

Consultation of proposed changes to the competent authority pathway and specialist pathway for international medical graduates (Medical Board of Australia)

Peninsula Health submission - May 2013

Thank you for the opportunity to comment on the proposed changes to registration for competent authority (CA) international medical graduates (IMGs). Having made a submission to the Lost in the Labyrinth Report, Peninsula Health continues to take a keen interest in opportunities to reform the existing registration system for medical practitioners.

Specific Questions Non Specialists:

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

As an outer metropolitan health service in Melbourne that has employed numerous IMGs to fill vacancies at Resident and Registrar level Peninsula Health (PH) supports the approach being proposed by AHPRA to simplify the CA pathway. Over the last decade PH has employed up to 100 IMGs at any time as junior medical staff out of a workforce of approximately 270 EFT. However, this has reduced significantly in the last 2 years to 30-40 doctors following the increase in Australian graduates entering the junior medical staff workforce. The majority of IMGs now employed at PH are CA candidates and they mainly fill registrar positions in emergency, psychiatry, O&G and Medicine.

- **Future Australian Medical Council (AMC) Role** The proposal to remove the requirement to gain a Certificate of Advanced Standing from the AMC is supported as this will reduce time taken in the pre-registration process. The requirement to remove the requirement for a CA IMG to be awarded the AMC Certificate before being granted general registration is also agreed as it duly delays conferral.
- **CA IMG Provisional Registration** Provisional registration is mainly used at present for interns in their first year of practice. IMGs holding the AMC Certificate are also required to obtain provisional registration. The suggestion that CA IMGs be awarded provisional registration is supported as this is consistent with the intent of doctors holding this type of registration in their first year of practice. Anecdotally, feedback received from the vast majority of IMGs indicate they will be staying in Australia after gaining general registration. Award of provisional registration for these doctors is consistent with the use of this practice type.
- **Oversight of CA IMGs and reporting to the MBA** The current 3 and 12 month work performance reports submitted to AHPRA coupled with the three month orientation advice is considered sufficient oversight to verify suitable performance assessment for all groups of IMGs when in supervised practice. An Australian trained intern has 10 reporting occasions (mid and end of term with 5 rotations) in their first year of practice so the more experienced IMG reporting requirements would appear about right, especially as they have completed internship in their home country.
- **Provisional Registration – cost implication to AHPRA** The current fee for provisional registration is significantly less than limited registration that IMGs currently pay. A new fee structure should be considered and introduced to ensure CA IMGs are not advantaged over

other IMGs and not “seen on” inadvertently as compared to Australian trained medical practitioners.

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

A supervised practice period of 12 months should remain the minimum period for a CA IMG. This would allow for supervision over an annual activity cycle to ensure the CA IMG is competent to hold general registration in the Australian context.

3. *Should IMGs in the CA pathway be required to complete specific rotations?*

CA IMGs have already completed an internship in their home country that is similar to that required in Australia. They are more experienced than Australian graduates on appointment and little benefit would accrue requiring them to complete proscribed rotations in surgery, medicine and emergency before they are eligible to gain general registration.

In addition, PH is aware that the future rotation requirements of the Australian internship rotations are currently under review. Any changes for IMG CA candidates (if they must undertake specified rotations) should be consistent with the agreed outcomes of this review.

Specialist Pathway

The recommendation regarding the AMC no longer being required to assess applications for specialists is agreed as this change is consistent with that proposed for the non specialists. Further detailed recommendations made in the discussion paper should be the subject of detailed discussion between AHPRA and the specialist colleges.

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