

Stakeholder details

Initial questions
<p><i>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 These details will not be published in any summary of the collated feedback from this consultation.</i></p>
<p>Question A</p> <p>Are you completing this submission on behalf of an organisation or as an individual?</p> <p>Your answer:</p> <p><input checked="" type="checkbox"/> Organisation</p> <p>Name of organisation: Royal Australian College of General Practitioners (RACGP)</p> <p>Contact email: ██████████</p> <p><input type="checkbox"/> Myself</p> <p>Name: Click or tap here to enter text.</p> <p>Contact email: Click or tap here to enter text.</p>
<p>Question B</p> <p>If you are completing this submission as an individual, are you:</p> <p><input type="checkbox"/> A registered health practitioner?</p> <p>Profession: Click or tap here to enter text.</p> <p><input type="checkbox"/> A member of the public?</p> <p><input type="checkbox"/> Other: Click or tap here to enter text.</p>
<p>Question C</p> <p>Would you like your submission to be published?</p> <p><input checked="" type="checkbox"/> Yes, publish my submission with my name/organisation name</p> <p><input type="checkbox"/> Yes, publish my submission without my name/ organisation name</p> <p><input type="checkbox"/> No – do not publish my submission</p>

Your responses to the consultation questions

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

The content and structure of the Registration Standards: specialist registration (the Standards) is relevant and workable. The removal of duplicated content is supported by the RACGP and makes for a simpler document to navigate.

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

General comments

The RACGP notes many international specialists speak English as a second language. While the revised version of the Standards has made it a simpler document to navigate, they do not consistently use plain English. We recognise specific language may be required to give full effect to the Standards under the National Law, however, a supplementary document with contextually relevant information may support understanding for the audience of these Standards.

Specific feedback

The RACGP suggests for readability the content under the *Does this standard apply to me?* section could be broken into bullet points for example:

This Standard applies to individuals who are:

- applying for specialist registration, or
- applying to renew their specialist registration.

The 'requirements' section could be clearer for applicants. The RACGP recognises the intent of including references to the National Law so as to enable readers to understand clearly whether they meet the requirements for specialist registration. However, the sections of the National Law (s57 – 58) referenced aren't cross referenced with any explanatory materials for how they relate to medical registration or these Standards. Given applicants may not be familiar with the Australian healthcare system adding context or a guide with examples would make it easier to understand the requirements.

Content that does not appear in the Standard

The RACGP notes critical detail around supervision requirements of those eligible for the expedited specialist pathway is not in these Standards, nor has there been an indication of whether existing IMG supervision standards will apply. It is important to set clear expectations for doctors intending to undertake this pathway, as well as for potential supervisors. Having validated tools to ensure robust supervision provided under the expedited pathway will give the Australian communities confidence that doctors completing this pathway will provide safe and high quality care.

The RACGP recommends that the Standards be updated to include:

- a requirement that the SIMG is supervised by a medical practitioner with specialist registration in the field of speciality in which the SIMG will practice
- details of how supervision would occur
- any requirements to be undertaken during the period of supervision
- training, accreditation or ongoing requirements for supervisors
- whether supervision will be required to be, at minimum, partially face-to-face given that the supervisor report appears to be the main assessment tool for performance in the speciality. A report from a supervisor who is not privy to day-to-day practice becomes less valuable.
- length of supervision – over what time scale is this calculated (calendar months or based on full time equivalent), what is the provision for periods of leave and what are the maximum periods of leave, what are the minimum hours per week to be worked while under supervision on the expedited pathway.

The Board's goal of ensuring safe practice through supervision on the expedited pathway is unclear without the details of said supervision. The Board's own statement highlights the importance of supervision: 'Supervised practice reassures the community...that a registered health practitioner...is not putting the public at risk'. However, without clear details about supervision for this pathway, it's uncertain how this objective will be achieved. The RACGP strongly recommends the Medical Board align requirements for the expedited pathway with the existing Supervised Practice for International Medical Graduate guidelines.

The RACGP's PEP Specialist program allows for identification and appropriate management of underperforming doctors. The RACGP would consider it pertinent to be explicit about process for managing unsatisfactory performance, including withdrawal from the pathway and whether this would be managed on a case-by-case basis (or the mechanism for oversight). Similarly, clarity is required to explain options for an applicant who demonstrates unsatisfactory performance while participating in the expedited pathway. This should include whether they would be redirected to the standard or competent authority pathways which have established pathways for underperformance.

The Standards do not provide information about the requirements to commence practice in Australia. The RACGP has encountered applicants who have, for varying reasons, been deemed eligible to commence practice, but to do so some years after their eligibility was determined. This presents challenges if the pathway has evolved, or their circumstances have changed which, if they were to be reassessed, would make them ineligible. Given the intent of the expedited pathway is to facilitate faster entry into Australia the RACGP strongly recommends the Board consider including a commencement requirement.

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?

