



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

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9 June 2023

Ms Robyn Kruk AO
Independent Reviewer – Health Practitioner Regulatory Settings Review
Australian Government Department of Finance

By email: HealthRegReview@finance.gov.au

Dear Ms Kruk

RE: Independent Review of Overseas Health Practitioner Settings – Interim Report

On behalf of the Australasian College of Dermatologists (ACD), we welcome the opportunity to provide feedback on the recommendations and reform options outlined in the Independent Review of Overseas Health Practitioner Settings – Interim Report.

ACD is the sole medical college accredited by the Australian Medical Council for the training and continuing professional development of medical practitioners in the speciality of dermatology. As the national peak membership organisation, we represent just over 600 dermatologist Fellows (FACD) and 100 trainees. As part of our specialist medical college delegated functions, ACD is responsible for the assessment of comparability for International Medical Graduates (IMGs).

ACD strongly supports the intent of the reforms to reduce duplication and inefficiency in current processes for overseas health practitioners (OMPs), enabling applicants to commence delivering health services sooner while ensuring public safety remains paramount. Our comments in relation to the recommendations set out in the Interim Report are:

Reduce duplication and align evidentiary requirements, with information shared across agencies

ACD strongly supports the recommendation to reduce duplication and align evidentiary requirements to minimise applicants needing to provide the same information multiple times, and for better information sharing across regulators and agencies. We also support in principle having a single portal where applicants can submit all documentation in once place, taking into account the different security requirements that may exist across different agencies and level of sensitivity of the information captured.

Enable more cohorts from trusted countries to be ‘fast-tracked’

We agree with facilitating fast-track registration. We recognise from our experience in assessing comparability that there are certain countries from which applicants are more likely to be substantially comparable or partially comparable and require only a short amount of upskilling. We would be happy to provide data and advice to inform the list of potential competent authority pathways (CAPs) to be presented to the Ministerial Council.

Transitioning equivalence assessments from specialist medical colleges to the AMC

We strongly disagree with transitioning equivalence assessments for overseas specialist medical graduates from the specialist medical colleges to the Australian Medical Council. The MBA's *Standards for Specialist medical college assessment of specialist international medical graduates* states 'The Board recognises that assessing SIMGs can be complex. SIMGs have trained in a range of countries and health systems whose specialist education do not necessarily align with current Australian specialist training. When assessing SIMGs, colleges have to take into consideration a range of factors in addition to the SIMG's previous training and assessment... Each assessment is therefore unique.'

Specialist colleges as the experts in the relevant medical specialty are best placed to assess whether an individual is safe and competent to practice or whether they require upskilling and the nature of that upskilling. More information is required on how colleges moving from a determinative role to an advisory role will operate and how it will improve the process both from the perspective of applicants and in ensuring patient safety. We note on page 49 of the Interim

Report that colleges would still be required to supply documentation, standards for assessment and curriculum. However, we know from our experience that simple assessment of applications against standards and curriculum is insufficient to adequately assess comparability and that interviews by College Fellows are an essential component of the processes we undertake as a medical college. Data to date has shown our College's assessment process to be extremely robust in this regard.

We understand applicant and stakeholder concerns at the cost to applicants for this component of the application process, however the report ignores that specialist medical colleges are currently performing this role at no expense to the government, that the fees charged are therefore to recoup administrative expenses and that College Fellows involved in the process provide their time voluntarily and free-of-charge.

Performing an advisory rather than determinative role is unlikely to involve any meaningful reduction in effort on the part of medical colleges and their Fellows without losing the rigour required for safety and quality. A more effective approach would be for the Government to provide administrative funding for colleges to undertake this function enabling them to reduce the fee charged to applicants and increase internal capacity to process applications more rapidly. The application process for IMGs applying to ACD for comparability assessment, including interview, is completed within 12-18 months from the date of application. It is unclear how transitioning the determinative role to the AMC will reduce this timeframe. It might in fact delay processing by adding an additional level of assessment by the AMC before seeking the input and advice of the specialty college, and it will undoubtedly increase costs to the government to enable AMC to deliver on this expanded function.

It is also important to note that a key limiting factor for those IMGs seeking recognition to practice as dermatologists in Australia is not the application process but rather a lack of available training positions for those found to be partially comparable. This is reflective of the challenges in drawing on a workforce in chronic shortage¹. This workforce shortage is not due to a lack of Australian (nor indeed overseas) doctors seeking to train as dermatologists, but to insufficient public investment in dermatology services and in the registrar and consultant supervisor positions needed to grow the dermatology workforce as discussed further below.

Department of Health and Aged Care to continue workforce supply and demand modelling for medicine

We strongly support ongoing improvements in workforce data and modelling. However, as a medical specialty that has long been in recognised national undersupply, having an identified workforce need even where this is substantiated by data does not automatically translate into the quantum of investment needed in consultant supervisory and training positions to enable both Australian and overseas medical graduates to undertake the training needed to meet the specialist registration requirements and to practice safely.

Indeed, from the perspective of dermatology, we would strongly caution against seeing IMGs as the solution when it comes to addressing either workforce shortages or maldistribution. Of the 109 applicants assessed between 2012 and 2022, 31% were found to be not comparable, 53% partially comparable and 16% substantially comparable. Of the 75 individuals found to be substantially or partially comparable, 65% have received ACD Fellowship with a number of these still to satisfy the upskilling requirements. This conversion rate is primarily due to not all IMGs assessed as being partially comparable agreeing to complete the upskilling with some exploring options in other countries and not all being able to get an upskilling position in Australia for the reasons outlined above.

When it comes to the potential for IMGs to support efforts to address maldistribution, we know from our own experiences that most IMGs prefer to migrate to the capital cities. While IMGs require an exemption from the 19AB Health Act to obtain a Medicare provider and prescriber number and must work in a District of Workforce Shortage (DWS) to meet this exemption, all of Australia is considered a DWS for dermatology and therefore there are no other initiatives or incentives to recruit IMGs to rural areas. Even if there were, the circular challenges of providing adequate upskilling and supervision in rural areas given the extremely limited existing workforce in regional and rural Australia remains.

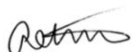
We strongly object to the assertion put forward in the quote from WA Department of Health on page 55 of the report that medical colleges have a vested interest in controlling the number of specialist medical practitioners practising in Australia. As outlined in our recent [White Paper, Accessible and quality dermatology care for all Australians](#)², ACD's core advocacy focus is on working with federal and state governments on opportunities to increase consultant

supervisory and trainee positions to address the significant and well documented shortage of dermatologists in Australia, with varying degrees of traction from state governments and health services. In light of these substantial efforts, this statement is inaccurate and deeply misleading.

In summary, we strongly support the opportunities to streamline the process and reduce duplication for applicants and recommend that this be the priority. We do not support the shifting of the determinative role in assessing comparability from medical colleges to the AMC as this will not streamline the process in any meaningful way and risks undermining the robust and necessary processes currently in place to ensure patient safety.

Thank you for your consideration of this feedback. Please contact Caroline Zoers, Director Policy, Advocacy and Engagement at carolinez@dermcoll.edu.au or 02 8741 4112 to discuss further.

Yours sincerely



Dr Adriene Lee
President
The Australasian College of Dermatologists

¹ Australian Government Department of Health, *National Medical Workforce Strategy*, January 2022; pp 34

² ACD Website. https://www.dermcoll.edu.au/wp-content/uploads/2022/12/ACD_Accessible-and-quality-dermatology-care-for-all-Australians_White-Paper_Nov-2022.pdf