

Rural Health Workforce Australia submission to Medical Board of Australia

Consultation Paper “Proposed Changes to the Competent Authority Pathway and Specialist Pathway for International Medical Graduates”

Introduction

Rural Health Workforce Australia (RHWA) and the Rural Workforce Agencies (RWAs) welcome this opportunity to comment on the proposed changes detailed in the Medical Board of Australia’s Consultation paper “Proposed Changes to the Competent Authority Pathway and Specialist Pathway for International Medical Graduates”.

RHWA is funded by the Commonwealth Department of Health and Ageing and is the peak body for the Rural Workforce Agencies (RWAs) in each State and the Northern Territory. Our not-for-profit Network provides essential health workforce services across Australia – for rural, remote and Aboriginal and Torres Strait Islander communities. The Network provides a range of core activities and services across areas of attraction, recruitment, retention, practice support, education, information and community support that are targeted to the needs of rural and remote communities.

The RWAs have more than 14 years experience in recruiting doctors, many of whom are International Medical Graduates (IMGs) who must work in rural and remote areas as a condition of the mandatory 10 year moratorium. IMGs comprise an integral part of the Australian medical workforce and RWAs support and assist IMGs to navigate the very complex Australian system.

RHWA and the RWAs support the national registration and accreditation scheme and its principles of equity, transparency and consistency that are foundational to the Australian healthcare system.

It is pleasing to note that a number of recommendations from the House of Representatives Standing Committee on health and Ageing report “*Lost in the Labyrinth*” are being considered and implemented.

Our submission provides general comments about the proposals and then responses to the specific questions asked.

Competent Authority Pathway

General Comments

The proposed changes as detailed in the 26 March 2013 paper “Review of the competent authority pathway” should simplify and streamline the assessment and registration process for IMGs applying via the competent authority pathway.

The Network supports removing the requirement of IMGs eligible for the competent authority pathway to obtain a Certificate of Advanced Standing from the Australian Medical Council (AMC) before being eligible for registration. The AMC has already identified approved “competent authorities” in terms of the specified examinations and accredited training and assessment in countries having a similar health care system, training, assessment and registration system to Australia. Providing eligible competent authority doctors with a Certificate of Advanced Standing is an unnecessary duplication.

Documentation requiring proof of eligibility for the competent authority pathway can be provided with the medical registration application for pathway confirmation by the Medical Board of Australia.

Given that a mechanism now exists through the Health Practitioner Regulation National Law, in force in all States and the Northern Territory, it is logical to remove the requirement for IMGs to be awarded the AMC certificate after completed 12 months satisfactory work (prior to being eligible for general registration). The National Scheme allows a competent authority doctor who has worked satisfactorily for the required period, to be approved for general registration.

As the Medical Board and AHPRA will be responsible for reviewing work performance, a system to ensure that reports are completed with detailed issues and/or concerns identified and reviewed and resolved in a timely manner is imperative. Completed work performance reports will need to be more than simply a “tick and flick” document. Supervisors completing work performance report will need to provide meaningful comments and feedback regarding the IMGs work performance.

With the removal of the requirement for competent authority work place based assessments to be conducted by an AMC accredited organization, competent authority IMGs working in general practice will no longer be required to undertake the Australian College of Rural and Remote Medicine’s (ACRRM) competent authority work place based assessment for general practice. This will result in financial savings for IMGs.

The role of the AMC in primary source verification is vital, however, the current additional roles the AMC has in regard to the competent authority pathway appear to be unnecessary.

Is it appropriate and reasonable to grant provisional registration to applicants in the competent authority pathway?

Robust processes that reduce unnecessary administration are supported by the Network. The Network considers it is appropriate and reasonable for the Medical Board of Australia to grant provisional registration to applicants on the competent authority pathway rather than limited registration. This then becomes an equivalent outcome for competent authority pathway IMGs to those IMGs obtaining the AMC certificate through examination – eligible for provisional registration rather than limited registration.

With the apparent link between State government approvals for Area of Need based on the location being a District of Workforce Shortage (a Commonwealth Government decision) it is necessary to ensure that competent authority pathway IMGs actually achieve registration. Being eligible for provisional registration as proposed, rather than limited (area of need) registration will prevent a potential situation where a competent authority IMG cannot obtain State Government “Area of Need” approval that is required in order to apply for limited (area of need) registration.

