

6 August 2012

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Ms Penny Shakespeare A/g
First Assistant Secretary
Department of Health and Ageing
GPO Box 9848
CANBERRA ACT 2601

Dear Ms Shakespeare

RANZCO would like to thank you for the opportunity provided to contribute (via a submission and appearance before the committee), to the enquiry on the registration processes and support for overseas trained doctors (OTDs).

We are writing to you to provide our response to the recommendations of the report, **Lost in the Labyrinth**, released in March 2012 by the House of Representatives Standing Committee on Health and Ageing on the inquiry into registration processes and support for overseas trained doctors (OTDs). In doing so, we will confine our comments to those recommendations which are relevant to RANZCO and our assessment of Specialist International Medical Graduate (S-IMG) applications. However, we will also be commenting on issues not raised in the reports recommendations.

Recommendation 7: *The Committee recommends that the Australian Government Department of Health and Ageing and Australian Medical Council, in consultation with the Joint Standing Committee on Overseas Trained Specialists and the specialist medical colleges:*

- *publish agreed definitions of levels of comparability on their websites, for the information of international medical graduates (IMGs) applying for specialist registration;*
- *develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are used to determine level of comparability;*
- *develop and publish objective guidelines clarifying how overseas qualifications, skills and experience are taken into account when determining the length of time an IMG needs to spend under peer review; and*
- *develop and maintain a public dataset detailing the country of origin of specialist pathway IMGs' professional qualifications and rates of success. (para 4.109)*

RANZCO would welcome a more clear definition of comparability from the Australian Medical Council (AMC).

While concepts of 'substantially comparable' and 'not comparable' are reasonably understandable, the classification 'partially comparable' seems to simply include all others. Is this to include those who may be rated 'partially comparable' to say the 5% level, or is there a cutoff level below which the applicant is considered 'not comparable'? Essentially all applicants will have some degree of knowledge and experience and thus be partially comparable, albeit to a small degree.

RANZCO informs applicants of its understanding of comparability by referring them to the college's training curriculum and the accepted qualities required of an ophthalmologist in Australia.

RANZCO receives applications from IMGs from scores of countries, and is unable to have full knowledge of the standards of training and practice in all countries. We rely on the documentation provided by the applicant in informing us about training programs and curricula. Where we have knowledge of, and confidence in an applicant's training program, this will influence RANZCO in coming to a decision. However, RANZCO considers each applicant on his or her merits and does not have automatic acceptance of any specific qualifications.

For example, an applicant may have trained in a good training program, but then done research work for several years and have little or no clinical experience and would not be 'substantially comparable to an Australian trained specialist currently entering the Australian workforce'.

Recommendation 8: *The Committee recommends that specialist medical colleges adopt the practise of using workplace-based assessment (WBA) during the period of peer review to assess the clinical competence of specialist international medical graduates (IMGs) in cases where applicants can demonstrate that they have accumulated substantial prior specialist experience overseas. As part of the WBA process the specialist medical colleges should make available the criteria used to select WBA assessors.*

Specialist medical college examinations should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during WBA. (para 4.120).

RANZCO has significant concerns with this recommendation. RANZCO uses its examination for applicants who are deemed 'partially comparable'. It is not used as a pass/fail context, but to provide RANZCO with more information about the applicant's knowledge and clinical abilities. RANZCO is thus able to use this information, along with the applicant's documentation and the outcome of their interview, to come to a confident decision on comparability.

RANZCO's examination is a highly structured, validated, transparent, and impartial process. A satisfactory performance (not necessarily an actual pass) in this examination usually indicates an acceptable level of knowledge and clinical expertise, and measures the applicant's performance alongside the college's trainees, thus fulfilling the AMC instructions to find comparability with an Australian trained specialist currently entering the Australian workforce'.

