



Head Medical

Consultation on proposed changes to the competent authority pathway and specialist pathway for international medical graduates

Head Medical is an International Medical Recruitment company that recruit doctors, mainly from the UK, Ireland and also from other parts of Europe, to positions throughout Australia. Since establishment in 2008, we have placed more than 300 doctors in positions in Australasia.

As Registration Team Manager, I manage a team responsible for providing assistance and guidance to doctors in the collation of their applications for medical registration in Australia, I have worked in this role since 2008 and have overseen the relocation of all doctors to Australia from a licensure/ registration perspective so I have a very good appreciation of the impact that the changes that you propose are likely to make to this important part of Australia's medical workforce.

We have experienced on numerous occasions the difficulties, significant costs and subsequent delays that IMG's can face when trying to navigate the current complex application process. This of course has a significant impact on employers in Australia, often waiting many months for their new doctors to complete registration and immigration and arrive. As such we are very much in support of the reports proposals to improve efficiency and communication, and to reduce some of the 'red tape, duplication and administrative hurdles', referred to in the Labyrinth Report, through the collaboration of AHPRA, the AMC and the specialist medical colleges to streamline and simplify the Specialist/ Area of Need assessment processes and thus enhance their efficiency.

COMPETENT AUTHORITY PROPOSALS

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

"The Competent Authority (CA) pathway was introduced to allow IMG's who have completed specified examinations or accredited training and assessment in countries that have both a similar health care system, and similar training, assessment and registration systems to those in Australia...."

The CA Pathway criterion recognises prior assessment of IMG's in a comparable healthcare system (and comparable training). Therefore the focus is on ensuring IMG's can perform competently and safely in Australia's healthcare system.

The elimination of assessment of qualifications and experience by the AMC further helps to streamline the process of IMGs applying for medical registration in Australia by allowing IMGs with comparable qualifications eligibility for provisional registration.

Provisional Registration allows 'new graduates' to take up intern positions that are well supervised with supervisors providing regular formal and informal feedback on their performance. This allows the board to assess an 'interns' performance within Australia.



The proposal to allow IMG doctors, eligible down the CA Pathway, to apply for provisional registration brings the pathway for IMG's to gain General Registration into alignment with the pathway currently in place for ANZ graduates.

2. Length of supervised practice - Is 12 months too long or not long enough?

12 months is a reasonable period to allow an assessment of performance within a role.

If recognition of prior assessment has been factored into the eligibility criteria then the period of supervised practice should be the same for all applicants for provisional registration regardless.

The decision to extend the period of supervision, beyond the 12 months, will be at the discretion of the Board upon submission of an application for General Registration.

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

The CA Pathway requires applicants submit evidence of a period of 'internship' approved by the relevant medical licensing authority. As this pathway is designed to recognise prior assessment completed in a comparable health care system AND as comparable training is implied, then the need to stipulate specific rotations is unnecessary.

SPECIALIST ASSESSMENT PROPOSALS

1. The proposal for the AMC to no longer assess applications

As authorised agents/ representatives for our doctors, we have experienced regular frustrations at the AMCs involvement in the initial assessment of applications for completeness. These fall under the main headings:

Actual Documentation Required

One aspect of the current system which we find very challenging is that the AMC have their own documentation requirements, which are often inconsistent with the specialist college and AHPRA's requirements. Consequently, they often insist on the provision of additional / extra documentation (some of which is just impossible for doctors to provide) to meet their own checklist criteria, as opposed to their being used in the college's assessment of the doctors application.

Sometimes (and this happens reasonably regularly) documentation that is impossible to produce is being requested and often AMC staff do not appreciate the differences in applicants training and routes to specialisation. We find they often have a 'box checking' attitude to finalising applications, as opposed to actually trying to assist doctors to find a solution appropriate to the merits of their individual situations. For example, not accepting valid reasons for the absence of a particular document, which in most cases does not actually exist due to varying factors, such as changes to the training system and certification issue since the doctors training years or the particular country of specialisation not issuing such certification. As the specialist colleges have a better understanding and experience of such matters, it makes far more sense to have such discussions with them



directly. We find this to be much more fruitful. However the AMC can be a blocker for even getting to this stage under the current system.

There is also apparent inconsistency in whether these rules / barriers are used or not. We often find that some applications will be held up for a long period, for such reasons as those listed above, whilst other applications will sail through, despite the fact that they could also have been held up for the same reasons, if that particular case officer had chosen to do so.

We also note that many of the specialist colleges will begin their assessment of the doctors application prior to receiving AMC support to do so, and all colleges carry out their own 'completeness' check of the application and make requests for any missing or additional documentation required, before it is passed to a review panel, effectively making the AMCs role in the process an unnecessary formality, hurdle and cost.

We thus very much support the reports proposals that the AMC involvement in the process be limited to Primary Source Verification and photo/ signature verification only and believe that communication between the specialist college and IMG will be much improved by the removal of the AMC's involvement. We further support the proposal that the AMC, in consultation with the Medical Board of Australia, take steps to assist IMGs experiencing difficulties and delays with primary source verification, help which at present does not exist, despite frequent difficulties with this process.

