



The Royal Australasian
College of Physicians

20 May 2013

Katie Durie
Board Support Officer
The Medical Board of Australia
Via email: medboardconsultation@ahpra.gov.au

Dear Ms Durie,

I write on behalf of the Overseas Trained Physicians (OTP) Expert Advisory Group (EAG) of the Royal Australasian College of Physicians (the College), regarding the Medical Board of Australia's Pathways Registration Consultation Paper.

The OTP EAG wishes to provide the following feedback for the Board's consideration about the proposed changes to the Specialist Pathway. The College has already provided feedback on the administrative implications as part of the first consultation round.

When assessing OTP applications, the College committees have a range of stakeholders. The community is the first priority, followed by colleagues, trainees and the candidate in equal second place. The community expects and receives medical care from specialists of the highest standard. Our colleagues are generally physicians or paediatricians desperate to employ another specialist to assist with their workload. Trainees are in the process of undertaking a difficult and time consuming program encompassing assessment tasks and exposure requirements across broad curricula in basic training (general curriculum), advanced training (narrower subspecialty curricula), and professional qualities.

Administrative procedures

The idea of simplifying communications with AMC and giving the College greater control of the application and assessment process seems logical. The idea of a Portal to manage the process is also commendable. The OTP EAG supports the suggested changes to processes, provided that there is a transition period and College staff are adequately resourced and trained to meet the increase in workload. It is also noted that standardisation across Colleges will require significant support to be achievable.

College assessment criteria

The consultation paper refers to the College role being to 'determine the applicant's comparability to the standard of an Australian trained specialist in that field.' The College training process is such that over the minimum period of exposure combined with many points of assessment we draw a line and determine that a trainee is ready for independent specialist practice. This is after the combination of formative and summative assessments over time. The College does not have an exit examination with a defined standard, except in the specialties of rehabilitation medicine and sexual health medicine. In recent years the College trialled a separate OTP clinical examination in adult medicine (for a limited number of OTPs) and ended this trial as well as a previously existing modified exit level clinical examination due to problems with validity and calibration. The OTP EAG therefore recommends the role being 'to determine the applicant's comparability to an Australian trained specialist in that field.'

Scope of practice

For fellowship the College assesses a candidate against criteria required to be satisfied by a locally trained fellow. This does not take into account scope of practice in anything but the broadest use of the term, in that a subspecialty specialist training committee determines what is required to be a subspecialist in that field (such as cardiology, nephrology etc). Particular exposure and assessment components are required over 2-3 years in advanced training of a six year training program, which takes our trainees an average of 8.5 years to compete. When assessing a candidate for an Area of Need the College does take into account scope of practice concurrent with assessment of requirements for fellowship. The OTP EAG would be happy to continue this process concurrently but only for candidates applying for a position in an Area of Need. Taking into account our responsibilities and stakeholders, the implications of an assessment more broadly against scope of practice will mean an increasing number of specialists with a limited scope of medical practice who are not fellows of the College and therefore outside of our usual monitoring and continuing professional development requirements. Given that the MBA relies on colleges to determine ongoing currency, and possibly will consider revalidation requirements in the future, it needs to consider how it will deal with specialists with limited scopes of practice outside the college process. The OTP EAG strongly advises against this.

After assessing an OTP candidate's application, the College has a limited number of assessment tools to ensure the paper-based decision is correct. It is essential that we assess against criteria used for our own graduates in a specialty. The proposal defines assessment against scope of practice (i.e. observation for 12months for a substantially comparable candidate) whereas fellowship of the College requires a foundation of knowledge, a set of skills and professional qualities laid out in a curriculum. The OTP EAG argues strongly against assessing purely against a scope of practice, which we view as the role of the employer.

Terminology

The term specialist IMG (SIMG) does not cover all applicants under the specialist pathway. The College assesses both SIMGs and Australian graduates who undertook specialist training in another country. Hence we use the term overseas trained physician/ paediatrician (OTP). It is recommended that the Medical Board of Australia use the term overseas trained specialist (OTS) rather than SIMG.

The current comparability terms, 'substantially', 'partially' and 'not' comparable, are a source of complaint from candidates. We receive feedback that to be found 'not even partially comparable' to an Australian physician/ paediatrician is to some galling to the point of being offensive. The OTP EAG proposes that a new language 'substantially comparable', 'partially comparable' and 'not sufficiently comparable' be used. The EAG considers that 'not sufficiently comparable' more closely reflects the spirit of the term, i.e. that an applicant is more than 24 months from the required standard.

Other issues

The OTP EAG agrees that the pathway for Specialists in Training, though beyond the scope of this paper, should be reviewed. The EAG also requests clarification about whether the requirement for partially comparable candidates to complete 24 months of practice includes the period of peer review.

Some textual changes are outlined in Attachment 1 below. If you would like any further information, please contact Craig Bingham, Fellows Learning Support Manager, on [REDACTED] or email [REDACTED]

Yours sincerely,

Dr Rob Roseby FRACP

Chair

OTP Expert Advisory Group

Attachment 1

Page number	Current text	Proposed text
22	The college assesses the applicant's previous training and experience to determine the applicant's comparability to the standard of an Australian trained specialist in that field	The college assesses the applicant's previous training and experience to determine the applicant's comparability to an Australian trained specialist in that field
28	Substantially comparable applicants have been assessed as suitable to undertake the intended scope of practice, taking full responsibility for individual patients with only oversight of their practice by a supervisor	Substantially comparable applicants have been assessed as equivalent to the knowledge, skills and professional qualities of a locally trained specialist in their field, highly likely to be able to take full responsibility for individual patients with only oversight of their practice by a supervisor
28	Partially comparable applicants have been assessed as suitable to undertake a defined scope of practice in a supervised capacity	Partially comparable applicants have been assessed as close to equivalent to the knowledge, skills and professional qualities of a locally trained specialist in their field, likely to be able to take full responsibility for individual patients within 24 months, and after assessment tasks have been completed