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29 May 2013

Medical Board of Australia
GPO Box 9958
Melbourne VIC 3001

Dear Sir/Madam

Re: Consultation on proposed changes to the Competent Authority Pathway and Specialist Pathway for International Medical Graduates.

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Board of Australia for the opportunity to respond to the proposed changes to the Competent Authority Pathway and Specialist Pathway for international medical graduates.

The RACGP responded to the preliminary consultation in March 2013. This current submission includes a copy of the response which was submitted at that time, as the College's position on this matter has not changed.

Yours sincerely

A handwritten signature in cursive script that reads 'Liz Marles'.

Dr Liz Marles
President

RACGP response to proposed changes to the Competent Authority Pathway and Specialist Pathway for International Medical Graduates.

The RACGP recognises the important role that international medical graduates play in the context of primary health care in Australia and welcomes initiatives aimed at improving opportunities to streamline and simplify the assessment and registration of IMGs.

The responses below directly address the questions posed in the consultation paper and serve to provide preliminary feedback from the RACGP including early risk and opportunity identification on how these revised processes might be implemented in practice.

Review of Competent Authority Pathway

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

The RACGP believes that it is reasonable to grant provisional registration to applicants in the competent authority pathway provided that a pre-entry assessment of competence and capability to work within the Australian health system has been undertaken. This process also needs to ensure that the applicant is being appropriately supervised, matched to their level of clinical competence, nature of clinical practice and clinical context.

In this context, there is also a need for fairness and equity. Australian medical graduates are granted provisional registration for their intern year. Ensuring an appropriate provisional registration for IMG applicants in the competent authority pathway recognises the qualifications and clinical experience of the IMG whilst also taking into account the need to translate that experience and skillset in the Australian health system. The training and supervision of IMGs during the period of provisional registration needs to be equivalent in nature and rigour to that provided for Australian medical graduates.

The RACGP recommends:

- pre-entry assessment of competence and capability to enter into clinical practice, particularly general practice
- supervision matched to level of competence, expected standard of practice and context
- monitoring of progress, support and training provided (of the IMG and of the supervision).

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

It is the RACGP's view that the twelve month period of supervised clinical practice should not be reduced. It is the minimum period to enable the applicant to acquire clinical experience of working as a doctor in Australia and familiarity with the Australian health system. Twelve months is an appropriate duration as long as the quality of supervision is appropriate and the nature of the experience is suitable.

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

There are significant benefits in competent authority candidates undertaking compulsory specific rotations. All IMGs should also receive a thorough orientation to the Australian health system and to the clinical discipline in which they will be practicing.

Specialty training programs such as general practice require vocational trainees to complete compulsory hospital rotations in general medicine, general surgery, emergency medicine and paediatrics prior to commencing working in general practice terms. It is reasonable to expect that

IMGs on the competent authority pathway also have the required clinical skills and experience as their colleagues in the vocational training program to commence working in general practice.

PGY2 is also generally regarded as an undifferentiated year where ideally doctors gain a broad range of clinical experience. The vocational training program for General Practice requires 2 years of a broad range of hospital rotations.

Exactly what rotations a provisionally registered IMG should undertake would depend on their prior experience and assessment of competence. However, the provisional year needs to include a range of terms to enable assessment across a range of clinical skills in the Australian context.

The RACGP believes that a pre-entry assessment of each IMG's competence and clinical experience in specific areas of clinical practice such as paediatrics, mental health, emergency medicine, general medicine and general surgery as well as communication and consulting skills prior to commencement in clinical practice.

Where the IMG is assessed as having sufficient prior hospital experience (2 or more years postgraduate) and competence to undertake the provisional year of the competent authority pathway in general practice, the RACGP would not expect such IMGs to necessarily undertake specific rotations whilst working in general practice. This may prove difficult and financially costly to implement and by its nature, general practice should provide a broad range of clinical experience.

The RACGP believes that the focus should always be on the outcome, which in this case is ensuring that IMGs on the competent authority pathway gain the competence during this provisional registration year to meet the standard required for general registration and to commence further training in the specialty discipline of general practice, or another specialty.

Assessment methodologies such as workplace based assessment do provide a valid way of assessing clinical competence and in particular clinical performance in daily practice. What is not clear in the proposal is who has responsibility in the general practice setting for ensuring that the workplace-based assessment is rigorous in nature and has appropriate psychometric properties. Workplace-based assessment requires rigorous standard setting and training of assessors to ensure that the assessments are measuring what they are supposed to measure.

Applicants have the right to know that the assessments they are undertaking are designed and administered to the highest standard. Patients and the community have the right to know that those doctors being assessed for general medical registration are competent and capable of working in the Australian health system. Accountability is essential within the assessment system and the RACGP seeks more information and input on:

- the methodologies to be used
- the system of monitoring the workplace assessment processes
- what the quality assurance process will look like.

Specialist Pathway

Proposal for the AMC to no longer assess applications

The RACGP notes that the proposed changes to the Specialist pathway appear to assist in terms of streamlining the process, however significant work across the key stakeholder organisations will be required to clarify roles, accountabilities and ensure effective, secure mechanisms for information exchange.

The RACGP supports the ongoing role of the AMC in assuring and processing primary source verification (PSV) from IMGs, but seeks further information on the core documentation and other requirements that support this process.

The RACGP has significant concerns about the resource implications for direct processing of applications beyond PSV. Early and ongoing input on detailed process design would be highly beneficial for planning purposes.

The RACGP would be unable to fund increased support for application processing, without significantly increasing the fees associated with the Specialist Pathway. The RACGP welcomes the AMC recommendation that HWA fund the Colleges to enhance our capacity to scan and process applications and documents electronically.

Revised comparability definitions

The RACGP notes the move to streamline the definitions of comparability, including the maximum durations of peer review oversight. The RACGP has in place a robust and detailed framework for assessing comparability of clinical skills and experience and matching supervision requirements accordingly. Further discussion is required to better understand the impact of the revised comparability definitions.

Use of a portal for communication between agencies

The secure portal is an excellent idea and has the potential to vastly improve the processing of applications, enhance communication between organisations and expedite college access to IMG documentation. However, the RACGP would welcome input and specifics over time around accountabilities, privacy, management and agreements between all users of the portal.

Conclusion

Whilst, the proposed changes to the Competent Authority Pathway and Specialist Pathway have the capacity to streamline and simplify the assessment and registration of IMGs, there are significant risks that need to be recognised and managed prior to any transition. The most serious relates to the increased costs in the shift towards College processing of Specialist Pathway applications. As the largest specialist Medical College in Australia, the potential financial impact on the RACGP is significant and would not be affordable without increasing applicant fees, funding and significant investment in a portal for efficient information exchange.