In the case of underperformance, the examination can reveal (and has several times revealed) levels of knowledge and skills which the examiners consider indicate the applicant to be dangerous to the health and safety of patients if registered to practice. In lesser degrees of underperformance, the examination can reveal what areas of weakness should be targeted in further training or assessment. In contrast, a WBA, while able to provide some information, is subject to many weaknesses:

- There can be a real or imagined suspicion of bias:
 - It is common experience that the perceived performance of a person is modified by the attractiveness/friendliness etc of the person, and the contrary also applies
 - It is also common experience that a person found to be wanting is likely to look for other factors for his or her failure and perceptions of racial or other bias will be felt
 - In many cases, the supervisors/assessors will have an actual or potential conflict of interest. If employers, they have a vested interest in a positive outcome. If practitioners working in the same region, they may have an actual or suspected reason not to see new competition enter the region
- The validity of a WBA depends on the range and depth of clinical exposure of the applicant and the degree and depth with which he/she can be observed. This may simply not be able to be done thoroughly. Assessment will be confined to the clinical experiences available, and not cover more challenging clinical situations. Also, the supervisor will commonly be occupied with his or her work and unable to give continual and thorough oversight.

Furthermore, there are the logistical problems of using a WBA as the primary assessment tool S-IMGs. RANZCO has considerable difficulty in finding and establishing training positions for its trainees, and this is a major factor restricting increases in the number of ophthalmologists trained in Australia.

A full evaluation of an S-IMG applicant would require a placement in a workplace position of 6-12 months. To establish enough positions to handle the number of applicants in ophthalmology alone would require very significant levels of financial and administrative support. Further, a WBA needs an adequate level of clinical exposure which no amount of

funding or administration can create. It also requires the finding, training, and dedication of appropriate supervisors who are able and prepared to devote their time to the support and assessment of these applicants. A significant proportion of RANZCO's members perform this function in relation to the college's trainees and the extra personnel to provide this service to S-IMGs is likely to be very difficult to find.

In summary, RANZCO has a high level of confidence in its examination as a valid way of assessing ophthalmic knowledge and skills, and feels it is the best primary assessment task to provide the college with information to make a fair assessment of S-IMG applicants. It should be used before and often instead of a WBA because of the weaknesses and logistical problems of the latter.

Recommendation 9: *The Committee recommends that all specialist medical colleges consult with the Australian Medical Council to ensure each college undertakes a consistent three-stage appeals process, incorporating the following:*

- *an automatic right for an international medical graduate (IMG) to undertake the next stage of appeal, following completion of each preceding appeal;*
- *the option for the IMG to retain an advocate for the duration of any appeal process to an Appeals Committee, including permission for that advocate to appear on the IMG's behalf at the appeal itself; and*
- *the capacity to expand membership of the Appeals Committee to include an IMG who holds full membership of the relevant specialist college, but has no involvement with the decision under review. (para 4.134)*

RANZCO has a clear appeals process which is documented on our website, and preserves the right of applicants to appeal decisions of the college. It aims to resolve issues without the use of advocates, especially in the first instance. If this recommendation is adopted and appeals become more legally supported, the costs will become considerable for the applicant and RANZCO. These funds must be obtained from somewhere, and it is not appropriate that they be supplied by RANZCO members through their subscriptions. If this recommendation is acted upon, RANZCO would be approaching the AMC for the necessary funding for both the applicants and the College.

Recommendation 10: *The Committee recommends that the specialist medical colleges undertake the following steps to ensure international medical graduates (IMGs) are aware of their right of appeal regarding their application for specialisation:*

- *publish information regarding their appeals process in a prominent place on their website, including information regarding each stage of the appeals process, timelines for lodging appeals and the composition of Appeals Committee membership*

- ensure that IMGs are informed of their right to appeal when any decision is made regarding their application, with information regarding their right to appeal a particular decision provided in writing on the same document advising the IMG of the decision made regarding their application. (para 4.136)

RANZCO supports the right of appeal for all persons subject to its decisions, and makes this clear on our website where the appeals process is publically available. However, such appeals involve the significant use of RANZCO resources, especially if the appeal goes to a full Appeals Committee hearing. There needs to be a clear and accepted basis for appeal, such as failure to follow proper process, denial of natural justice etc. If an appeal can be lodged simply because the applicant doesn't like the decision, and there are no barriers to doing so, then most would logically appeal against any adverse decision, with consequent overwhelming of RANZCO resources.

