My understanding is that this proposal excludes the Specialist Colleges in this pathway of SIMG specialist registration.
6. It is my understanding that reciprocity, reputation and general consensus on perceived 'High standards' are probably applied in this proposal.
7. My view is that using "reciprocity" (eg: GMC accepts AHPRA and therefore AHPRA accepts GMC) registration standards is flawed as the challenges of Australian regional and remote practices coupled with Indigenous Health Gap, does not occur in the UK, Canada or Ireland.
8. Using "design of healthcare delivery" as a marker for 'Standards' of medical education and safe performance of a practitioner has no basis of educational or practitioner competence.
9. Medical malpractice suits are highest for practitioners in the first few years of practice even when they work within their home systems that they trained under. It is reasonable to suggest that this risk will be relevant with SIMGs who are placed in a new healthcare environment.
10. This proposal increases the risk to both SIMGs who are not familiar with the Australian systems, diseases and culture, and also patients typically who are in remote and regional communities.
10. There is no doubt there is the need for certain specialists in rural and remote communities. However this proposal is a wide brush policy change that lacks clarity and specifics. Therefore, this policy change is likely to be applied in situations that may affect the local organic trends in the job market, become ineffective and reduce the overall standards of health care in Australia.

A potentially suitable system has to take the following into consideration:

1. Avoid unnecessary delays in application processing times
2. Non compromising on quality of Education, Skills and Competence of the SIMG at the expense of expediency.
3. Robust in comparability with current evaluation methods used through Colleges and not seen or result in circumventing current high standards.
4. Fit for purpose by ensuring SIMG are appraised via the same system at registration and also annually during the first few years to ensure they are supported in an alien environment.

If I may suggest, the following may be a system as a potential alternative option to fast track SIMGs and requires the following:

1. Medical Board of Australia and or AMC advertise, appoint and remunerate positions for an independent panel of IMG accreditors (via open competition).
2. Prerequisite of such panel members: Fellows of specialist colleges of more than 10 years good standing, preferably with combined local and overseas training (eg local graduates who have been overseas for fellowships, IMGs who completed training in Australia), a good CV with publications etc.
3. Panel members should demonstrate a proven track record of probity, being trustworthy and going over and above a sense of honesty, high sense of social justice, equality, public safety. Panel members should have No prior AHPRA adverse disciplinary history.
4. Well defined Conflict of Interest policy should be in place for panel members. Conflict of interest (COI) issues will be subject to AHPRA disciplinary proceedings.
5. Panel members should dedicate at least 1 day a fortnight equivalent to be able to credential suitable IMGs. They could work hybridly online and onsite.
6. Panel makes a recommendation on an IMG. Typically this should take no more than 6 weeks for the panel.
7. The duties of the panel are as follows:
 - a) After fulfillment of the preliminary requisites of English language requirement, ECFMG primary source verification, criminal record checks, the panel is involved in the formal assessment of the SIMG's training, education, skills and competency.
 - b) initial recommendation for or against SIMG registration with any additional requirements.
 - c) ongoing mentoring of SIMG
 - d) 6 monthly appraisal of SIMG for first 3 years.(review of positive/ negative feedback, safety, complications, complaints)
 - e) annual appraisal of SIMG in year 4 and 5.
 - f) worksite inspection

The above panel sits separate to the IMG pathways of Specialist Colleges. Conflict of interest of Panel members has to be appropriately managed.

Typically a panel should include specialists from both within and outside the specialty areas.

The Australian Government should fund the above panel.

Many thanks again for this opportunity to provide feedback. I am happy to answer any questions that may arise.

Warm regards

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