



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

**SUBMISSION TO THE HOUSE OF REPRESENTATIVES STANDING
COMMITTEE ON HEALTH AND AGEING**

FEBRUARY 2011

**INQUIRY INTO REGISTRATION PROCESSES AND SUPPORT FOR OVERSEAS
TRAINED DOCTORS**

With regard to the subject of the Committee's inquiry, the Royal Australasian College of Surgeons makes the following recommendations:

- Satisfying a standard substantially comparable to Fellowship of the relevant specialist medical college should remain the standard for registration as a specialist in Australia.
- It is fundamental to patient safety that any Overseas Trained Doctor wishing to practise surgery in Australia attain the same standard.
- Federal and State/Territory jurisdictions consider funding assessment posts which are reserved for Overseas Trained Doctors wishing to practise surgery in Australia. These assessment posts should be based in major teaching hospitals with access to educational resources.
- Hospitals establish cooperative arrangements with each other to facilitate the movement of Overseas Trained Doctors between dedicated assessment posts and the more traditional posts currently utilised for the assessment of Overseas Trained Doctors.
- Overseas Trained Doctors should be encouraged to improve their language skills, and education providers and jurisdictions should develop courses to assist in this regard.
- Resources should be made available to enable Overseas Trained Doctors to familiarise themselves with, and prepare for, the examinations they are required to pass in order to practise in Australia.

Introduction

The Royal Australasian College of Surgeons (the College), formed in 1927, is a not-for-profit organisation training surgeons and maintaining surgical standards in Australia and New Zealand. A Fellowship based organisation, the College is committed to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support.

The College has been appointed by the Australian Health Practitioners Registration Authority (AHPRA) to undertake the assessment of Overseas Trained Surgeons (known in the College as International Medical Graduates or IMGs). Prior to the establishment of AHPRA, the College assessed IMGs at the request of the Australian Medical Council (AMC) but with no formal agreement with State and Territory medical boards in place.

The College has developed a number of policies which regulate the assessment process (see Appendix 1: Specialist Assessment of IMGs in Australia). The standard of assessment is the substantial comparability of an IMG to an Australian and New Zealand trained surgeon. The IMG assessment processes of the College have been reviewed by multiple bodies, including the Australian Competition and Consumer Commission (ACCC). The continuing role of the College in assessment processes was confirmed by these reviews, with the review panel preparing a report (Appendix 2: Review of the Assessment of Overseas-Trained Surgeons) which has guided the various specialist medical colleges and relevant government agencies since then.

Satisfying a standard substantially comparable to Fellowship of the relevant specialist medical college should remain the standard for registration as a specialist in Australia. In the case of surgery, this is the standard that Australian (and New Zealand) medical graduates must attain, through completion of the College's Surgical Education and Training program. It is fundamental to patient safety that any IMG wishing to practise surgery in Australia attain the same standard. This guarantees that health consumers receive the same minimum standards of care from all practitioners, irrespective of where those practitioners gained their initial qualification.

The College does not support any change to registration standards that may create a two-tiered system in which IMGs are not required to meet the same standards as those required of an Australian trained surgeon.

Process of Assessment of Overseas Trained Doctors

IMGs apply to the AMC for assessment and that body undertakes the verification of primary medical qualifications before submitting the assessment file to the College. Applications received from the AMC are first checked by staff for completeness (i.e. all required documents have been submitted) and then are independently assessed by the Clinical Director, IMG Assessments and a representative of the Specialty Training Board of the IMG's specialty. Where there is consensus that the IMG is not comparable a final recommendation that the IMG apply to the Surgical Education and Training (SET) program is sent to the AMC. The AMC then advises the IMG accordingly.

Where there is consensus that the IMG is partially or substantially comparable, the IMG is invited to an interview at the College. IMG interviews are held every two months commencing in February of each year. The AMC is also advised of this interim recommendation of comparability. The College aims to make an interim recommendation within 12 weeks of receipt of a complete application for assessment.

The interview is conducted by a panel incorporating representatives of the Specialty Training Board of the IMG's specialty, other specialty training boards and jurisdictions (see Appendix 3: Terms of Reference for International Medical Graduate Assessment Interview Panels in Australia). The purpose of the interview is to explore the IMG's education and experience, and, through the use of scenario based questions, assess comparability to the non-technical competencies of the College.

The panel makes a final recommendation of a pathway to Fellowship of the College. Where an IMG is assessed as partially comparable they are recommended to undertake a period of clinical assessment and to complete the Fellowship Examination. Where they are assessed as substantially comparable the IMG is recommended to undertake a period of clinical assessment but is not required to undertake the Fellowship Examination.