There needs to be common accepted grounds for appeal amongst all colleges assessing S-IMGs, which are accepted and ratified by the AMC or other appropriate bodies.

Recommendation 11: *The Committee recommends that the Australian Health Ministers Advisory Council, in conjunction with the Australian Government Department of Health and Ageing and the National Health Practitioner Ombudsman, develop and institute an overarching, independent appeals mechanism to review decisions relating to the assessment of clinical competence to be constituted following an unsuccessful appeal by an international medical graduate to the Appeals Committee of a specialist medical college. (para 4.139).*

RANZCO accepts the concept of a final arbiter of decisions. However, our appeals process already includes an "outside" body overseen by a judge or senior barrister. To establish a more distant outside body with the associated costs to all parties and the difficulties in finding expert opinion on the applicant's comparability without the applicant undergoing a detailed process of assessment again would be a difficult exercise.

It is RANZCO's position and understanding that the power to declare an applicant suitable for specialist recognition lies with the AMC. The AMC consults the relevant specialist college for its opinion on the issue because the college has the resources to evaluate an applicant. RANZCO therefore feels that in appealing a decision, the applicant is appealing the decision of the AMC and not of its advisor, the College. There are already in place existing mechanisms for any person to appeal the decisions or actions of a government body. RANZCO feels that such bodies should be used in this situation rather than institute a further external appeal structure.

Recommendation 12: *The Committee recommends that Health Workforce Australia, in consultation with state and territory health departments, the Medical Board of Australia, specialist medical colleges and other key stakeholders, investigate options to ensure equitable and fair access to clinical supervision places for international medical graduates. Consideration should include establishing designated supervised placements for international medical graduates in teaching hospitals or similar settings. (para 5.23).*

RANZCO supports this concept but, has concerns about the realism of establishing adequate numbers of places within the existing medical services structure, and of finding suitable supervisors for these places, as discussed above in RANZCO's response to Recommendation 8.

Recommendation 13: *The Committee recommends that the Australian Medical Council, the Medical Board of Australia and specialist medical colleges collaborate to develop a process which will allow semi or recently retired medical practitioners and specialist practitioners to maintain a category of registration which will enable them to work in the role of a clinical supervisor. (para 5.25)*

RANZCO finds this recommendation entirely inappropriate. The supervision and assessment of trainees (and similarly of S-IMGs) requires supervisors who are familiar with contemporary standards of training and practice and of recent developments in the rapidly advancing science of ophthalmology. They should therefore be ophthalmologists with current involvement in training and recent practicing developments. This is unlikely to be the case for many, if not most retired practitioners.

Recommendation 14: *The Committee recommends that Health Workforce Australia provide support under the Clinical Supervision Support Program to promote the innovative use of new technologies to increase clinical supervision capacity, particularly for medical practitioners who are employed in situations where they have little or no access to direct supervision. (para 5.27).*

RANZCO considers that, in the case of ophthalmology, there would be no substitute for direct supervision.

Recommendation 15: *The Committee recommends that prior to undertaking practise in an area of need position or regional, rural, remote position with indirect or limited access to clinical supervision, international medical graduates (IMGs) be placed in a teaching hospital, base hospital or similar setting. Within this setting IMGs could be provided appropriate supervision for a defined period to further establish their clinical competency and assist with their orientation to the Australian health care system. (para 5.31).*

Area of Need (AoN) placements are subject to limited scrutiny in the initial stages of assessment. This is confined to a review of the applicant's documentation in relation to the proposed position. Once this is accepted, the applicant is subjected to the more thorough evaluation for full recognition as a specialist.

Thus the applicant is placed in an AoN position with often limited evaluation of his or her skills, and should not be in a position where supervision is limited or indirect. However, where this is not possible, RANZCO would strongly support the concept of a period of placement in a setting where their skills can be more fully evaluated. This process should be limited to establishing the applicant's suitability for the proposed position, and should not substitute to the more rigorous evaluation that S-IMGs undertake for full recognition. The reports of the supervisors should, however, be made available to the relevant college for consideration as part of the applicants data for full evaluation.