As the candidate is required to meet the registration requirements associated with provisional rather than limited registration, it is our understanding that this removes the requirement for the competent authority doctor working in rural or remote general practice to undertake a PESCI that is currently a requirement for limited (area of need) medical registration.

Is 12 months supervised practice too long or not long enough?

The Network considers that the length of supervised practice should be 12 months.

This period of time should enable any issues identified through the work performance reports to be resolved.

Twelve months also allows the IMG a suitable period of time to be thoroughly orientated as well as adapt to and integrate into the Australian healthcare system. This timeframe would also enable the IMG to improve their communication, language and consultation skills with respect to the Australian context (if required). They also have time to develop their clinical practice prior to being granted general medical registration.

An issue to be considered is supervision in rural and remote areas. It is well known that there is a lot of pressure on medical practitioners who are supervisors of IMGs however there is little or no training for supervisors. It would be beneficial for new supervisors of IMGs to undertake training especially in regard to responsibilities and writing work performance reports. Training would ensure the Supervisor gains the necessary skills and confidence to understand the requirements expected of an IMG being assessed for general registration via the Competent Authority Pathway (that of a doctor who has successfully completed PGY1) as well as understand terms used in work performance reports (“expected level”, “consistently demonstrates” etc.).

Supervision guidelines and requirements need to be clearly articulated.

Should IMGs in the competent authority pathway be required to complete specific rotations?

As the 12 month period of supervised practice is in line with requirements for IMGs in the other pathways to registration, it should not be necessary for IMGs on the competent authority pathway to complete specific rotations.

The work performance reports should highlight if additional specific training requirements and the Board must ensure that such training is completed in a timely manner.

Specialist Pathway

General Comments

As with the proposed changes to the competent authority pathway, the proposed changes to the specialist pathway as detailed in the 26 March 2013 paper “Review of the specialist pathway” will also significantly simplify and streamline the assessment and registration process for IMGs.

The proposal for the AMC to no longer assess applications

It is logical that applicants have direct interactions with the relevant specialist college rather than via the AMC with the AMC acting as a “go between”. The current system results in unnecessary use of AMC resources and delays in processing specialist applications. Furthermore direct contact between the applicant and the Specialist College, will remove the possibility of errors or omissions with providing information.

The Network would like to acknowledge the work that the AMC staff have undertaken since the introduction of the Specialist Pathway. Improvements in length of time taken to review documentation, provision of feedback (to the applicant) regarding missing or incorrect documents and forwarding applications to the relevant Specialist College for assessment

Specialist Colleges will need to ensure that all administration, applicant contact and feedback processes are in place to ensure a smooth transition to the new process/system and that the delays that occurred with the initial implementation of the Specialist pathway under National Registration are not repeated.

The revised comparability definitions

It is important that all the Specialist Colleges are applying the definitions of comparability consistently in order to ensure national consistency and application. This should assist with IMGs clearly understanding the comparability definitions and resulting outcome of their specialist application.

The reviewed definitions of substantially comparable, partially comparable and not comparable use consistent language across the definitions and are clear regarding key differences between them. Clarity has also been achieved in regard to peer review requirements and length of time for each category.

It will be important that the Medical Board undertakes a period of review in order to ensure Specialist College compliance with the agreed definitions.

The use of a portal for communications between agencies

The Network has long advocated for a secure portal for use by all organizations involved in the assessment and registration of IMGs. The secure portal is long overdue and needs to be fully implemented at the earliest opportunity.

The ability to electronically scan original documents for assessment and sharing through the portal will be a significant achievement. From the Networks perspective the portal will reduce the unnecessary duplication of documents that currently occurs. From the IMGs perspective it will also reduce the financial costs incurred and time involved with copying and certification of documents.

The organizations accessing the document portal - the AMC, MBA and Specialist Colleges – need to comply with the Australian Government's Information Privacy Principles and requirements under the Commonwealth *Privacy Act 1988*. The Network would appreciate future consideration of the opportunity for RWAs to also access the secure portal. RWAs are Government funded and comply with the Privacy requirements. A primary activity of RWAs is recruiting and supporting IMGs and RWAs require copies of many of the documents that will be held on the portal. Authority would be obtained from the IMG for the RWA to have access to required documentation e.g. EICS verification, English Language, College assessment.