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 These details will not be published in any summary of the collated feedback from this consultation.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: The Australasian College of Dermatologists Contact email: [redacted] ☐ 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?

While the content is well structured and clear, the Australasian College of Dermatologists (ACD) has significant concerns about the workability, and flow on effects for patient safety, of the draft revised specialist registration standard.

Our concerns relate specifically to the qualification requirements for specialist registration namely **"b) hold another qualification the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification for the specialty".**

Our concerns are three-fold:

1. That the specialty of dermatology is unsuited to an expedited pathway;
2. That dermatology workforce shortage and maldistribution will not be substantially improved; and
3. That uncoupling specialist medical colleges from the assessment process, regardless of country of training, will have considerable negative impacts on patient care and safety, as well as the cohesion of the profession.

1. Unsuitability of an expedited pathway for dermatology

Graduates of certain international medical speciality training programs may be more likely to be deemed equivalent to domestically trained graduates due to the nature of the specialty, however this is not a given for all specialties. Dermatology would not be well-suited to this pathway. Our data shows that there are no international colleges whose fellows invariably perform well. Of the 133 applicants assessed by ACD between 2012 and 2024, only 22 (17%) were found to be substantially comparable, with country of training varying widely between applicants. Most applicants were found to be partially comparable (n74, 57%) or not comparable (n22, 17%).

In our lengthy experience of assessing comparability of internationally-trained dermatologists, the considerable variability of performance stems from the wide scope of clinical dermatology as a speciality in that it spans medical, surgical and procedural knowledge and skills. These knowledge and skills must include disease areas that are highly nuanced to the Australian context, such as skin cancer which forms a large part of dermatological practice in Australia, but not necessarily in those countries where an SIMG's training might on paper be comparable.

No other country requires their dermatologists ubiquitously to obtain the expertise in skin cancer diagnosis and management that Australian dermatologists need to work safely in this country. Of all the training programs that one might consider potentially comparable (e.g. UK, Canada etc), none of these ubiquitously provide their trainees the experience that our community requires.

The Colleges provides a safeguard for the Australian public, ensuring robust assessment of competencies and professionalism. The loss of this opportunity for nuanced peer assessment poses risks for patient safety.

Indeed, this point was well recognised in the Medical Board's *Standards for Specialist medical college assessment of specialist international medical graduates* which states that 'assessing SIMGs can be complex…When assessing SIMGs, colleges have to take into consideration a unique range of factors in addition to the SIMG's previous training and assessment…Each assessment is therefore unique'. We know from our experience that simple assessment of applications against standards and curriculum is insufficient to adequately assess comparability and that interviews by College Fellows are an essential component of the processes we undertake as a medical college.

Although an overseas qualification may appear to be comparable there is often a significant difference in how graduates have performed before, during and after gaining the same qualifications. As a result of our robust interview processes, we have been able to identify significant differences between applicants awarded the same qualification on paper.

Specialist colleges as the experts in the relevant medical specialty are best placed to assess whether an individual is safe and competent to practice or whether they require upskilling or the nature of that upskilling.

2. Impact on dermatology workforce shortage and maldistribution

In the case of dermatology, these reforms, which have the potential to undermine safe, high quality care, are based on the false premise that they will significantly improve access by having a substantive positive impact on the dermatologist workforce size and distribution.

This neglects that historically only a small proportion of international applicants have been found to be substantially comparable. It neglects that the dermatologist workforce shortage is not due to a lack of Australian (nor indeed overseas) doctors seeking to train as dermatologists, but to insufficient public investment in dermatology services and in the registrar and consultant supervisor positions needed to grow the dermatology workforce.

For IMGs to have the best opportunity to pass the examinations they should complete at least 50% of their training in a public hospital setting. Unfortunately, there are only two training positions available for IMGs in public hospitals funded via STP. There are insufficiently funded training positions available for local trainees, let alone international trainees.

Furthermore, when it comes to the potential for IMGs to support efforts to address maldistribution, we know from our own experiences that most IMGs prefer to migrate to the capital cities. While IMGs require an exemption from the 19AB Health Act to obtain a Medicare provider and prescriber number and must work in a District of Workforce Shortage (DWS) to meet this exemption, all of Australia is considered a DWS for dermatology and therefore there are no other initiatives or incentives to recruit IMGs to rural areas.

