

Medical Board of Australia's response to the *External review of the* specialist medical colleges' performance – specialist international medical graduate assessment process

April 2018

Deloitte Access Economics recommendation

Medical Board of Australia response

1 It is recommended that the Good Practice Guidelines are reviewed and streamlined to ensure they provide clear guidance to colleges on the precise requirements for each stage of the assessment process. This includes clearly distinguishing between aspects of the Good Practice Guidelines that are requirements, and those that are recommendations where discretion can be exercised.

To further assist colleges with implementation, the guidelines could include a detailed checklist of requirements and recommendations against each aspect of the assessment process.

In addition, the guidelines could provide examples or case studies related to good practice for key aspects of the assessment process. This may be particularly helpful for smaller colleges that have limited internal resources available to support implementation.

The Board accepts this recommendation and will review the *Good practice guidelines*. All elements of the *Good practice guidelines* will be reviewed.

The Board will convene a working group of the National Specialist IMG Committee (NSIMGC) with external appointees and college representatives.

The review will commence in mid-2018 and will include wide public consultation with colleges and other stakeholders.

Medical Board of Australia response

It is recommended that the Good Practice Guidelines require colleges to publish a separate fee schedule specific for SIMGs which provides detailed descriptions of the activities covered by each fee, and when the fee is payable. Colleges could also be required to publish an indicative total fee, or range of fees, for the entire assessment process, based on whether the SIMG is found to be partially or substantially comparable.

The Board accepts this recommendation.

The Board notes that the *Good practice guidelines* currently require colleges to publish a schedule of fees that includes the cost of each element of the assessment process.

The Board expects colleges to comply with this requirement.

The Board will request that colleges review their fee schedule and ensure that all fees for all elements of the assessment process are published together on their website, in one easily accessible location (fees can be repeated in other locations). This should be completed no later than 4 May 2018.

The Board will also refer this recommendation to the working group to review the wording of the *Good practice guidelines* to ensure that the requirements for publishing fees are clearer.

7 The Good Practice Guidelines could be revised to require that colleges ensure the documentary evidence required from SIMGs is reasonable, not excessive and relevant to a given SIMG's application. The Board accepts this recommendation and will refer it to the working group for consideration of how to implement as part of the review of the *Good practice guidelines*.

The Good Practice Guidelines could be revised to require that colleges provide SIMGs with an option to complete an interview via teleconference or videoconference. This can help avoid the cost and time associated with attending interviews in person.

The Board accepts this recommendation in principle and will refer it to the working group for it to review and define the purpose of the interview. The definition of the purpose of the interview will help to inform discussions and decisions about the most appropriate way to run the interviews.

Medical Board of Australia response

10 The Good Practice Guidelines could be amended to require that colleges provide SIMGs with a summary of findings from the paper-based assessment and interview for review and confirmation. Applicants could be given the opportunity to provide clarification or submit further evidence where they believe a college has made findings which are incomplete or inaccurate. The Board accepts that this would make the assessment process more transparent. It will refer this recommendation to the working group for consideration as part of the review of the *Good practice guidelines*. The review will include consultation with stakeholders.

5 Colleges could consider implementing online selfassessment quizzes or checklists, allowing SIMGs to determine their eligibility for assessment, and/or their likely comparability outcome. The Board accepts that this is a good idea and will encourage specialist colleges to develop online self-assessment quizzes. It will refer the issue to the working group to consider whether to include it in the review of the *Good practice guidelines*.

9 Colleges could consider implementing an objective scoring system for paper-based assessments and interviews.

Under such a system, assessors give applicants numerical scores against key competency areas, and document the reasons for the rating and any gaps or deficiencies. Colleges could further consider using the total score to determine the assessment outcome. The scoring system could be published or made available to applicants in advance, to increase transparency and confidence in college assessment decisions.

The Board accepts that implementing an objective scoring system for paper-based assessments and interviews would improve transparency. It will refer this recommendation to the working group for consideration as part of the review of the *Good practice guidelines*.

Medical Board of Australia response

To ensure SIMGs have the appropriate information and expectations when they apply for assessment, colleges could consider publishing key statistics about the SIMG process. These could include the number of applications received in the last year, and the distribution of assessment outcomes. Colleges could also publish statistics about the size and location of the workforce in their field of specialty.

The Board agrees that the publication of key statistics can help to manage the expectations of applicants.

The Board notes that these data are currently available in the Board's 'Report on specialist medical colleges' specialist pathway data' and the Department of Health's medical workforce fact sheets.

The Board will ask colleges to respond to this recommendation.

At a minimum, colleges should publish key statistics for their specialty on their website and/or add a link to the Board data and the Commonwealth workforce factsheets.

This should be completed no later than 4 May 2018.

The Board will also refer this recommendation to the working group to consider whether this should be incorporated into the *Good practice guidelines*.

