Public consultation - response template for feedback

Draft revised Registration standard: specialist registration

The Medical Board of Australia is inviting feedback on the draft revised *Registration standard: specialist registration*. There are specific questions for consideration below.

Making a submission

This response template is the preferred way to provide your response to the consultation on the draft revised registration standard for specialist registration.

Please provide written submissions by email, marked: '*Public consultation on the revised Registration standard: specialist registration'* to SIMGPathwaysReview@ahpra.gov.au by close of business on **3 July 2024**.

Publication of submissions

The Board publishes submissions at its discretion. We generally publish submissions on our website in the interests of transparency and to support informed discussion.

Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or would like us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

After public consultation closes, the Board will review and consider all feedback from this consultation before deciding the next steps, which may include submitting the revised standard to the Ministerial Council for approval.

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 These details will not be published in any summary of the collated feedback from this consultation.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 Royal Australasian College of Physicians Contact email: louise.rigby@racp.edu.au ☐ 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 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?

The Royal Australasian College of Physicians (RACP) understands that proposed changes to the specialist registration standard are due to the implementation of a new pathway called the 'expedited specialist pathway' following recommendation from the final report of the Independent Review of Overseas Health Practitioner Regulatory Settings (Kruk report). We are motivated to support changes that enable us to address the critical workforce shortages facing our health system. However, the RACP is concerned that the recommended changes are insufficiently backed by evidence or engineered to achieve a safe outcome for specialist international medical graduates or the communities they serve. The RACP is unclear if this draft revised standard will enable the addressing of the workforce outcomes and consider that further work is required to ensure it is adequate to ensure a safe specialist medical workforce for Australian communities.

Given the short consultation period and implementation date of October 2024 in order to meet the timeframes set by Health Ministers for this reform, we feel this revised standard may reduce the larger opportunity to benefit from a more evidence based and collaborative approach in the best interests of the Australian public and practitioners themselves. Additional time would also allow us to develop additional supports and education changes that could reduce the risk of untoward outcomes. A more thorough consultation, evidence informed, and collaborative response would align with the Board's stated priority of patient safety by ensuring that only practitioners who are suitably trained, qualified and are competent to practise in a safe and ethical manner are granted specialist registration.

While the expected impacts of the expedited speciality pathway may be faster comparability assessments, the RACP remains concerned about the apparent lack of an ongoing role for specialist medical colleges in this process. We serve the role to both ensure that pathways remain appropriate but also to ensure that SIMGs have necessary supports to practice once they are here – both key components of patient safety and quality of care.

Given RACP is meeting its applicable Ahpra compliance measures and benchmarks (98.3% internal compliance rate for the 2023 calendar year) and expectations set by the AMC, there is no compelling case at this time for the introduction of expedited pathways for physician specialties. However, the RACP wishes to continue working with the Government, the AMC, Medical Board / Ahpra and other stakeholders on how it can ensure registration pathways for overseas trained physicians remain efficient, fair and safe, responsive to workforce and community need and to support long-term sustainability of the Australian healthcare system.

Since 2015, the RACP administers fast-track paper-based reviews (PBR) for applicants holding specific qualifications from identified countries. This reduces the initial assessment timeframe by approximately two months and also positively impacts assessment timeframes for other applicants, by reducing the interview load for RACP assessors. Figure One, taken from the Board's report on specialist medical colleges' specialist pathway data shows the RACP's time for interim assessment for the majority of its cases is under 4 months and 14 days.

