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AMA response to the proposed changes to the Competent Authority Pathway and Specialist Pathway for international medical graduates

Thank you for the opportunity to comment on the proposed changes to the Competent Authority Pathway and Specialist Pathway for international medical graduate (IMG) doctors.

As you would be aware, the AMA has a long-standing interest in the role of IMG doctors in Australia and we continue to advocate on behalf of these doctors to ensure they receive the appropriate support and mentoring they need to practice competently and safely when they come to Australia. The AMA, together with other organisations, has argued for some time that the process for IMG doctors applying to become doctors in Australia is overly complex and unnecessarily bureaucratic.

Generally, the AMA supports the direction being taken in your proposed changes to the competent authority pathway and specialist pathway for IMG doctors. I note that the recommended changes in your consultation document are mainly procedural and do not apply to IMG doctors utilising the Standard Pathway, the largest group of IMG doctors wanting to work in Australia.

To address your specific requests for feedback on the proposals to the Competent Authority Pathway and Specialist Pathway for IMG doctors, our responses are as follows:

The proposal for the competent authority pathway

1. Whether it is appropriate and reasonable to grant provisional registration to applicants in the competent authority pathway.

Yes, the AMA believes this is reasonable. The proposal eliminates unnecessary steps in the path to full registration, and introduces safeguards via the requirement for 12 months supervised practice and workplace assessment before IMG doctors are eligible to apply for general registration.

2. The length of supervised practice. Is 12 months too long or not long enough?

The AMA considers 12 months is appropriate, and as mentioned in your consultation paper, is consistent with requirements for IMG doctors in other paths to registration.

3. Should IMG doctors in the Competent Authority Pathway be required to complete specific rotations?

The AMA does not consider it is necessary to be specific about rotations. Indeed, this could add another layer of bureaucracy and administration to an already stretched training system; however, it is important that there are guidelines and support provided to ensure that IMG doctors work in a range of environments and situations to ensure they receive wide-ranging experience. Workplace assessments should also be designed to ensure the IMG doctor is assessed as being able to work in a variety of settings and across a range of medical cases.

The proposal for the Specialist Pathway

1. The proposal for the AMC to no longer assess applications.

The AMA agrees with this proposal, given it is part of an overall package to reduce the unnecessary, repetitive or duplicate administrative steps in the current process to registration.

2. The revised comparability definitions.

The revised comparability definitions appear to be appropriate and applicable across specialties. The proof of their use and value will be in the general take-up (without modifications) across the medical specialties and the consistency with which they are used and applied.

3. The use of a portal for communication between agencies.

The AMA supports a portal for communication provided it is secure, well resourced and easy to navigate and use. The use of a portal will enhance communication between agencies.

Other comments

With regard to submissions by applicants for specialist recognition by the medical colleges, the AMA receives feedback that college fees, which are charged at every step of the process, are significant and discourages applicants. We would encourage the colleges to introduce provisions to minimise the costs to applicants.

Finally, I reiterate a point the AMA has made several times to the Government and the Medical Board of Australia – the supervision, oversight, training, orientation, mentorship and support provided for IMG doctors practising in Australia are inadequate. We would like to see that any changes to the pathways to registration for IMG doctors are accompanied with auditing and monitoring of compliance with supervision guidelines, including the requirements for on-site supervision.

In some respects, the proposed changes to the registration pathways will make the need for adequate and appropriate supervision even more important as it will take less time for IMG doctors to go through the full registration process. It remains imperative that IMG doctors are provided with a high level of supervision and mentoring as they work towards their full registration. This will be to the benefit the IMG doctors and for the safety of the patients in their care.

Yours sincerely

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