4 It is recommended that consideration be given to establishing a central, independent appeals body (e.g. within the MBA) to hear appeals relating to administrative matters. These include appeals relating to college processes, the Good Practice Guidelines, and appropriate decision making. Establishing an independent appeals body across all colleges could increase confidence and accountability in appeals decisions, and reduce the costs of appeals. The Board agrees that an independent appeals body to hear appeals relating to administrative matters would increase confidence and accountability in appeals decisions. It is unlikely to reduce the costs of appeals; it is more likely to shift costs.

The Board does not believe that it is the appropriate body to hear appeals relating to administrative matters. Appellants may not accept that the Board is sufficiently independent, noting that the Board would make the decision to grant specialist registration.

The Board would prefer that appeals relating to administrative matters be referred to an experienced, independent, existing entity that is external to the Board and AHPRA. It will explore this option further.

Medical Board of Australia response

It is recommended that MBA data collection and reporting be based on an individual record system. Under such a system, each SIMG application would be recorded by colleges as a separate data line, with key data collected throughout the entire assessment process (including dates and assessment outcomes). Many of these data are already collected in existing college systems for monitoring applications.

The Board does not accept this recommendation at this time. The Board's annual 'Report on specialist medical colleges' specialist pathway data' provides a snapshot of applications and outcomes. The Board will ask colleges to continue reporting data in the current format, but notes the potential opportunities for expanded data analysis and will consider this in the future.

Moving to an individual record system would enable robust data analysis, including analysis by cohorts, and tracking of applications across years. It could also improve data quality and potentially reduce the effort required by some colleges in reporting data to the MBA.

Colleges could be provided with a template spreadsheet to help track SIMG applications and record key data items. This may particularly assist smaller colleges without existing systems for monitoring applications.

Compliance measures

Deloitte Access Economics recommendation

Period of peer review - up to 12 months FTE

Period of supervision - up to 24 months FTE

These compliance measures ensure that the colleges are not asking the SIMG to spend longer than the *Good Practice Guidelines* require. We consider this a useful check to have on the colleges.

For partially comparable SIMGs, the compliance measure is that colleges cannot ask SIMGs to undertake more that 24 months FTE of supervised practice. There is no minimum timeframe set.

In 2016, 20.9% of partially comparable SIMGs were not required to undertake any supervised practice.

The definition of partially comparable in the *Good Practice Guidelines* is "Partially comparable applicants have been assessed as suitable to undertake a defined scope of practice in a supervised capacity".

We consider that a minimum time requirement for partially comparable applicants should be introduced, to ensure that the distinction between substantially and partially comparable applicants is clearer.

Medical Board of Australia response

The Board notes the concerns raised with the definition of 'partially comparable' and will seek the advice of the working group as to whether the definition should be revised to provide for a minimum period of supervision for partially comparable IMGs as part of the review of the *Good practice guidelines*.

Compliance measures

Deloitte Access Economics recommendation

Medical Board of Australia response

Formal examinations

The Lost in the Labyrinth report recommended that formal examinations "should only be used as an assessment tool where specialist IMGs are recent graduates, or where deficiencies or concerns have been identified during the workplace-based assessment (WBA)". This recommendation was adopted by the MBA and the Good Practice Guidelines set out that colleges should not ask substantially comparable SIMGs to undertake formal examinations.

All colleges met this compliance measure for 2016. However, in some cases it appears that colleges may be assessing SIMGs as partially comparable and requiring that they undertake the formal examinations. This is particularly the case where the SIMGs are not required to undertake a period of supervised practice.

We have recommended that a minimum timeframe for supervised practice be set, which would partly resolve this issue. It may also be useful to have a more specific compliance measure for formal examinations, which reflects not only that substantially comparable applicants should not have to sit examinations, but also that SIMGs with a number of years of experience (for example greater than five years), should not be required to sit examinations that are more appropriately targeted at recent graduates, as set out in the recommendations from the *Lost in the Labyrinth* report.

The Board will refer this recommendation to the working group for consideration as part of the review of the *Good practice guidelines*.

Compliance measures

Deloitte recommendation	Medical Board of Australia response
 Timeframe to complete requirements Substantially comparable - Up to two years for 12 	The Board notes that the <i>Good practice guidelines</i> require colleges to have a process for monitoring IMGs' progress.
months FTEPartially comparable - Up to four years for 24 months FTE	The Board will refer this recommendation to the working group to review whether the timeframes are appropriate, noting that they reduce flexibility for
These timeframes accord with the periods for peer review and supervision that can be set by the colleges.	IMGs.
We consider this a useful measure to check whether the timeframes are also being adhered to in practice.	The wording of the <i>Good practice guidelines</i> will also be reviewed to ensure that the requirements for tracking progress against timeframes are clearer.
We think that it would be useful to track this information in real time, so if an applicant is spending longer than the set timeframe this can be considered at the time.	