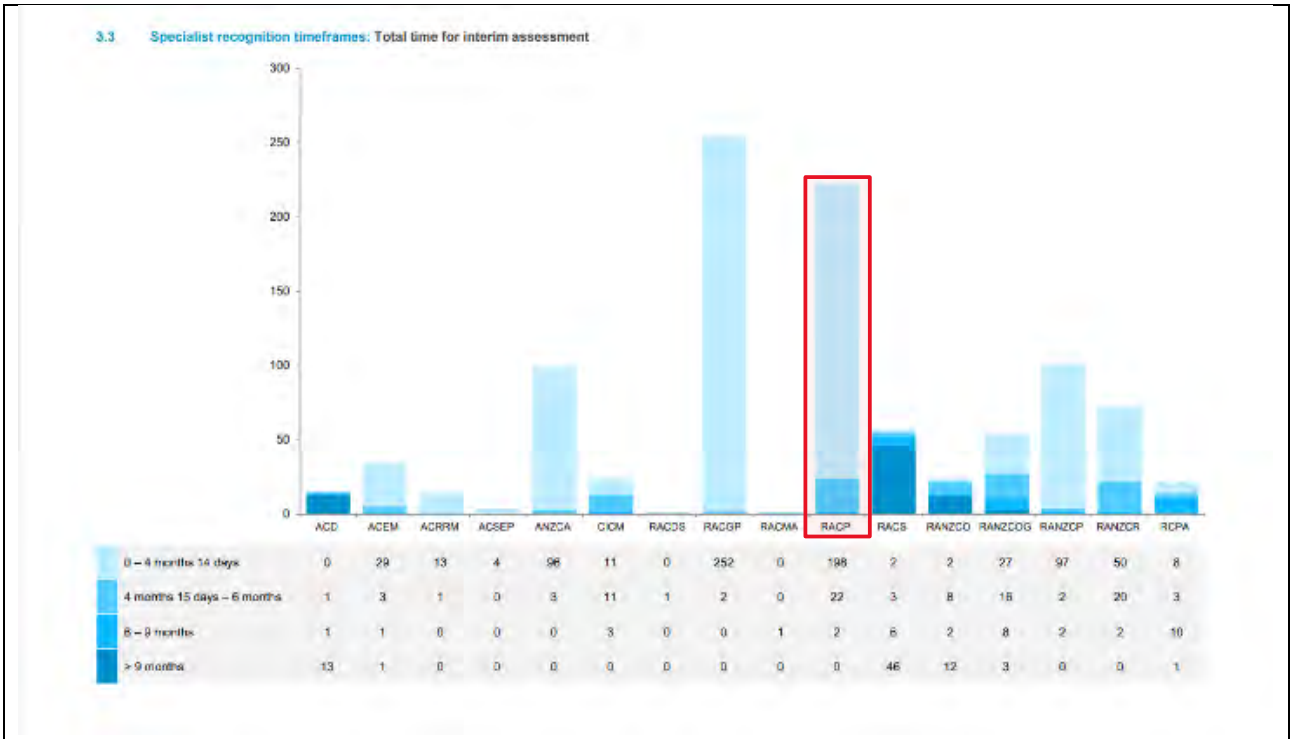

Figure one: Specialist recognition timeframes for interim assessment. Cited from the Board's report on specialist medical colleges from 2023.

However, unlike the expedited pathway that is being proposed by the Board, the RACP's PBR is more holistic, whilst remaining efficient and responsive to workforce needs. Not only are the Overseas Trained Physicians' (OTP) (specialist international medical graduates or SIMG under the Board's terminology) qualifications reviewed, but also their referee reports, training, post-Fellowship qualifications, experience, continuing professional development and exposure in which settings are reviewed. The RACP PBR process requires agreement from two separate assessors that the applicant is substantially comparable with no gaps identified. Where further clarification regarding an SIMG's training, assessments or experience is required, the application progresses to an interview. To ensure quality of these assessments, the RACP College OTP (SIMG) interviewers undertake an online training course and observe two interviews before conducting interviews themselves.

The SIMG applications that are deemed 'substantially comparable' via PBR can generally be approved for:

- 12 months of peer reviewed practice, along with
- Completion of the OTP (SIMG) orientation program
- Completion of MyCPD.

If any questions or doubts are noted, the application is referred to the relevant RACP subcommittee for final decision.