Appropriate orientation tailored towards general practice

Specific details about appropriate orientation to the healthcare system, the associated rules and regulations are not outlined in the Standards. It is critical that international medical graduates are provided support and appropriate orientation to the Australian healthcare system – specifically general practice. The RACGP's delivery of the PEP Specialist Program achieves this. It is unclear what, if any, specific orientation and support requirements will be made available or be required for those eligible for the expedited pathway who are entering general practice. With general practice identified by the *Independent review of health practitioner regulatory settings*¹ as a priority area, it is critical the RACGP provides input on orientation material for those attaining their registration through the expedited pathway. The impact of poor orientation to Australian general practice has implications for patient care, safety and quality of general practice.

The breadth and depth of practice an IMG will undertake as a practitioner, is significant. To provide health care to culturally and linguistically diverse communities, robust support for IMGs in general practice is imperative for their development of both health and health system literacy. The RACGP has provided support to the unique needs for each of our IMG members to migrate, train and gain permanency in Australia as part of their participation in the PEP Specialist Program.

With implementation of the expedited pathway, the RACGP maintains it is crucial that orientation consider the variety of practice environments, including in rural and remote Australia. IMGs have diverse skills, knowledge and experience that will support their practice in Australia, however, practice in the varying geographical and demographical environments requires appropriate support and orientation even for those coming from highly comparable countries. The comparability for working in a rural or remote settings will vary to urban practice with respect to skills, systems, support and ability to work independently. Further information on the unique IMG/SIMG working context is available in the [RACGP submission to the Parliamentary Joint Standing Committee on Migration for the Inquiry - Migration, Pathway to Nation Building](#).

While the RACGP recognises that the Medical Board has undertaken a patient and consumer health and safety impact (consultation attachment C), insufficient detail has been provided as to how the Board

will ensure applicants are appropriately oriented to the Australian health care system and undertake cultural safety training. The Board does not comment on how or when this will be monitored, consequences of non-compliance or remediation activities.

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

Cultural safety is a vital component of general practice for both patients and doctors in Aboriginal and Torres Strait Islander communities. The RACGP considers the completion of Aboriginal and Torres Strait Islander specific cultural awareness and cultural safety training essential for SIMGs choosing to move to Australia and setting them up to deliver appropriate and responsive care to Aboriginal and Torres Strait Islander People's and communities, as a GP.

The Standards have provided no specific detail on the requirements for cultural safety training, how this will be designed, delivered, assessed and monitored and if it will be appropriately tailored to the general practice and community context.

First and foremost, cultural awareness and cultural safety training should be accessed and delivered face to face and locally, contextualised to the circumstances and needs of the local community. General principles of cultural safety, racism, privilege, and bias can be delivered by other educational modalities such as online modules and webinars as long as they contain an element of being able to reflect, discuss and review the learnings. Furthermore, there should be a process of assessing cultural safety learnings using an appropriate cultural competency framework.

Additionally cultural safety education should be a continuing professional development expectation for all SIMG and specialist GPs throughout their entire career and assessed at renewal of registration.

RACGP acknowledges that the governance and leadership for the design, development cultural safety training for SIMGs is the domain Aboriginal and Torres Strait Islander educational specialists such as Cultural Educators and Aboriginal and Torres Strait Islander medical educators. One way of achieving this is for the Medical Board of Australia to engage with the Joint College Training Services (JCTS). The JCTS is a joint venture of the Australian College of Rural and Remote Medicine (ACRRM) and the RACGP and consists of a team of highly skilled cultural educators and mentors who weave clinical and cultural education together to create greater access, acceptance and participation in healthcare for Aboriginal and Torres Strait Islander people and communities.

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

Criminal history public consultation

The RACGP notes the public consultation in progress relating to the review of the criminal history registration standard. A key concern identified by members during last year's consultation on this topic was the requirement to declare all offences, regardless of severity, when applying for or renewing registration. The RACGP urges the Board to consider the implications of such a position particularly with the aim of the expedited pathway. Further information is available in the [RACGP submission to the Ahpra consultation on the review of the criminal history registration standard and other work to improve public safety in health regulation](#).

Scope of practice and registration

The Standards do not talk to registration and scope of practice, both of the SIMG and the supervisor. The RACGP asks the Medical Board to consider its position where an SIMG may not be working in comprehensive general practice (e.g. skin cancer medicine, cannabis prescribing or medical deputising) in the period preceding their application for specialist registration. The Board should consider whether full scope specialist registration will be granted for general practice where a participant is undertaking limited scope for some, or all of their time, on the expedited pathway. Similarly, where a supervisor may work in a specific scope of general practice the role of the supervisor providing reports should be considered, including the supervisor's appropriateness in areas outside their recent scope.

