



7 March 2023

Ms Robyn Kruk AO
Independent Reviewer
Health Practitioner Regulatory Settings

Dear Ms Kruk

Thank you for the opportunity to provide a submission to your review of regulatory settings relating to health practitioner registration and qualification recognition for overseas health professionals (the Review). As CEO of the Australian Medical Council (AMC) I will limit my submission to International Medical Graduates (IMGs).

The AMC is a leader in the development of assessment models and tools for IMGs coming to Australia. Over the last decade, the AMC has developed and implemented:

- Primary source verification of qualifications and related documents for all IMGs, including specialists (SIMG) and IMGs entering Australia via the Competent Authority Pathway. This process is undertaken in conjunction with the Education Commission for Foreign Medical Graduates (ECFMG) in the USA.
- Computer adaptive multi-choice questionnaire (MCQ); a knowledge examination structured to assess the specific knowledge of each candidate by selecting questions of greater or the same difficulty based on the correct or incorrect answer to the previous question.
- Clinical examination, which is a modified Objective Structured Clinical Examination that assesses the IMG against multiple criteria across each examination station. An online version of the clinical examination was introduced during Covid and is continuing.
- Competent Authority pathway that assesses the medical assessment and education systems of other countries with comparable health systems and provides a new assessment pathway for the graduates of their medical programs and/or licensing exams. The Competent Authority pathway covers authorities in the UK, Republic of Ireland, the USA, Canada, and New Zealand.
- Workplace based assessment (WBA) Program, which is an alternate pathway to the clinical examination, delivering a program of assessment while the IMG works in a health service. There are currently 20 health services accredited by the AMC as WBA providers in Australia, with approximately 10 more proposals being reviewed.
- National Specialist International Medical Graduate assessment pathway, now run by the Australian Health Practitioner Regulation Agency (Ahpra).

There remains a need for IMGs to be registered in Australia to meet workforce shortage and community demand alongside the need to ensure public safety. Different assessment pathways, with a focus on the experience an IMG has attained, should be considered, however we believe that some form of clinical examination will continue to be needed. To this end, the AMC commenced, in April 2022, a review of its assessment models and tools. The review includes assessment experts from Australia, New Zealand, the Netherlands, and Canada.

AMC review

The AMC Review of its clinical examination builds on work begun pre-COVID to develop a new Assessment Strategy for the AMC. The AMC review focuses on a shift from just judging competence and performance to judging and guiding competence and performance. While no definite decision about the future assessment models and tools has yet been made, features of a new model and issues to address include:

- AMC assessments and examinations will continue to be blueprinted to the graduate outcomes for Australian medical school programs.
- A needs assessment would be undertaken prior to the clinical examination. The needs assessment would be based on the candidate's performance in the MCQ and any other relevant information about the candidate's experience. This should identify probable gaps in a candidate's competence and performance measured against the graduate outcomes for Australian medical school programs.
- The needs assessment would be framed around competencies to inform learning requirements, providing guidance on areas of strengths and weaknesses which in turn will help identify supports required. This should shift the emphasis of the clinical examination to be more strengths-based.
- The clinical examination would be reframed as a consultation and clinical skills diagnostic assessment.
- The clinical examination outcomes would be conditional on satisfying further requirements. A person may clearly pass or fail the clinical examination, but there would now also be a third option where defined areas of strength are noted and defined areas of uncertainty on an IMG's performance can be identified. These areas would require an approved learning plan and targeted reassessment of those areas. This would be a shift from minimal feedback for candidates towards providing them with information to guide their own decisions about what needs to be done – a principle of co-responsibility and learner agency. This should have the effect of both increasing the pass rates and increasing assurance of public safety as areas of uncertainty around an IMG's ability are given greater scrutiny.
- Partnerships with approved (and accredited) education providers would be developed to help guide the IMG's learning along these pathways. There could be some scope for the AMC to provide advice on how to address learning gaps and tools to track intermediate progress, but this would need to avoid crossing a line into instruction lest the AMC be seen as an education provider.
- The number of WBA providers is increasing. This may be enhanced further by the AMC and the Medical Board of Australia (MBA) strengthening the training requirements of Limited Registration so that it functions like WBA, and if the candidate is found to have met the standard, they gain the AMC certificate. Limited Registrants are working in general practice and hospital environments, some of which should have the capability of conducting a WBA program, subject to their accreditation. Consideration would also be given to whether this approach could be applied in community / general practice settings.
- There would be defined way points where an IMG could be removed from the system based on their poor performance.
- All IMGs, irrespective of which pathway they obtain registration (clinical examination, Competent Authority, WBA, SIMG), should go through an assessment of their cultural safety.

IMG Journey Mapping Project

The review of the AMC clinical examination also links to an AMC research project (IMG Journey Mapping Project), begun in 2022 and planned to finish in late 2023. The aim of this project is to design

evidence-informed strategies to enhance IMG experiences and performance that contribute to Australian health workforce needs.