In 2023, the RACP received 294 OTP (SIMG) applications, 78 (26.5% of total) of these were processed by the PBR pathway, of which five were interviewed by the OTP assessment panel. Of these, 2 were found partially comparable and one was found not comparable. This means 4% of those assessed by the PBR weren't substantially comparable. This outcome underscores the importance of a robust physician-led assessment process in the interests of protecting public safety.

Given the Board's proposed update to the standard would place SIMGs in the Australian healthcare system based on only a qualification-based criterion, the RACP would ask the Board to consider how it plans to identify non-comparable clinicians who have been provided with specialty recognition and are already working in the healthcare system and are, only then, found to be placing the public at risk. There is no comparable mechanism to the holistic assessment offered by the RACP's PBR process to reduce this risk. This risk is further amplified by the lack of clarity regarding how and by whom these SIMGs will be supervised.

Another point the RACP would like to raise is that the revised standard does not clearly state that it is relevant to SIMGs or refer to SIMGs at all. This may cause confusion with SIMGs about whether it actually applies to SIMGs.

The RACP agrees there could be benefits such as a centralised process for collating documentation. It understands the frustration of the SIMGs and the Board regarding perceived delays in reviewing SIMG applications by the Colleges. It should be noted that delays in an SIMG applying for specialist registration are not all attributable to specialist medical colleges. In 2023 there were 236 applications incomplete on first submission. External checks (such as undertaking the English language proficiency test, qualification verification and not providing full paperwork, visa application process, employment checks, police checks, employment credentialing, Ahpra and Medicare registration) also cause delay which this revision does not address.

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

Further to the points made above, the RACP would suggest this pathway would be far safer if it were a co-managed process and included specialist medical colleges in the review of these expedited applicants. This remains an under-explored area around the issue of expedited assessment processes.

As highlighted in question one, the RACP already has expertise and demonstrated experience and ability in providing an expedited assessment pathway for SIMGs from certain countries who hold defined qualifications. Specialist training is not simple nor static, nor is it an enduring qualification alone. Contemporary specialist training is complex and subject to ongoing development of curriculum and learning outcomes. This complexity necessarily requires detailed assessment by experts in current specialist medical training and clinical practice standards and competencies. The RACP's OTP process addresses these requirements by requiring agreement from two separate assessors with such educational and clinical expertise. This includes a member of the respective OTP subcommittee and a co-opted member of the specialty Advanced Training Committee (ATC) to ensure the applicant's qualifications, training, experience and ability to practice safely and competently in an Australian healthcare context are substantially comparable with no gaps identified.

The RACP believes that generally, six months of peer review of SIMGs is insufficient and this should be changed to 12 months with an option to review at six months. RACP SIMGs who are found to be substantially comparable to an Australian physician or paediatrician in the same specialty are at present generally required to complete 12 months of satisfactory peer review. This period is to ensure that SIMGs are competent to practice independently in the full scope of their specialty at the level of a junior consultant in Australia. If their progress under peer review is satisfactory with no issues identified, the SIMG may apply for a peer review reduction after 6 months. All peer reviewers must provide letters of support for the reduction, confirming the SIMG is ready for independent practice, specialist registration and Fellowship of the RACP. The current RACP process also allows for context aware assessments of practitioner comparability. The ability to review and support the transition of an SIMG in rural, regional and remote settings for example requires local expertise. The proposed model would miss the opportunity to respond to such competency needs and nuances.

The RACP also provides and supports appropriate remediation processes for SIMGs whose progress during supervised practice is deemed to be unsatisfactory. Specialty-specific clinical expertise from Fellows is often needed to resolve these issues. In addition, the RACP OTP Team provides individual support to our SIMGs, both those who are doing well under supervision and those who are struggling. Support from a dedicated Case Officer is significant and needs to be recognised as a role that assists an SIMG during and after their supervision period, including the transition to continuing professional development (CPD) requirements and Fellowship.

