

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



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Chair, Medical Board of Australia
Australian Health Practitioner Regulation Agency
G.P.O. Box 9958
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Via email: medboardconsultation@ahpra.gov.au

Dear Dr Flynn

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

Thank you for the opportunity to comment on the draft revised standards for limited registration and the draft guideline on short-term training. The College notes that the existing standards, which have been in operation since 2010, have worked well, and that the planned revisions do not make significantly changes to those standards.

We agree that the standards should be reviewed on a regular basis, as that allows stakeholders to provide feedback to the Board on trends that may emerge over time. The suggested timeframe of five years is appropriate.

1. Limited registration for postgraduate training or supervised practice.

The standard is supported. However we suggest that doctors under specialist assessment by a College should be required to provide a letter of support from that College when applying for a change in circumstances. This is crucial to ensuring that the process of assessment by the College is not compromised.

2. Limited registration for area of need.

Doctors with this type of registration on a pathway to specialist registration should require a letter of support from the relevant college when applying for renewal of registration or a change in circumstances.

In addition, the MBA should be able to refuse registration if the doctor does not have the support of the relevant college.

3. Limited registration in public interest

It is noted that this type of registration is used infrequently. The standard should however include consultation with a specialist college where the applicant is seeking to undertake specialist practice in the public interest.

4. Limited registration for teaching or research.

This category of registration allows clinical practice for IMGs as long as it is less than 50% of total practice time. If the IMG is seeking registration for specialist teaching or practice the relevant college should also be consulted before registration is granted.

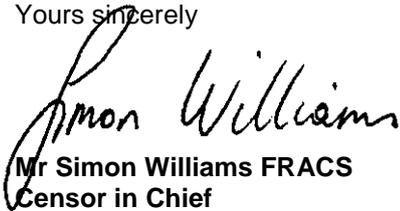
5. Short-term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration

The Guideline indicates that IMGs seeking this type of registration must apply to the specialist college on a form approved by the Board. The criteria stipulated should also make reference to the need for IMGs to meet the requirements of the relevant specialty college.

The MBA has also posed specific questions to college, and the responses of the Royal Australasian College of Surgeons are attachment 1 to this letter.

You may also be aware that the College has an International Scholarships Project and attachment 2 provides specific comment from that program's perspective.

Yours sincerely



Mr Simon Williams FRACS
Censor in Chief

CC: Prof. Michael Grigg FRACS, President
A/Prof. David Hillis FRACS (Hon), CEO

Attachment 1

Questions for stakeholders on the draft guideline on short-term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration.

Question 1: Do you support the proposed name change?

The College does not oppose the name change.

Question 2: Are the eligibility criteria for this pathway appropriate?

The criteria are considered appropriate for the pathway.

Question 3: Is it reasonable to have an exemption for IMGs with general scope registration in New Zealand who are accredited college trainees?

This planned change is welcomed by the College as it will remove a barrier to training for New Zealand IMGs with general scope registration who have been selected to the College Surgical Education and Training program. Registration for such doctors has been problematic in the past.

Question 4: Is the role of the specialist medical colleges as described in the draft guideline appropriate. If not, what changes do you propose?

The College considers its role in this process to be appropriate.

Question 5: Is the process for applying directly to the College on a Board application form appropriate?

This is an appropriate and effective process.

Question 6: Is the information that the IMG is required to provide to the college sufficient for colleges to advise the Board about the IMG's suitability for the short-term training in a medical specialty pathway? If not, what additional information should be requested?

The information is generally appropriate however IMGs should be referred to the relevant College website for any additional documents or application forms which may be required in order to undertake assessment.

Question 7: Is this approach appropriate for practitioners in this pathway who apply to renew registration beyond 24 months?

The approach set out by the Board is appropriate.

Question 8: Some medical practitioners undertaking short-term training in a medical specialty may decide to apply to the specialist college for specialist recognition.

This is an issue which has over time provoked discussion within the College. IMGs who come to Australia do so to further their skills for the benefit of their home country. There is recognition that when IMGs then apply for specialist recognition it is a loss in specialist resources for their country of origin.

It is understood however that it is not the role of the MBA or specialist colleges to restrict an individual's rights.

Question 9: Is it appropriate for the specialist colleges to provide advice to the Board about the suitability of training for a medical practitioner in the circumstances described above?

The College already undertakes this role, and considers it appropriate to do so.

Question 10: Are the definitions under section 8 appropriate?

The College considers these definitions to be appropriate.

**Public Consultation Submission –
Limited registration for postgraduate training or supervised practice**

Recommendations:

- a) That the timeframe for international applicants to present their identification documents to an AHPRA office in-person be standardised to 6 months, from the date of 'in-principle' registration approval.
- b) That the national English Language Skills Registration Standard be applied consistently across all Australian states.

Background:

The Royal Australasian College of Surgeons' International Scholarships Program supports up to 10 surgeons from developing countries each year to undertake short-term training attachments for up to 12 months, in Australian hospitals. The College assists the scholarship recipients to apply for Limited Medical Registration to enable them to gain surgical experience through assisting at operations and by observation. Scholarship recipients are directly supervised by senior consultant surgeons, usually the head of the surgical department to which they are attached. The supervisor takes primary responsibility for patient care.

The purpose of the program is to support the development of surgery to improve health services in developing countries in our region.

Issues and concerns with the current registration standards for limited registration for postgraduate training or supervised practice:

1. From the date of receiving notice of 'in-principle' approval, the timeframe for the applicant to present their ID documents in person at an AHPRA office varies from case-to-case, alternating between 90 days and 6 months. Given that the timeframe for Visa applications under the Occupational Trainee stream (which can only be submitted after receipt of the in-principle approval notice) is 3 months or longer, a 90-day timeframe is not achievable for international applicants. We request that all applicants be granted 6 months to present to the board.
2. Where a scholarship recipient is undertaking a short-term placement under supervision and is not required to have the level of English proficiency normally required for long-term overseas trainees with direct patient responsibility, the College applies for an exemption from the English language requirement on the basis that the applicant is supervised at all times, which ensures patient safety.

In our experience, some case officers have been unfamiliar with AHPRA's policy on the exemption as set out in the English Language Skills Registration Standard and we have, on occasion, received conflicting advice. In a recent case, the South Australian office was not aware of the national policy on exemptions from the English language requirement. When the request for an exemption was rejected, the College provided evidence to the South Australian office of an identical request for an exemption being approved by the Medical Board in another Australian state. The South Australian office reviewed its decision and eventually granted the exemption and approved the application, but the process resulted in extensive delay which was very disruptive to the host hospital and the international doctor.