

30 June 2014

Dr Joanna Flynn AM,
Chair, Medical Board of Australia
Via email: medboardconsultation@ahpra.gov.au

Dear Dr Flynn

RE: Limited registration standards and draft guideline on short-term training in a medical specialty pathway

On behalf of staff and students of Baker IDI Heart and Diabetes Institute, the following submission responds to the Medical Board of Australia consultation on the National Registration and Accreditation Scheme. Specifically, this submission addresses Attachment D; Limited registration for teaching or research.

About Baker IDI

Baker IDI Heart and Diabetes Institute is an independent, internationally-renowned medical research facility, with a history spanning more than 88 years. The Institute's work extends from the laboratory to wide-scale community studies with a focus on diagnosis, prevention and treatment of diabetes and cardiovascular disease.

The Institute's main laboratory facilities are located on the Alfred Medical Research and Education Precinct in Melbourne, Victoria. Baker IDI has a research facility in Alice Springs in the Northern Territory dedicated to Indigenous health. In keeping with a global research agenda, the Institute maintains international partnerships and collaborations in Europe, North America, the Middle East, South Africa and the Pacific.

The Institute is recognised internationally for its contributions to medical science and is fortunate to attract highly talented clinician researchers from overseas jurisdictions to contribute to its research agenda. In making this submission, the Institute seeks to highlight some of the challenges faced by these researchers in applying for limited registration and identify opportunities to streamline the process. In doing so, our objective is to make the Australian research environment more attractive to international candidates so that Australia continues to produce research of an international calibre, drawing from a diverse, global talent pool.

General:

Internationally qualified Clinician Researchers who conduct their research through Baker IDI have highlighted a number of areas of concern that act as barriers to attracting overseas talent. We believe these concerns are representative of the experience of international researchers working across the research sector, including staff undertaking research at universities.

There are a number of reasons why it is important for the Australian research sector to attract international candidates. Amongst them, is the need to address a shortfall in clinical graduates pursuing research careers owing in part to concerns around continuous medical registration and practice as well as job security.

Anecdotally, our researchers are aware of fellow practitioners from Europe who have either returned home due to the inherently complex nature of registration or who have made the decision not to pursue a career in Australia. It is an enormous undertaking to move one's career and family to Australia for two-to-three years without long-term security of registration. For European researchers, it is far easier to move to the UK from the continent and thus Australia is by-passed by some of the brightest minds. As a result, we not only miss out on access to a wider talent pool, but the funding associated with international work and the opportunity to tap into large European Union (EU) grants, for example, becomes limited.

In summary, there is a sense that the current system is not working optimally, is not advantageous to Australia and that it would be helpful to review and streamline many of the administrative processes involved in applying for limited registration. As it stands, the process generates a significant burden of compliance and lacks flexibility around recognition of qualifications. These issues are addressed below.

Period of Limited Registration:

It is important that the period of limitation strikes a balance between public safety and a sustainable registration process that supports rather than deters applicants. The current proposal will require clinician researchers to renew their registration every 12 months up to three years. We contend that the frequency of this renewal process creates a significant burden of compliance for both the individual applicant and their supervisor in terms of time and paperwork. As a result, clinician researchers report that time that might otherwise be spent on their research, will be expended on an often frustrating process that necessarily requires duplication.

As an alternative, we urge the MBA to consider a sustained limited registration period of three years with no renewal interval. At the end of the three year period, applicants could be given the option to work towards Fellowship or general practice registration.

Under this system, registrants would be confined to clinical work specific to their research, and as such would not bill for patient consultations. At the end of the three year period, they could be given the option to apply for specialist recognition or other registration.

Another option might be the establishment of a separate registration stream specifically for clinician researchers to undertake clinical work in the course of their research. This could be administered in consultation with one of the major grant agencies, in a similar vein to the current registration arrangements with the colleges.

Greater recognition of O.S. standards:

In responding to this submission, Baker IDI wishes to highlight the opportunity to streamline the registration process as it applies to international clinician researchers by implementing base-line recognition of qualifications from pre-determined international jurisdictions.

Under the current system, many qualified overseas specialists are penalised because the processes under which they qualified differ from those in Australia, despite being of a comparable standard. As an example, clinicians in some European countries are required to undertake an oral exam when applying for their Fellowship status while Australian applicants sit a written exam. Under the current system, there is no allowance for comparing the oral exam with the written exam so it is considered inadmissible and the applicant is required to re-sit the exam which represents a considerable undertaking in terms of time and compliance.

For some applicants, additional training and examination processes act as a deterrent to moving to Australia and can be the basis upon which they decide not to pursue a research career here given the time and financial costs.

To address this, it is suggested that the MBA consider implementing a more flexible system that acknowledges the variance in compliance processes while retaining a focus on the substance or standard of training. This could be achieved by developing a ready reckoner that ranks graduates from defined jurisdictions where the training is comparable or superior to the Australian system. A similar scheme operates successfully in the EU, where jurisdictions acknowledge the standard of graduate – and by association, the curriculum - as being comparable with local graduates, despite some variance in the formal training process.

We trust this is constructive and welcome the opportunity to elaborate on the above issues should you wish to consider them in more detail.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Garry Jennings'.

Professor Garry Jennings AO | MB BS, MD, FRCP, FRACP, FAHA, FCSANZ
Director, Baker IDI Heart and Diabetes Institute