The RACP would also like to point out that the Board would be creating an additional tier of SIMGs. The proposed expedited Board-hosted pathway is likely to create specialists without affiliation with or the support of a specialist medical college. More discussion, research and further clarification on the

intended benefits and risks associated with non-specialist College affiliated SIMGs is required. For example, how would the loss of the benefits of being a member of a professional membership organisation and its associated benefits of support and networking with peers, advocacy, professional development impact on the wellbeing, continuing professional development, safety and professional identity of SIMGs? There are currently 794 SIMGs who completed the OTP pathway and became eligible for Fellowship (and more than one Fellowship). The College does not merely play a role in facilitating specialist registration for these SIMGs – they are valued members of our Fellowship. Without established mechanisms, and the guidance offered by experienced supervisors affiliated with the College, it is questionable whether these overseas trained specialists will gain the practical knowledge they need to practice efficiently and well within the Australian context. It is imperative that these specialists are not left to practice without the supports they need.

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?

The RACP would like to highlight its concerns regarding the proposed expedited pathway's impact on patients and consumers and the maintenance of quality and safety standards if formal assessment by specialist medical colleges is removed.

As raised in question two, the RACP believes that a simplistic and 'one size fits all' rule of requiring six months of supervision and granting the applicant specialist recognition poses significant patient safety risks. The RACP also notes the Board has provided no information on who will supervise these practitioners, how they will be supervised and what process is undertaken when the SIMG is not meeting requirements. Without a comparable process to what the College has in place for its supervisors, the College has significant concerns about the adequacy of supervision arrangements for these applicants, amplified in a context of reduced period of supervision.

It is assumed by the Board's impact statement, that a Board approved orientation to the Australian healthcare system will provide an SIMG with all the information they require to work in the Australian healthcare system. The RACP would like it noted a more substantial program is required, particularly given a likely lack of prior experience in the Australian context given the SIMG will not have the collegial peer support and networks that the specialty college networks provide, including mentoring, support and teaching specialty specific healthcare. There are many complexities for specialists working in the Australian system – professional regulation, cultural safety, ethics, prescribing, record-keeping, digital systems, Medicare and private health insurance amongst others. It is imperative that an SIMG has guidance from experienced supervisors and other sources that they need to be ready to ensure they can deal with these complexities.

As outlined in question one regarding the RACP PBR, it should be noted that in 2023, 4% of the RACP SIMG applicants assessed by PRB were not deemed substantially comparable. The RACP would request the Board considers the probability of higher rates of those who will be granted specialist registration via the proposed less rigorous expedited pathway will be found to be non-comparable. These non-comparable SIMGs will be working in the Australian healthcare system as early as October 2024 with a yet to be defined supervisory process. It must be acknowledged that this poses a substantial risk to consumers and patients as well as the unsupported, isolated and possibly unprepared and underperforming SIMGs.

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

The impact on Aboriginal and Torres Strait Islander patients if appropriate training and education is not provided to SIMGs needs to be considered thoroughly. The draft standard does not mention the need for the SIMG to undertake a cultural safety course nor does it mention Aboriginal and Torres Strait Islander Peoples specifically.

The RACP would expect that Ahpra would apply its own National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy principles when considering impacts on Aboriginal and Torres Strait Islander Peoples.

Ensuring culturally safe and respectful practice, health practitioners must:

- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

It is assumed, but not confirmed, that the Board approved orientation to the Australian healthcare system will address this. The RACP would like it noted that this is likely to require a more substantial program given a likely lack of prior experience in the Australian context and given this pathway does not have the collegial support that the existing RACP SIMG pathway provides. SIMGs are likely to not have the peer support and networks that the speciality college networks provide, including mentoring, support and teaching on Aboriginal and Torres Strait Islander specialty specific healthcare.

Further, reducing the peer reviewed practice period for SIMGs on the expedited pathway reduces the vital support, feedback and monitoring that SIMGs new to the Australian healthcare system would have in relation to their work with Aboriginal and Torres Strait Islander peoples, thus further risking the development of cultural safety capabilities and delivery of culturally safe practice.

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

The RACP is unclear on how the Board identified regulatory impacts and costs of this additional pathway and how this pathway will be funded and resourced given the removal of specialist medical college administration, support, education and training expertise, supervisor and peer support.