Recommendation 16: *The Committee recommends that Health Workforce Australia ensure aspects of cross cultural awareness and communication issues are key components in any guidelines, educational materials or training programs that are developed to support enhanced competency of clinical supervisors. (para 5.40).*

RANZCO supports this recommendation.

Recommendation 25: *The Committee recommends that the Australian Government Department of Health and Ageing produce and publish on its website a comprehensive guide detailing how District of Workforce Shortage (DWS) status is determined and how it operates to address issues of medical practitioner workforce shortages. The guide should include detailed information on the following:*

- *the methodology of DWS determination;*
- *frequency of DWS status review; and*
- *criteria for benchmarking of appropriate workforce levels. (para 5.140)*

RANZCO supports this recommendation. This guide should include details on how the determination of DWS status is decided in relation to a specialty (such as ophthalmology) and within that, a sub-specialty (such as paediatric ophthalmology), a circumstance which frequently arises when considering AoN designation.

Recommendation 26: *The Committee recommends that the Australian Government Department of Health and Ageing consult with state and territory government departments of health to agree on nationally consistent and transparent approach to determining Area of Need (AoN) status based on agreed criteria. Consideration should also be given to improving the alignment between the AoN and Districts of Workforce Shortage. (para 5.145).*

RANZCO strongly supports this recommendation.

Recommendation 28: *The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, Australian Medical Council and specialist medical colleges, publish data against established benchmarks on their websites and in their annual reports, on the average length of time taken for international medical graduates to progress through key milestones of the accreditation and registration processes. Information published on websites should be updated on a quarterly basis. (para 6.15).*

RANZCO considers that publication of this data would be of limited value, and perhaps misleading. The time taken for resolution of an application varies greatly from aspects such as:

- Delays in collection of required documentation
- Delays in availability of applicants to attend interviews (often from overseas) and to sit examinations where required
- Further delays where performance in an assessment task is inadequate, and the applicant is given the opportunity to undertake the task again
- Time taken inherently in the system where evaluation of an applicant is undertaken by a committee of doctors who volunteer their time to undertake this work, and need to schedule it amongst other demands on their time.

Thus average or even median times taken may have little relevance to a new applicant and not justify the administrative costs of establishing and publishing these figures.

Recommendation 33: *The Committee recommends that the Medical Board of Australia, in conjunction with the Australian Medical Council and specialist medical colleges, develop a centralised repository of documentation supplied by international medical graduates (IMGs) for the purposes of medical accreditation and registration.*

The central document repository should have the capacity to:

- *be accessed by relevant organisations to view certified copies of documentation provided by IMGs;*
- *be accessed by relevant organisations to fulfil any future documentary needs for IMGs without the need for them to resubmit non time-limited documentation multiple times;*
- *form a permanent record of supporting documentation provided by IMGs; and*
- *comply with the Australian Government's Information Privacy Principles and Privacy Act 1988 (Cth). (para 6.62)*

RANZCO supports this recommendation.

Recommendation 34: *The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, the Australian Medical Council, and specialist medical colleges consult to develop consistent requirements for supporting documentation wherever possible. These requirements should be developed with a view to further reducing duplication by preventing the need for international medical graduates (IMGs) to lodge the information more than once and in different forms and formats.*

This documentation should form part of an IMG's permanent record on a central document repository. (para 6.71).

RANZCO supports this recommendation on the provision that any standardisation of required documentation does not reduce the College's ability to fully evaluate the application.

Recommendation 36: *The Committee recommends that specialist medical colleges should consult with one another to establish a uniform approach to the fee structure applied to international medical graduates (IMGs) seeking specialist accreditation in Australia. This fee structure should be justified by the provision of clear and succinct fee information published on the Australian Medical Council and relevant college's websites, itemising the costs involved in each stage of the process. IMGs should be informed about possible penalties which may be applied throughout the assessment process. (para 6.99).*

RANZCO agrees that the fee structure should be published in a clear and succinct manner. RANZCO establishes its fees for processing of S-IMGs and associated activities on the basis of recovery of costs, bearing in mind that all work done by RANZCO members in this process is done *pro bono*. While consultation with other Colleges could be undertaken, RANZCO is comfortable that this approach is fair and reasonable to all parties.