Incomplete Documentation

In some case, despite best practice, peer checking of applications and years of experience, it is impossible to predict what will cause an incomplete documentation letter to be issued and fee to be charged. In the large majority of applications we receive 'Incomplete Documentation' advice, for reasons which are in the most part not only inconsistent, but can also appear unreasonable, a few of many such examples of which I list below:

- Not inserting the words 'Not Applicable' in a section of the College Specialist Form B, in which the applicant had no employment history to list
- Requests for clarification on which specialist qualification is their principal highest qualification that should be sent for EICS verification, despite this information being provided in the P1 form submitted and signed by the applicant
- Not completing the payment details of the College Specialist Form B, despite our explaining in the application that the doctor had completed them on the specialist college's own application form (a copy of which is sent to the AMC) and was uncomfortable filling that information out twice, and effectively giving permission for the fee to be taken twice

In the majority of cases, when such an 'Incomplete Documentation' letter is issued, the AMC will charge the applicant a \$110 fee, to go away and rectify the situation themselves with no further advice or assistance from the AMC in meeting their demands, we are therefore unsure what this fee actually pays for.

2. The Revised Comparability Definitions



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As a result of individual colleges changing and redefining their own requirements for comparability over the years, we believe that it is a positive move to revise and reapply the comparability definitions to ensure that they are consistent across all specialist colleges.

By further streamlining the definitions and using more consistent language, it is now much easier for the IMGs and service providers to understand the implications of such outcomes, and the maximum duration of possible peer review or oversight. It also helps both to gain a better picture of the likely assessments that may be required of them and ensures that they have an appreciation of this prior to commencing the process and further ensures that the health service can support such on-going review and assessment after the IMGs arrival, which from our experience has posed issues for some of our IMGs in the past.

We very much support the proposal that the comparability assessment should take into consideration the IMG's intended scope of practice and where the intended scope of practice is limited, that the college can recommend that conditions be imposed by AHPRA, rather than assessing for the full scope of practice.

3. The Use Of A Portal For Communication Between Agencies

When we first begin work with our doctors, we create a personalised document checklist for each that is effectively a list that combines AMC, College and AHPRA documentation requirements in one, to assist the doctor to collate their paperwork in a streamlined manner and to avoid unnecessary and expensive trips to their notary public and English translators.

As the current system requires that the applicant submit separate applications to all three bodies, despite the fact that the bulk of the documentation is required and seen by all three, the doctor has to go to great expense to obtain the required number of copies, with many notary publics charging 'by the page'. IMG's are also often asked to submit the same information in different forms and formats, which is a hugely frustrating and time consuming process for them, not to mention the administrative burden of having to collate three separate applications, for what is essentially one assessment. They then, in Area of Need applications, have to further provide photocopies to the AMC and Specialist College, of the applications that have been submitted to the other, so that each will commence their apparent concurrent assessment, although in reality many colleges will wait until they have AMC approval to commence their own assessment anyhow!

This is a process that not only exasperates ourselves and the doctors we are assisting, but the medical colleges too, who often end up receiving three copies of one document that they too have to accept and process.

A secure portal that is accessible to applicants, colleges, the AMC and AHPRA would have a huge impact on the accessibility of the Australian medical registration system and will greatly reduce the administrative burden on both applicants and the registration bodies, by allowing them to utilise and see shared information. This will naturally improve the efficiency of the system, by reducing duplication and the complexities of dealing with three different bodies, regarding one application and set of documentation.



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It will further have a positive effect on the timeframes for assessment, with the electronic scanning and processing of documents that will then be available for all three bodies to access, rather than having to rely on the doctor themselves providing hard copies of documents to each, with timelines becoming dependant on postal systems across a number of different countries, as well as the receiving and administrative systems of each individual body.

Using a computer – based information management system, that contains up-to-date information regarding requirements and the progress of the IMG's assessment, will allow for the timely provision of advice and reduce the number of queries each body is required to respond to, as well as avoid the need for the IMG to spend hours trying to query such matters via telephone at unsociable hours.

If this process were to be implemented however, it would raise a couple of questions, namely whether we would still be able to obtain human updates/ clarification from college and AHPRA representatives or if we would be solely reliant upon portal updates to know what was happening with a doctor's application and secondly would third party representatives be permitted to use the portal and liaise with the concerned bodies on behalf of the doctor.

Conclusion

The reports proposed changes we believe will effectively streamline and simplify the process for assessment of IMGs and make the process more transparent and accessible for them, reducing duplication for all involved, with consistent requirements for supporting documentation.

The current system as it stands poses a huge barrier to registration in Australia, and we know from our own experiences the stressing effect that it has on our doctors, not only financially but emotionally, and we know only too well the great loss to the Australian Health system, in the large number of doctors that have walked away from the process, having continually faced one hurdle and cost after the other over the course of what is usually no less than 6 months.

By implementing the proposed changes we believe that you can make Australia a much more attractive emigration proposition to such professionals and make it easier for health services in need to attract and employ such professionals.

We do also however believe that the report could go further to encourage review of the administrative fees and penalties applied throughout processes, to ensure that these fees can be fully justified in terms of cost recovery and whether the current English Language Skills Registration Standard is appropriate for international medical graduates, in particular the scores required to meet that standard and the basis for requiring a pass in all four components in a single sitting.