The work to date has included significant data analysis and research within the parameters of preliminary demographics, and process variables for all IMG assessment pathways – with a focus on the amount of time taken and possible barriers to progression and opportunities for improvement.

The project has examined the following data sources:

- Existing AMC data and other sources if available
- International benchmarks (UK, Canada, USA, and New Zealand) including website review and discussions
- National and international literature concerning enablers and barriers to IMG success
- Interviews with experts in the various pathways, and IMGs
- AMC accreditation reports on specialist medical college programs (specialist pathway)
- AMC Project Advisory Group discussion and consultation.

The AMC is very willing to make its preliminary data available to this review. Using this data, the AMC is committed to producing a Quick Wins report within the next month. Work so far has identified several possible quick wins with a focus on process improvements and those recommendations which the AMC has the most control over and opportunities to influence.

This report will be discussed at the meeting of the Project Advisory Group scheduled for 20 March 2023, that you have been invited to attend.

Other assessment models

Other models for the assessment of IMGs should be considered for development and implementation in Australia. One model is the Comparable Health System in New Zealand, which reviews the qualifications, training, and experience of IMGs. The Medical Council of New Zealand recognises 23 countries as having health systems comparable to New Zealand. The main criteria for IMGs are:

- Have practised clinically for at least 33 months, for at least 20 hours per week, during the 48 months prior to application, and
- Have practised in the same or a similar area of medicine, and at a similar level of responsibility to the proposed New Zealand position for those 33 months.

Where eligible under this system, the IMG is registered within 20 working days and must work under supervision for one year. While this pathway is mainly used by IMGs seeking to work under general registration in New Zealand, several SIMGs also enter the New Zealand medical workforce through this pathway and commence work while the relevant college assesses their specialist qualification(s).

Through initial analysis, we have determined that the number of IMGs eligible under this model would appear to be low. However, this may increase if the pathway was established.

Specialist IMGs

Four organisations currently play a role in setting the standards for assessment of SIMGs:

- The MBA through its Standards: Specialist medical college assessment of specialist international medical graduates.
- The AMC assesses College Specialist IMG assessment processes against the MBA standards and makes accreditation decisions based on those assessments.

- The specialist medical colleges are solely responsible for assessing and deciding whether an SIMG is comparable to an Australian specialist working in line with the MBA's standards. As well as having the knowledge of the specialty education and training relevant to whether an SIMG is comparable, the colleges also undertake this role at reduced / subsidised cost, compared to what it would be if colleges were charging hours to an independent body.
- Ahpra, which does not determine whether the college's consideration is accurate, rather it applies a regulatory lens to an SIMG applying for registration, based on any information Ahpra may hold related to health, competence or conduct concerns. On occasion, a college may assess an SIMG as comparable and Ahpra may decline registration based on one (or more) of these concerns.

There are good reasons to amend the process. Arguably the strongest reason is the inconsistency between colleges in both process and decision about whether an SIMG is comparable. Data from the Deloitte report undertaken in 2018, commissioned by the MBA and Ahpra demonstrated that there was apparent inconsistency between colleges in the proportion of SIMGs assessed as being substantially comparable. Subsequently, the MBA has set standards for SIMG assessment. However, data still shows some apparent inconsistency.

Removing the assessment of SIMGs from colleges would require answers to:

1. Who would assess the comparability of the education and training of SIMGs if not the education / assessment Fellows of colleges? The knowledge necessary to undertake such assessment is not readily available outside the colleges.
2. What additional costs would be incurred in undertaking assessment? While this is a relevant factor, it should, if data is available, be compared with the cost to the Australian health sector of SIMGs not being registered because colleges do not assess them as comparable.

Removing colleges from the assessment process is not favoured for the reasons noted above. However, there are opportunities for process improvement. Several changes should be considered:

1. Section 58 of the Health Practitioner Regulation National Law Act 2009 should be reviewed. The legal test for SIMG is 'holds another qualification (that is) ... substantially equivalent, or based on similar competencies...' Although open to interpretation, the emphasis of section 58, and its application, has been on the specialist qualification the SIMG presents. Experience is an important factor in assessing whether an SIMG meets the standard of competence for specialist practice. So, for example, if an SIMG has several years of experience as a specialist following their point of qualification, would this bring them to the standard of specialty practice in Australia? This is an important and relevant consideration for assessing all IMGs.
2. Introducing an independent component to the college assessment. This could be:
 - Introducing an appeal mechanism to an independent body such as the AMC
 - Requiring a consumer representative on all college SIMG decisions
 - Introducing the New Zealand model where colleges assess the SIMG and provide advice to a decision-making body.

Yours sincerely



Philip Pigou
Chief Executive Officer