

June 30, 2014
Medical Board of Australia

**RE AUSTRALIAN IMG SUPPORT ADVICE AND ADVOCACY NETWORK
(AISAAN) RESPONSE TO DRAFT OF REVIEW OF STANDARDS ON LIMITED
REGISTRATION PATHWAYS**

Thank you for the opportunity to comment on the draft proposal for changes to registration standards for the four types of limited registration pathways and guidelines for short-term training in medical specialty pathway. We appreciate that the Medical Board often has a difficult task in balancing fairness for the IMG and ensuring that appropriate conditions exist to protect public safety. The comments in this submission are directed at improving the fairness of the registration system for IMGs without compromising public safety.

We would like to address the issues the Medical Board has outlined

From your perspective how are the current registrations working?

Currently there are issues with the current standards and processes which have caused significant problems for IMGs. One of the primary areas of concern and uncertainty is what will happen to those IMGs who have made significant contributions to the Australian Health care system once the numbers of Australian graduates increase and the AoN positions start to dry up. While we acknowledge the importance of reducing Australia's reliance on IMGs we do not think it is fair that IMGs who have devoted years of service may find themselves out of work based solely on an increase in Australian graduates.

According to the National Law IMGs applying for limited registration can only reapply three times. In theory this should be adequate for most IMGs to obtain their Australian qualifications. However this is based on the assumption that the assessment methods and processes are fair and valid which is not always the case. The Board has the responsibility to ensure that the Colleges use valid and fair assessment methods for assessing the competency of IMG specialists. The endorsement by the Board of the recommendations 8 and 11 outlined in Lost in the Labyrinth report would be an important first step in improving the current system.

Is the content and structure of the draft revised registration standards clear, relevant and more workable than the current standards?

Overall the proposed draft is an improvement over the current standards particularly the addition of a change in circumstances category which allows IMGs with limited registration to apply for renewal of their registration under

changed conditions such as change in employer without needing to reapply from scratch. Also overall the wording is clear which is important in avoiding misunderstandings and communication between IMGs and the MBA. We do believe however that there are a number of issues that need to be addressed to improve clarity and transparency of the proposed standards.

1. Definition of secondary supervisor - In the draft the Medical Board asks to provide information on contact details for primary and *“any secondary supervisors” pg 12* Can you please define what you mean by secondary supervisor? Does this mean anyone who may be in a position to supervise the IMG at some point, or are you referring to a supervisor whom, while is not the primary supervisor, still provides supervision on a regular basis? It may not be practical or possible for an IMG to provide contact information for all “supervisors” in advance.

It is our view that supervisors should refer to those doctors who oversee the performance of the IMG on a regular basis and who are the point of contact for any concerns about their performance voiced by other doctors. A supervisor must also share responsibility for ensuring that the IMG receives the appropriate level of support to enable them to practice safely in their professional setting. This should be explicitly stated in the standards

2. More information required on PESCI criteria – The Medical Board has stated they *“will decide on a case-by-case basis whether a PESCI is necessary and this will depend on the nature of the position and the level of risk inherent to the position”*

While we agree that it is appropriate that the MBA considers the IMG’s unique circumstances in making this decision it is important that the MBA elaborate more on what criteria will be used to make this decision particularly as the need to take a PESCI may impact on a IMGs decision to apply for a position.

This issue was addressed in the Lost in the Labyrinth report. Recommendation 17 stated that the Medical Board should provide more information on the PESCI including the criteria used to determine when a PESCI is required. This is a very important issue particularly for IMGs who are considering moving to Australia to take up a position.