Recommendation 37: *The Committee recommends that the Medical Board of Australia/Australian Health Practitioner Registration Agency, the Australian Medical Council and specialist medical colleges review the administrative fees and penalties applied throughout the accreditation and assessment processes to ensure that these fees can be fully justified in a cost recovery based system. (para 6.100).*

Periodic review is undertaken of all costs and fees applied by the College, and are established as described, and as commented in relation to recommendation 36 above.

Recommendation 38: The Committee recommends that the Australian Medical Council and the Medical Board of Australia/Australian Health Practitioner Regulation Agency increase awareness of administrative complaints handling and appeal processes available to international medical graduates (IMGs) by:

- prominently displaying on their websites information on complaints handling policies, appeals processes and associated costs; and
- ensuring when IMGs are advised of adverse outcomes of any review, that the advice contains information on the next step in the appeal process. (para 6.120)

RANZCO supports this recommendation.

Recommendation 40: The Committee recommends that Health Workforce Australia, in consultation with key stakeholders, develop and implement a program of orientation to be made available to all international medical graduates (IMGs) and their families to assist them with adjusting to living and working in Australia. In addition to detailed information on immigration, accreditation and registration processes, the program should include:

- accommodation options, education options for accompanying family members, health and lifestyle information, access to social/welfare benefits and services, and information about ongoing support programs for IMGs and their families;
- information on Australia's social, cultural, political and religious diversity; and
- an introduction to the Australian healthcare system including accreditation and registration processes for IMGs, state and territory health departments and systems along with Medicare.

An integral part of the orientation program should be the development of a comprehensive package of information which can be accessed by IMGs and their families prior to their arrival in Australia. (para 7.31).

RANZCO supports this recommendation.

Recommendation 43: The Committee recommends that Health Workforce Australia (HWA), as part of its National Strategy for International Recruitment program, examine options for establishing a one-stop shop for international medical graduates (IMGs) seeking registration in Australia. Serious consideration should be given to the feasibility of providing an individualised case management service for IMGs.

In developing the most suitable model for such a service, HWA should consider the proposed scope of this service and the range of assistance provided, having regard to available resourcing. (para 7.109).

RANZCO strongly supports this recommendation.

RANZCO feels that, in some of the Committee's comments and in some submissions to the enquiry, there has often been a concept that S-IMG applicants could always, with appropriate support, eventually become fully recognised as specialists for practice in Australia. In the College's experience, this is not so.

Firstly, a doctor considered to be an ophthalmologist in another country may be undertaking quite a different role to that in Australia. In many countries in Asia and some in Europe, up to half the ophthalmologists do no surgery. Such an 'ophthalmologist' would require full re-training to be considered 'comparable' to an Australian trained ophthalmologist.

Similarly, a doctor who has trained for his or her local conditions, and often in a short training program with little supervision may simply not be in the same calibre as those trained under the Australian system.

This comment is not to denigrate these ophthalmologists but, to point out that in any assessment process, not all will be successful. The concept that everyone will be a winner if enough resources are available is not valid.

In association with the above comment, RANZCO observes a blurring of the line between the assessment of an applicant, and support and re-training for an applicant. RANZCO is asked by the AMC to give its opinion on the comparability of an applicant S-IMG. It is not asked to take the applicant and re-train him or her for as long as it takes for RANZCO to be able to declare the applicant 'comparable'.

If the AMC wishes the specialist colleges to take an applicant and support and re-train him or her to Australian standards, then it should say so, and appropriate resources should be put in place in a formal and structured manner to enable the College to do so. Short of this occurring, RANZCO will continue to see its primary role in this process as responding to a request from the AMC to give its opinion on the comparability of a S-IMG applicant, based on the applicant's documentation and of assessment tasks which enable RANZCO to form a confident opinion and inform the AMC of this opinion.

Please contact RANZCO if any additional information is required.

Yours sincerely

Susi Tegen
Chief Executive Officer