Even if there were, the circular challenges of providing adequate upskilling and supervision in rural areas given the extremely limited existing workforce in regional and rural Australia remains. Far more effective in addressing inequities in rural and regional Australians access to specialist dermatology care would be for federal, state and territory governments to invest in growing the number of public consultant and training positions in regional areas to enable a homegrown and sustainable workforce.

3. Uncoupling the specialist medical colleges from the assessment process

In the absence of colleges' involvement in the assessment and/or examination of specialist international medical graduates, the qualification requirements for specialist registration namely **"b) hold another qualification the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification for the specialty"** poses significant potential risks for the following reasons:

- The Board will rely heavily on colleges at the outset to determine which qualifications are substantially equivalent, while simultaneously bypassing colleges in the decision-making regarding the demonstration of competencies of individual applicants with those qualifications.
- The Board does not have the expertise to monitor, including on an ongoing basis, changes to international training programs (i.e. curriculum changes, program delivery, health settings) and their effect on graduate outcomes, so will continue to rely on colleges for this expertise over time. If colleges are no longer seeing applicants from certain countries, they will cease to be able to make informed judgements about the competencies of their graduates. In essence, this option is based on point-in-time decision making and does not allow for the expert groups to monitor and evaluate changes over time. We believe this is shortsighted and fraught with risk.
- There is no contingency for differing views, for example should a program no longer be considered equivalent by colleges, it is unclear what onus is there for the Board to update its list. How are any diverging views between the Board and the relevant medical college to be resolved in a robust and transparent way? This needs to be clearly articulated.
- For many IMG applicants, their first introduction to working in Australia is via the colleges, who provide tailored and local advice, and facilitate opportunities and introductions to their colleagues and networks. Automatic registration without ties to colleges will impede collegiality and further isolate the specialist who is new to the country at a time when they would most need professional support. This has the significant risk of creating a two-tiered system, whereby one group of specialists may function outside of established professional networks – again, this has patient safety and quality care implications.

- In addition, by virtue of not being engaged with their college, these specialists will be unable to train and contribute to growing the next generation of specialists. This is particularly relevant for those working regionally and rurally, and contradicts the government's focus on building locally-grown workforce through regional and rural training. Indeed, under these proposals, there is the potential that colleges would have absolutely no visibility that these individuals had been granted registration to practice in Australia.

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

As above, we do not support the removal of the colleges from the process.

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?

We have significant concerns about the removal of College assessment in the proposed expedited pathway and potential for negative impacts for patient safety stemming from a less nuanced assessment of individuals and potential loss of collegial and professional support (and oversight) as outlined in response to Question 1 above.

While we welcome a focus on cultural safety, there are other areas where community standards may differ substantially compared with country of origin and which may impact on a practitioner's ability to deliver high quality, clinically and culturally safe care to Australia's diverse patients and communities. The nature of our diverse culture may well require a change in perspective, approach and practice in practitioners whose work experience has been in a monocultural or monofaith setting or from countries with differing attitudes and community expectations regarding for example, treatment of people of different genders or sexualities, or with a disability. Interview and a period of supervised practice enables these gaps to be identified early on.

We also note that there is quite often a marked difference in the English language ability levels assessed "on paper" by various tests and how, in fact, the candidate performs in a live interview, managing both speaking and understanding in particular. If some applicants may be granted recognition without at least some form of oral interview it could be detrimental to patient safety and satisfaction.

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

Whilst it is critical and commendable that the draft standard includes the requirement for cultural safety training, it is imperative that organisations providing this training receive adequate and ongoing government support to ensure that they are not overburdened and can continue to deliver high quality and effective training.

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

Cost

Specialist medical colleges are currently performing the role of assessing applications at no expense to the government. Fees charged to applicants currently are to cover administrative expenses, as College Fellows involved in the process provide their time and expertise voluntarily.

The proposals will likely increase costs to applicants and to government to establish new system, its associated governance and its administration.

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