

3 July 2024

The Medical Board of Australia

Via Email: SIMGPathwaysReview@ahpra.gov.au

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Dear Dr Tonkin and the Medical Board of Australia,

MIGA submission – Public consultation on the revised Registration standard: specialist registration

MIGA is a medical defence organisation and medical/professional indemnity insurer advising, assisting, educating and advocating for medical practitioners, medical students, healthcare organisations and privately practising midwives throughout Australia.

With over 36,000 members and a national footprint, MIGA has represented the medical profession for over 120 years and the broader healthcare profession for 20 years.

MIGA appreciates the opportunity to contribute to the public consultation of the *Draft revised Registration standard: specialist registration*. However, MIGA is concerned about the lack of engagement with the Medical Defence and Indemnity Insurance sector regarding how the expedited Specialist International Medical Graduate pathway will be operationalised and risk priced for its medical indemnity insurance requirements.

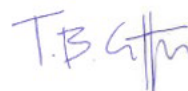
A copy of our submission is enclosed.

Please contact Joel Tuccia, [REDACTED] should you wish to discuss this submission.

Yours sincerely



Joel Tuccia
Policy and Advocacy Manager - MIGA



Tom Griffiths
CEO - MIGA



MIGA Submission

Ahpra and the Medical Board of Australia

Draft revised Registration standard: specialist registration

July 2024



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3 July 2024

MIGA Submission – Draft revised specialist registration standard

Summary – MIGA’s position

1. The content and structure of the draft revised specialist registration standard is clear and relevant as it sets out the legal framework on which the expedited pathway will rely. However, the lack of operational detail is concerning for a pathway due to commence in October 2024.
2. The Medical Indemnity and Medical Defence Industry cannot accurately assess the medical indemnity insurance risks posed by the expedited SIMGs pathway without details of how it will be operationalised including candidate screening, supervision, and assessment.
3. The jurisdiction where applicants have completed training/attained their primary qualification should form part of the eligibility criteria alongside the jurisdiction they are currently registered. Failure to recognise primary qualifications may circumvent the policy intent in identifying *substantially equivalent jurisdictions*, allowing practitioners trained elsewhere to pass through identified jurisdictions on their way to Australia.
4. Boosting the locally trained medical workforce pipeline should remain a principal focus of addressing Australia’s Medical workforce shortages long term. The expedited SIMG pathway should be reviewed regularly and include policy leavers to meter the flow of applicants.
5. MIGA would welcome an opportunity to work with the Medical Board and colleges to develop a robust plan to operationalise the expedited SIMG pathway.

MIGA’s interest

6. MIGA is a medical defence organisation and medical professional indemnity insurer advising, assisting, educating and advocating for medical practitioners, medical students, healthcare organisations and privately practising midwives throughout Australia. With over 36,000 members, MIGA has represented the medical profession for 122 years and the broader healthcare profession for 19 years.

Initial questions

Initial questions

Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

Organisation

Name of organisation: **MIGA**

Contact email: [REDACTED]

Myself

Name: **Joel Tuccia**

Contact email: [REDACTED]

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

Consultation questions

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

- 1.1. The content and structure of the draft revised specialist registration standard are clear and relevant. However, the lack of detail about the operation, (including supervision and assessment) of the expedited SIMG pathway is concerning from a medical indemnity risk assessment and management perspective.
- 1.2. The structure of this consultation presents consideration of the *draft Standard* with consideration of the *expedited SIMG pathway*. It is MIGA's position that specific operation of the expedited SIMG pathway requires more work and consultation before being effectively rolled out.
- 1.3. MIGA understands that colleges directly impacted by the expedited SIMG pathway have been consulted. MIGA is concerned that the Medical Board and Ahpra are yet to engage with the Medical Indemnity and Medical Defence Organisations on the proposed operation of the pathway.

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

- 2.1. MIGA has nothing to add.

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?

- 3.1. There is a risk to patients and the public if the process does not include adequate vetting, supervision and assessment of candidates. See Section 5 for further details.

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

- 4.1. Cultural Sensitivity training: Cultural sensitivity training is not just a matter of nicety; it has profound implications for effective communication, mutual respect and harmonious relationships. Truly effective sensitivity training should be conducted locally, specific to the lands and peoples where applicants will practice. It is unclear whether the cultural sensitivity training proposed will be to this level of specificity.

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

- 5.1. Medical indemnity insurance providers are continually reminded of our obligations under Universal Coverage provisions. Commensurate with that obligation is the countervailing responsibility of governments and regulators (including the Medical Board) to provide insurers with robust details of how they intend to enact and implement the law to allow for appropriate price-affordable and comprehensive insurance products to be developed.

- 5.2. The expedited SIMG pathway provides a departure from current practice and will require fulsome consideration from insurers as to the adequacy of current product offerings to meet the needs of SIMGs.
- 5.3. Unfortunately, as the Medical Board has yet to engage meaningfully with Insurers and MDOs regarding crucial details of the expedited SIMG pathway, it has been impossible to assess the true implications as to risk and coverage.
- 5.4. Without specific details, insurers will need to estimate the risk of the expedited SIMG pathway at its *highest*. The higher risk will place upward pressure on premiums to ensure the adequacy of coverage and viability of insurance pools.
- 5.5. Crucial detail insurers require include but are not limited to:
 - 5.5.1. Screening of applicants: Will applicants undergo any pre-screening? Will a practitioner's criminal and regulatory history be considered? Will criminal and regulatory history details be available to prospective insurers, and will insurers be empowered to act on that information?
 - 5.5.2. Supervision of applicants: How will supervisors be identified or selected? What will the supervisor selection criteria include? Will supervisors be independent i.e. free from conflicts including employer or visa sponsor relationships? Will supervision requirements be uniform across all applicants or will the degree of substantial equivalence of that jurisdiction influence supervision requirements? What options will there be for applicants who fail to meet supervision standards?
 - 5.5.3. Assessment of applicants: What will assessments include? Will assessments be based solely on orientation to the Australian healthcare system, or will they include skills-based competencies within the specialty areas? Will assessments be practical, theoretical or a combination of both? How will assessments be administered? What options will there be for applicants who fail to meet assessment standards?

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

- 6.1. Jurisdiction of Primary qualification: In recognising qualifications, MIGA would encourage the Medical Board to include both the jurisdiction an applicant is currently registered, as well as the jurisdiction in which they were primarily trained or qualified.
- 6.2. Failure to consider where an applicant primarily qualified, may inadvertently create a migration path through recognised Jurisdiction, circumventing the policy intent of the expedited SIMG pathway. For example, If Ireland is identified as a jurisdiction of substantial equivalence, not considering where a practitioner trained will allow practitioners trained elsewhere in Europe to register in Ireland as a stopover to Australia.
- 6.3. Geographic Distribution: Geographic maldistribution of healthcare and medical professionals is Australia's most significant workforce issue. MIGA notes that part of the SIMG proposal is to lift age restrictions on applicants. MIGA would encourage the government not to weaken policy settings around geographic distribution including placement of SIMG applicants in Distribution Priority Areas and Districts of Workforce Shortages.

- 6.4. Boosting the locally trained medical workforce pipeline should be paramount. The expedited SIMG pathway should not detract from bolstering locally trained medical professionals as the principal focus of addressing long-term medical workforce shortages. As such, the expedited SIMG pathway should be reviewed regularly, and include caps and other mechanisms to meter the flow of applicants and ensure it remains faithful to the primary policy intent.