COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

13 June 2023

Mr Jason McDonald
First Assistant Secretary, Regulatory Reform Division
Department of Finance, Australian Government
Via email: HealthRegReview@finance.gov.au

Dear Mr McDonald,

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

The College of Intensive Care Medicine, Australian and New Zealand (CICM) thanks the Department of Finance for the opportunity to review and provide feedback on Ms Robyn Kruk's (AO) Interim Report on *Independent Review of Overseas Health Practitioner Regulatory Settings.*

About the CICM

The CICM is the world's first Intensive Care Medicine (ICM) College and is the body responsible for ICM specialist training and education in Australia and Aotearoa New Zealand. We have over 1300 Fellows and several hundred trainees throughout the world, and we graduate between 50 and 60 new Fellows (including local trainees and specialist international medical graduates) each year.

We provide continuing medical education, professional development, maintain standards and advocates for Fellows' needs to governments and the community. We provide a high-quality training program, with supervision of clinical training, administration of assessments, and a range of workshops and courses.

The CICM also advocates for health and social policies to improve the healthcare of all Australians and Aotearoa New Zealanders. The College ensures patients are treated by well-trained, qualified intensive care specialists, in both general and paediatric intensive care medicine, who continue to improve their skills, qualifications and clinical practice through continuing education.

CICM responses to relevant recommendations in the Interim Report

Recommendation 1: Remove duplication and align evidentiary requirements so applicants only need to 'tell us once', with information shared across regulators and agencies. Move to a single portal over time where applicants can submit all documentation in one place.

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The CICM is of the view that the *Independent review of overseas health practitioner regulatory settings* presents a good opportunity to remove unnecessary red tape and duplication, streamlining and improving the process and experience for both applicants and regulatory bodies and agencies.

Recommendation 2: Enable more cohorts from trusted countries to be 'fast-tracked' through competent authority pathways (CAPs) and transition equivalence assessments for specialist medical graduates from the specialist medical colleges to the Australian Medical Council.

The CICM has significant concerns regarding this recommendation.

While the list of potential CAPS for all professions is yet to be provided by the Ministerial Council, the CICM is very interested in knowing the identified trusted countries.

The New Zealand Medical Council (NZMC) recognises two countries as competent authorities (UK and Ireland) for the purposes of registration by the competent authority pathway, and 24 countries as comparable health care systems for the purposes of registration by the comparable health care system pathway.

The CICM has assessed ICM specialists from some of these 24 countries and found that, in some instances, not only were they noncomparable with an Australian-trained ICM specialist, but also that they required to be supervised. It therefore recommends that the list of potential CAPs should be carefully considered, and that the safety of the Australian public should be the first consideration.

The CICM does not support the transition of equivalence assessments for specialist international medical graduates to the Australian Medical Council (AMC). Given the CICM is the only ICM organisation with accredited expertise in the training and assessment of ICM Specialists, transitioning this function is unnecessary given things are already working efficiently and effectively in Australia.

However, the AMC could require each College to have a 'fast track assessment process' which identifies applicants who on paper seem to be substantially comparable and who then receive priority for face-to-face assessment. The use of video technology will support this initiative and reduce the time to interview. Data collected could form part of compliance reporting to the AMC.

Recommendation 3: Better recognition of overseas health practitioners' experience and skills.

As mentioned above, we are the only ICM organisation in Australia/Aotearoa New Zealand who as accredited expertise in the training and assessment of ICM Specialists. Given this, we are committed to advocating for equitable high standards for the community. Furthermore, it is critical that the healthcare workforce (regardless of whether they are an Australian graduate or a specialist international medical graduate) continue to meet the appropriate standards of safety and quality.

The CICM recognises that (particularly for other specialties) there may be a need to better recognise the experience and skills for overseas health practitioners.

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However, careful consideration is needed to ensure that the quality of patient care is never compromised, and that the recognition of specialist qualifications (such as Fellowship of CICM) is not diminished or that Australian graduates are not disadvantaged in anyway.

Recommendation 4: Provide applicants with greater flexibility in demonstrating their English language competency, by aligning our requirements with the UK and NZ, reducing the required score for the writing component to 6.5, but requiring an average International English Language Testing System (IELTS) score of 7 overall and 7 in each of the other three components (reading, speaking, listening)

So that doctors who have attained their primary medical qualification in English speaking countries aren't required to take a language test, there may be some benefit in exploring the alignment of language competency requirements to countries such as the UK and NZ.

However, careful consideration of the proposed changes is needed to ensure there aren't any unintended consequences for lowering/changing the competency requirements.

Intensive care specialists regularly have difficult and sensitive conversations with the families of patients in intensive care units (e.g. end of life care decisions and organ donation). It is paramount that any reduction in language competency requirements won't negatively impact patients and their families.

Recommendation 5: Department of Health and Aged Care (DoHAC) to continue workforce supply and demand modelling for medicine (generally and by specialty) and nursing, and commence work with states and territories and relevant stakeholders to address gaps in allied health workforce data to facilitate supply and demand modelling in the future.

As outlined in the Interim Report (page seven), only one state/territory has identified intensive care specialists as a priority profession.

While we note that there are significant skills shortages across a range of other medical specialties and that these shortages have been exacerbated by the COVID-19 pandemic and an ageing population, anecdotal evidence suggests that there is a maldistribution issue rather than an under supply of intensive care specialists.

Working towards addressing the maldistribution issue would be far more effective than sourcing potentially underqualified doctors from overseas to fill a small gap in the identified region.

Given the unique issue of maldistribution of intensive care specialists, the CICM recommends that the appropriate regulatory bodies explore ways to better attract and retain intensive care specialists in rural areas. Packages including better pay and conditions and additional supports such as better access to childcare, education and housing could go some way to ensuring better distribution of intensive care specialists in rural areas.

Lastly, the CICM has previously been promised modelling on the supply and distribution of intensive care specialists from the Department of Health and Aged Care (DoHAC) but we are yet to receive any workforce data. Access to this data will enable the CICM to undertake more appropriate workforce planning.

We hope that the information contained in our submission is helpful.

Yours sincerely,

Dr Rob Bevan
CICM President

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