We would also ask that the board to make the determination for the need for a PESCI at the time of initial application and not grant registration until the PESCI have been passed. While we acknowledge that this may delay the start of employment, it is important to prevent doctors moving to Australia or interstate to take up a job, only to lose registration based solely on a failed PESCI. It is also important that the Board only accredit PESCI providers who provide candidates with a recording of their interview

The MBA should adhere to the recommendation 17 of the Lost in the labyrinth report regarding the PESCI. Specifically, the board must be

explicit about the conditions under which an IMG will be asked to do a PESCI and that these conditions be clearly published on the MBA website. In addition we recommend that when a PESCI is required, that registration not be granted until after the PESCI has been passed particularly if the IMG lives outside of Australia. This prevents IMGs uprooting their families to take up jobs only to lose them based on a failed PESCI

3. Further details on the need for IMGs to take additional examinations and/or assessments – On page 14 the draft states under the renewal section for IMGs applying for postgraduate training or supervised practice, that *“the Board may also require you to take complete an examination and/or assessment to demonstrate satisfactory performance”*

The MBA needs to provide more detail and/or examples on when additional assessments may be required. For example is the Board referring to AMC and/or specialist exams? If not what exams are the Board referring to and under what conditions would the Board requires these assessments?

The Board needs to provide more detail on the nature of the additional assessments and under what circumstances would these assessments be required

4. Further information on the criteria for “in the public interest” – On page 26 the draft states that the IMG must *“detail why it is in the public interest to register you”* It goes on to say on page 27 that renewal of registration that the Board may refuse renewal of registration if they determine that *“your circumstances have changed and there is no “public interest “* reason to register you. This section requires further clarity as to how the Board decides whether a position is “in the public interest”. More importantly how would the decision be made that the position is no longer in the public interest? It would be extremely unfair to refuse renewal of registration based solely on the fact that their position is no longer considered “in the public interest” if the IMG has been performing satisfactorily in their position and has met all the other Board requirements for registration including making satisfactory progress towards general or specialist registration.

5. Additional information needed for Area of Need (AoN) standards - Similarly, it would be extremely unfair to refuse renewal of registration for an area of need position based on a change in the position category. The Board makes no explicit mention as to whether a change in AoN status for a position will impact on the ability to renew the original position. Areas of need and district workforce shortage are based on the availability/willingness of Australian graduates to work in these positions. These positions cease to exist once there are adequate numbers of Australian graduates willing to work in these areas/positions. We would argue that renewals of registration should not be based on whether the position is still classified as an area of need position as long as they are meeting the other criteria for registration. This situation promotes the exploitation of IMGs in that their services are sought out in times of need but they are then tossed aside once Australian graduates can fill the gap.

We strongly recommend that in the interests of fairness that renewal of registration for the categories of limited registration for area of need and in the public interest, are not refused based solely on the fact that the positions are no longer an area of need and/or are no longer based solely on public interest.

Is there anything missing that needs to be added to the draft revised registration standards?

6. Formal endorsement of the adoption of Workplace Based Assessment for IMGs in the specialist pathway and endorsement of the establishment of an independent appeals process for IMG specialists

The Medical Board is the agency designated responsible for the accreditation and registration of IMGs. Consequently the board is responsible for ensuring that accreditation processes are fair and not impacted by professional self-interests. The lost in the labyrinth report made a number of recommendations which would improve the fairness of the system including the adoption of WBA as a means of assessment during peer review and that exams be reserved for new graduates or those for whom concerns have been raised.

Another recommendation that would improve fairness is the adoption of recommendation 11, which recommends the establishment of independent appeals mechanism to review decisions relating to assessment of clinical competence following unsuccessful appeals to a specialist College.

The Medical Board should endorse recommendations 8 and 11 of the Lost in the Labyrinth report to improve the fairness of the limited registration and accreditation system for IMG specialists

7. Formal process for dealing with the impact of workplace bullying on performance evaluations

Unfortunately workplace bullying is not uncommon amongst IMGs. One form of bullying involves threatening poor performance evaluations by workplace bullies. The end result is the refusal of registration as a consequence of bullying not poor performance. There are employer processes for dealing with workplace bullying but these are usually not sufficient to counteract the impact of the bullying on the IMG's registration.

We recommend that the Board establish a process for dealing fairly with allegations that IMGs have not been given fair and/or accurate performance evaluations. The AHPRA Health Care Ombudsman could potentially adopt this role

We would like to thank you in advance for your important work on these guidelines. We would be happy to discuss any of these issues with you in more detail if needed

Sincerely Yours,

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