Reliance on supervisor reports as an assessment for performance

The inherent nature of supervisor reports in the expedited pathway presents a potential conflict of interest for supervisors. Supervisors, who are reliant on the expedited pathway to address workforce shortages, may be unlikely to submit supervisor reports where the contents could be perceived to be negative or may place the participant's registration at risk. The RACGP anticipates a bias towards positive evaluations, undermining the role of the supervisor reports to provide an objective assessment of the performance of the applicant. Further, for SIMGs who are contracted to practices for significant periods of times with their visa tied to the practice, this power imbalance is amplified. There appears to be no external assessor involvement and the RACGP notes external assessors may be one way to mitigate any potential positive bias. The RACGP urges the Medical Board consider how this power imbalance can be addressed to ensure a robust and objective assessment of performance, safety and clinical practice. The RACGP strongly recommends that assessments for SIMGs on the expedited pathway be undertaken by an independent medical educator skilled in assessment of general practitioners. The public has a right to expect that assessment for performance that determine the granting of registration is conducted in a way that identifies and appropriately manages practitioners who may not be meeting the required standard for safe practice in the Australian context.

Power differential considerations

The power differential between an SIMG and a supervisor under the expedited pathway risks the psychological safety of SIMG doctors. In the RACGP's PEP Specialist program SIMG doctors have access to mentor, whom is there to support the SIMG doctor. The mentor is not tied to their practice and can provide impartial support to the SIMG. Under the expedited pathway, SIMGs will have no independent support risking the psychological safety of the SIMG. The RACGP has previously managed a range of supervisor conflict issues and is appropriately resourced to do so. Without any contact with a program with a specialist college, it will be wholly reliant on the SIMG accessing alternative support mechanisms. Again, the RACGP strongly urges the Medical Board to consider how assessments of SIMGs are undertaken with a view to limit real and perceived conflicts of interest when undertaking the assessment of performance and competence.

Consideration of other levers to enhance SIMGs journey into the workforce

The RACGP is aware that while the scope of this consultation relates to the Standards for specialist registration, the RACGP emphasises the importance of considering other levers to streamline processes required for the medical workforce. For example, any SIMG subject to the moratorium who seeks a provider number for general practice must currently use a manual process for applying for a provider number. This can take up to 6-8 weeks.

The RACGP also recommends the Board provide clarification for applicants regarding location requirements that may be required to be met by those participating in the expedited pathway.

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

RACGP's reflection on delivery of the Specialist Pathway to date

In the period between 2018 – 2023, a significant proportion of applications received by the RACGP for the specialist pathway resulted in a substantially comparable outcome. The RACGP received 951 preliminary assessments during this time, with 81% (767 applications) achieving this result. Notably, only 4% of applications received during the same period resulted on a non-comparable outcome, the lowest out of any other specialist medical college. This demonstrates the RACGP's ability to balance quality and safety with workforce need.

Transitional arrangements

The RACGP welcomes further information about the transitional arrangements for SIMGs who have or are engaged with the RACGP PEP Specialist Program. We need to understand eligibility for the expedited pathway, particularly those who:

- have had a Report 1 submitted to the Medical Board by the RACGP, regardless of whether they have commenced practice

- have previously been found to not meet a satisfactory standard (including professional concerns) during RACGP assessments as part of the current specialist pathway. This includes individuals who:
 - have had concerns raised during the program requiring repeat assessments
 - have been reclassified from substantially comparable to partially comparable or
 - have voluntarily withdrawn from the program after serious concerns were raised about their competence, compliance or capacity.

The RACGP recommends that where an SIMG is either a past or current participant in the RACGP's specialist pathway that assessments undertaken be considered as part of their portfolio for assessment.

General comments on the expedited pathway

We continue to draw attention to the [2005 Queensland Public Hospital Commission of Inquiry Report](#) which reviewed the case of Dr Jayant Patel at the Bundaberg Base Hospital. The Report examined and highlighted the risks to patient safety when specialist colleges were bypassed in the assessment of SIMGs, as per Section 2.52.

As detailed in the [Independent review of overseas health practitioner regulatory settings](#), the processes for SIMGs commencing practice in general practice involved much more than just gaining medical registration. The journey for an SIMG is one of multiple steps, with interaction with a range of organisations. The RACGP cautions the risk of substandard care being delivered to the Australian community, the impact of which will be far reaching. This could damage the reputation of Australian general practice, Ahpra and the international standing of Australian general practice. Further detail about other levers the RACGP believe could contribute to enhancing the workforce are available in the [RACGP submission to the Independent Review of Overseas Health Practitioner Regulatory Settings](#).

There are mechanisms to maintain quality in general practice, including education, supervision, assessment and accredited comprehensive general practice clinics. The establishment of the expedited pathway limits not only the RACGP's involvement in maintaining quality in general practice, but other specialist colleges whose specialties who will also be included as part of the implementation of the expedited pathway. The removal of assessment and SIMGS practicing in non-accredited practices is a risk to the quality and safety of general practice. If quality of general practice is to be maintained, the relevant specialist medical colleges should be part of the process, as experts in supervision, assessment and quality assurance.

Additional consideration is required on the practical impact of supervision requirements on general practices. While the Board expects supervision requirements to be offset by the increased health services provided by the SIMG, there is the potential for ongoing costs and increased administrative burden for practices. The RACGP recommends the Board also consider the practical aspects of supervision for general practices, given that most general practices operate as small, private businesses. The RACGP acknowledges the brevity of the consultation period, and welcome further opportunities and dialogue with the Medical Board of Australia on the implementation of these Standards.