Dear Sukrit

I tried to complete the submission for you attached but it would not allow me to enter text, so I hope this email can serve as the brief letter you proposed.

In essence, it could be useful to the report author to be aware of the report that I attached to my email to Robyn Kruk.

But the main points I would wish to make are related to medical specialists because that's the area I know best, from having worked in the Colleges, consulted to several in Australia and overseas, acted as a Board member on two, and having undertaken one of the previous reviews on this subject and retained an interest in the limited changes that have taken place as a result of the several reviews:

- Speed of recognition should not take precedence over ensuring that the applicant is a safe and competent clinician.
- While a central portal can manage the technical tasks of ensuring that there are no issues that prevented the applicant from practising in the country of origin, the assessment of clinical competence will need the engagement of qualified professionals in the relevant branch of medicine. Our regulatory bodies have not had the capacity to perform this function and tend to be slow even in performing their current obligations, so we cannot assume that they would be in a position to take on this quite large task and achieve speedier outcomes.
- I agree with there being a central body through which applications should be managed, although it will be necessary to provide them with an adequate budget to undertake the task speedily, efficiently and effectively. Our estimates of costs to establish a central portal while still leaving much of the assessment with the Colleges was of the order of $2.5 million and a steady state of $1.6 million per annum, although we anticipated earnings from application would ultimately bring the budget into balance from year to year (see Table 3 on p.76 of our report). However, if the new central portal is also to conduct the assessments, the staffing will need to be much larger and it will need to replace the expert volunteer assessors used by the Colleges. This needs to be taken into account and resolved or the process will become even more time consuming and unworkable. The Colleges may need to be better regulated to develop public and measurable attributes that a foreign qualified applicant will need to demonstrate, but that should be part of the normal accreditation process that is already in place. If it were done in conjunction with a national periodic re-registration of all health practitioners the same test could be used for international applicants.
- A radical approach would be to follow the Canadian model where the Royal Canadian College of Physicians and Surgeons is established under a national Act of Parliament and is responsible for setting the standards for all medical practitioners other than the equivalent of our GPs. This includes publishing the standards to be met and setting the assessments at a national level which trainees from all universities and their hospitals need to pass in order to be registered. See https://www.royalcollege.ca/content/rcpsc/ca/en.html and for a brief summary of the

College's role and mission
https://en.wikipedia.org/wiki/Royal_College_of_Physicians_and_Surgeons_of_Canada

- Agreements should be reached between Australia and countries that have essentially the same training programmes for there to be a fast-track assessment of specialists. This could apply to doctors in general because the medical degrees are often very similar.
- It should be possible to register some specialists with a limited scope of practice.
- International applicants who have trained in an English speaking university or have practised in an English language country should not be required to sit an English test unless there is some concern expressed by the originating health system that English was still an issue.
- The IELTS is not an adequate measure of English proficiency in a clinical setting and was not developed for that purpose. A more appropriate test would be the ISLPR (https://islpr.org/book-a-test/about-the-test), which uses as its methodology a test of the applicant's English proficiency in the relevant profession through conversations and testing on topics related to the profession. It is a more intensive and focused test, including one-on-one testing, but it is a better reflection of the person's English proficiency in the relevant professional area.
- All applicants should undergo a period of supervised practice in a large, complex clinical environment where they can be observed by their professional colleagues to judge whether they are ready to practice independently, especially when the clinical placement is likely to be a single practitioner or small clinic. This is even more important if the applicant has been recruited to fill an area of need post, which are often in remote or regional areas. Fast-track applicants will still require an orientation to the way medicine is practised in Australia, because there are differences between health systems, including the pharmaceuticals available and processes for referral and diagnostic testing. A brief period observing how the system works will ensure that errors are avoided when the practitioner is working alone or in a small clinical environment.
- When making international comparisons, it is worth remembering that the USA and Canadian apparent efficiency in achieving recognition of IMGs is influenced by the fact that every applicant must sit the national licensing examination in the same way as all medical graduates begin practising medicine.

I would be happy to elaborate on these points either verbally or in writing if it would assist.

Kind regards

Vin
--
Professor Vin Massaro, PhD, FAICD, Hon FRANZCR
Managing Director
Massaro Consulting