As raised in the response to earlier questions, how will the Board designate qualification assessors and SIMG supervisors for this new tier of SIMGs given the disconnect with College-based assessment and loss of the link to College members if the Board has a greater role in vetting candidates? The RACP relies on its Fellows to contribute their expertise, often pro bono, as a link to their professional identity and membership of the College. Thus, by removing the colleges from the process, there is a risk that the Board will have to create and finance its own system of administration, assessment, supervision and appeal processes. In turn this creates a risk of a divergence in standards between the Board and specialist medical colleges. This reinforces the need for closer engagement between colleges and the Board on design, development and implementation of expedited pathways.

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

In summary, although the RACP supports the overarching objective of the revision to streamline regulatory settings to make it simpler and quicker for SIMGs to work in Australia, the RACP is concerned about the maintenance of quality and safety standards if formal assessment by specialist medical colleges is removed as proposed. The RACP SIMG assessment process already provides an efficient, holistic, transparent, procedurally fair and safety focused approach that extends well beyond a desk-top checking of qualifications. Thus, the RACP strongly advocates for continued responsibility for critical elements of the assessment process including recognition of qualifications, training, assessment and experience against the standard of an RACP specialist as well as supervision/work-based assessment. In turn this provides a new generation of specialists that may wish to contribute to the future training of specialists. For example, approximately one third of current OTP (SIMG) assessors of the RACP are former SIMGs themselves, demonstrating the value the RACP places on SIMGs and the value SIMGs place on being a member of the RACP. The proposed model thus also risks creating a disconnect between some of our most vulnerable specialists and the specialist medical colleges that exist to support them.

The RACP has always worked collaboratively with regulators to streamline its OTP assessment processes and has led numerous innovations to provide efficiencies whilst maintaining quality and safety standards. We will continue to do this and would like to work with the Board to achieve a streamlined but comprehensive fast-track pathway. The RACP requests the Board delays the implementation of this additional Board managed expedited pathway and works collaboratively with specialist medical colleges to streamline their processes further.

Subspecialty training and assessment is complex and requires a detailed understanding of a broad range current training curricula and expected scopes of practice. Since 2010 the RACP has assessed SIMGs in 42 separate and different specialities. Of all the 1,820 applications received, 421 (23%) of these applications requested recognition in more than one speciality. It should be noted that of these applications for dual specialty recognition, many are not considered to be substantially comparable in one or both specialties. How would the Board manage this cohort, given it would require them to be assessed by the Board or inform the applicant they now have to submit part or all of their application to the RACP?

Additionally, there is a significant risk that the proposed expedited pathway will create a vicious cycle of deteriorating supervision and assessment that will create a disconnect between the expected and actual standard of Australian specialist medical practice and clinical care. Under the proposed pathway it would appear possible that a Board assessed SIMG who is successful in completing the expedited pathway and gaining specialty recognition by completing only six months of peer review could then set up a private practice. What risk mitigation is in place if this SIMG hired other SIMGs via the expedited pathway they know from their country of origin and become their supervisor? Would the Board have oversight of this and ensure that SIMGs are supervised rigorously to ensure quality of care is maintained. In contrast, the RACP already ensures SIMGs are expertly supervised through a 12-month period of supervision (which can be reduced to 6 months if there are no concerns) and by two supervisors who are Fellows in the same specialty as the SIMG.

As demonstrated earlier, the current performance of the RACP in assessing SIMGs is already rapid. Implementing a faster process in the name of efficiency is not in the Board's, specialty medical colleges', health systems' or the Australian community's best interest or one which will protect the safety of the Australian public.

The RACP would like the Board to take more time to ensure all aspects of undertaking an SIMG review are considered. In addition, we ask the Board to carefully consider the feedback provided by key stakeholders in this consultation and to undertake further analysis with regards to the unintended consequences and risks of the proposed expedited pathway and the two-tier pathway this would produce.

The RACP welcomes the opportunity to discuss these concerns in a meeting with the Board.