



30 May 2013

11/57

Executive Officer
Medical, AHPRA
GPO Box 9958
Melbourne VIC 3001

Via email: medboardconsultation@ahpra.gov.au

RANZCO Submission Re: Consultation - Pathways to Registration

Dear Executive Officer

The Competent Authority Pathway deals with general (GP) registration, and The Royal Australian and New Zealand College of Ophthalmologists (the College) have no part to play in that discussion.

Review of the Specialist Pathway:

The College welcomes the report of the 2011/12 House of Representatives Standing Committee on Health and Ageing inquiry into registration processes and support for overseas trained doctors and this proposal to implement some of its recommendations and concepts. The College made a submission to the Enquiry and appeared before one of its hearings, and has submitted its own response to its report (attached).

The College supports some of the proposals but has reservations about others, as detailed below.

PROPOSAL 1

To review the current role of the Australian Medical Council (AMC) in the assessment of IMGs in the specialist pathway and to recommend that the AMC no longer assess applications. It is proposed that applicants have direct interactions with the specialist medical college (the college) that is conducting their specialist assessment. The AMC would continue to undertake primary source verification (PSV).

The College has concerns about this approach on both general grounds and on some of the details. The general concerns are the more important.

General Concerns:

Under the current process, the applicant applies to the AMC for specialist recognition, and the AMC refers the case to the relevant College, asking for its opinion on the comparability of the applicant's training and qualifications in relation to a specialist trained and qualified

in Australia. The College acts as a consultant to the AMC and undertakes whatever process it needs to provide a reliable response, which it sends to the AMC.

This College sees the authority for the decision to recognise an applicant as eligible to be granted specialist recognition to rightly vest with the AMC (albeit acting on a College's advice) and feels strongly that the College should not have that authority, nor be seen to have that authority. Medical Colleges in general are often painted as "closed shops" to the community and to applicants, when they are acting fairly in maintaining high standards of practice, and to have them be seen to be given more, apparently autonomous, authority in this area makes them more vulnerable to such attack. It is in no-one's interest for the Colleges to be vulnerable in this manner. The authority rightly rests with the AMC as they are the independent national standards body for medical education and training.

These comments apply in the case of both Area of Need (AoN) and the Specialist Pathway.

Detailed Concerns:

Under the current process, the AMC "confirms the applicant's proof of identity". Under the proposed process, the AMC "confirms the photo and signature of the applicant". Are these the same process, or is identity confirmed by a more detailed process currently? Any reduction in the strength of this process would be undesirable.

Further, the current process whereby the AMC ensures that all documentation is collected before forwarding the application to the College is merely displaced onto the College. Colleges generally have fewer clerical resources than the AMC. The outcome of this change will, in some cases, be delay in processing applications, something which the changes are aiming to reduce.

In a similar vein, such a change will impose further clerical work on the College which needs to be paid for. It is not reasonable to ask College Fellows to pay for this process through their fees, and so a College has to impose fees on the applicant to keep the process "cost neutral". While an application fee is inevitable in this process, fairness to applicants from countries with lower economies demands that these be kept as low as possible. The proposed change works against this.

PROPOSAL 2

Communications between the parties involved in the assessment of IMGs in the specialist pathway will be streamlined. The AMC currently coordinates much of the communications between parties. The reasons for this are historical, when there were eight state and territory Medical Boards. It is proposed that the parties correspond directly with each other and also upload key communications onto a secure portal that is accessible to applicants, colleges, the AMC and the Medical Board of Australia (the Board) and AHPRA. The use of the secure portal will reduce the administrative burden as assessment and registration bodies will be able to rely on information on the portal and the applicant will no longer be required to produce the same documentation multiple times.

As stated above, the College does not support the removal of the AMC from the position of coordinating authority in these assessments. However, the College is strongly in support of

the concept of a secure portal for all relevant documents to be placed and accessible to the relevant parties. The design and management of such a portal should be the responsibility of a suitable Government body, or within the AMC.

While this documentation claims that *“Much of the communication between the college, applicant and the Board/AHPRA is via the AMC”*, thus has not been the experience of this College. This College, while recognising that the guidelines state that communication between the applicant and the College should be via the AMC, routinely communicates directly with the applicants of necessity and has had no problem in doing so. However, it has, on occasion, specifically requested the AMC to be involved in a dialogue (for example when a dispute arises) and has been disappointed in the AMC response. Thus the claimed benefit of more direct communication resulting from these proposals is not valid.

PROPOSAL 3

Definitions of comparability will be clarified to ensure that all colleges apply them consistently. While the current definitions were applied consistently initially, some colleges have over time changed the definitions or requirements for comparability.

The College welcomes a clear definition of comparability. The College has always tried to work with the definition provided by the AMC guidelines in various forms, despite at least two occasions where unannounced and arbitrary changes have been made to the definitions in the documentation on the AMC website.

PROPOSAL 4

The fees that can be applied have been spelled out, improving transparency.

The College publishes its fees on its website, and this is available to all potential applicants.

Since different Colleges have different processes and requirements, the College does not see any benefit or relevance in fees being uniform between Colleges, and feels that publishing fees of all Colleges in a table or similar is likely to create more confusion and mistrust than provides benefit.

Further, an applicant is eligible to apply to be assessed in one discipline only, so the fees from other Colleges are not relevant. However, the College agrees that fees should be very clearly laid out on each College’s website, and communicated specifically to all applicants and enquirers.

PROPOSAL 5

It will be explicitly stated that comparability assessment should take into consideration the IMG’s intended scope of practice. Where the intended scope of practice is limited, the college can recommend that conditions be imposed by the Board, rather than assessing for the full scope of practice. This is consistent with the Board’s approved registration standard for specialist registration.

The College sees difficulties with this proposal.

Ophthalmologists trained in Australia have a general ophthalmic training, covering essentially all aspects of ophthalmic practice. Many then will proceed to train in a specific area of interest and confine their practice, to varying degrees, to that area. However, there is no formal recognition of sub-specialty practitioners, and there are no clear boundaries or definitions of the many ways in which a sub-specialist may practice. To establish such a structure for S-IMGs would be difficult, and the alternative would be individual specifications for an individual S-IMG, with inevitable difficulties in definition and monitoring.

Definitions or boundaries may be either too restrictive or too flexible, and monitoring of an individual's practice with individual specifications or restrictions over his/her practicing lifetime would be impractical. This applies particularly to ophthalmology in which most aspects of practice can be undertaken in the doctor's consulting rooms or in privately run surgical suites, and where new procedures and technical advances often lead to significant changes in practice.

Under its current practices, this College does not require an applicant to be equal to local trainees when they undertake an assessment such as the RACE, but expects that the applicant will demonstrate overall knowledge of areas of ophthalmology which are not his/her sub-specialty, and safety in the broad range of practice they may be presented with. Allowance is thus made for the sub-specialist while still ensuring that their training and experience in ophthalmology is "substantially comparable" to a specialist trained and qualified in Australia.

The College would therefore prefer to maintain the current requirement which applies to its own trainees, namely a broad knowledge and experience in the full range of ophthalmic practice.

AREA OF NEED (AoN) APPLICATION CHANGES

The changes proposed in the AoN applications are similar in concept to those in the Specialist Pathway, and involve mainly the displacement of the administrative load from the AMC to the College. The same response is appropriate concerning the limitations and potential burdens associated with these proposed changes. However, the processing of the AoN part of an application is less complex and in some ways less critical than in the Specialist Pathway, and the College currently deals fairly directly with the applicant and the employer in these cases.

Please contact me if any additional information is required.

Yours sincerely



David Andrews
Chief Executive Officer