Clinical Assessment of IMGs

The College recommendation made after the interview forms the pathway to Fellowship but does not in itself guarantee Fellowship. A major component of IMG assessment is the clinical assessment period (see Appendix 4: Assessment of Clinical Practice of IMGs in Australia Policy). This period, under the supervision or oversight of College Fellows, enables an IMG's clinical practice to be observed to confirm that they are at the level assessed following interview.

This period also enables the IMG to become familiar with the Australian healthcare environment, and to prepare for the examination where necessary.

College policy allows for the recommended pathway to Fellowship to be reviewed, based upon an IMG's performance during clinical assessment. Where clinical performance indicates that the IMG is not comparable to an Australian trained surgeon the recommendation will be reviewed and the IMG required to apply for training. Where an IMG is assessed as partially comparable and required to do the Fellowship Examination but clinical performance indicates substantial comparability the requirement to do the examination may be withdrawn.

While the training program of the College, in partnership with jurisdictions and hospitals, is structured around on-going posts with experienced supervisors, the IMG process is not. IMGs must find their own positions and seek approval from the College. The College approves the post and the nominated clinical assessors.

Completion of the Fellowship Examination

The College does not have a mandatory requirement for all IMGs to complete the Fellowship Examination and it is only required for those IMGs who are assessed as partially comparable. The Fellowship Examination assesses the knowledge, clinical skills, judgment and decision-making and professional competencies of candidates, in order to ensure that they are safe and competent to practice as surgeons.

It is the assessment of the College that, supplemented by clinical assessment, the Fellowship Examination is the best available tool for confirming the attainment of the skills, knowledge and attributes that comprise the standards set by the College and that are expected by the Australian public.

Timeframes

The College maintains that the policies and processes it has developed ensure that Fellowship is awarded to IMGs who have demonstrated their equivalence to those standards which have ensured world class surgical care for generations of Australians and which patients now quite rightly expect. The timeframes incorporated in those processes are the minimum required to assess those standards. An IMG can attain Fellowship of the College after two years from the commencement of the assessment period. For an IMG required to complete the Fellowship Examination, at least two and often three opportunities exist to present for the examinations.

It must be acknowledged that there have been occasions when IMGs required to present for the Fellowship Examination have prolonged the period between requesting assessment and gaining Fellowship. Unfortunately it is not uncommon for IMGs to complete an assessment period of 12 to 24 months without presenting for the examination and then request a new assessment in the expectation that they will be reassessed as substantially comparable without need for examination. A recent amendment to College policies has removed the option of applying for a new

assessment when a previous recommendation has been accepted but not acted upon.

However there are other impediments to gaining Fellowship and these are examined below. There are opportunities for Colleges and jurisdictions to remove these impediments through the provision of assessment posts and improved services to IMGs.

Impediments to Streamlining the Assessment Process

There are a number of impediments to an IMG attaining the right to independent practice in the shortest possible timeframe. These include securing assessment posts, language difficulties and, in some cases, lack of familiarity with examination processes. The College appreciates the support provided by the Department of Health and Ageing, through its Specialist Training Program, in making funding available to Colleges to help remove some of these impediments.

As stated above, current processes require IMGs to find their own positions for assessment. This is a difficult task for an IMG not necessarily familiar with the Australian workforce and its employment process.

Often the only positions available to IMGs are in hospitals that are not traditional teaching hospitals and which have a predominant service requirement. Often the Fellows located at these hospitals have limited involvement in the training and education process and are not experienced in clinical assessment processes. As they are often smaller hospitals, the IMG is deprived of a support network of a wide range of surgical colleagues.

The College strongly recommends that the Federal and State/Territory jurisdictions consider funding assessment posts which are reserved for IMGs. For the reasons noted above these assessment posts should be based in major teaching hospitals with access to educational resources (for IMGs required to complete the Fellowship Examination) and a network of supportive Fellows and Trainees.

It is imperative however that such posts have access to operating lists where the IMG can undertake procedures as the primary operator (with appropriate supervision). Supernumerary posts that compete with Trainees and other IMGs for operating time do not facilitate assessment and are counter-productive to fostering supportive networks.

While it is acknowledged that many IMGs currently provide a valuable service to rural communities, most major teaching hospitals are in urban areas. The College does not believe that all clinical assessment of IMGs must take place in urban settings. If appropriately funded and structured assessment posts were created in teaching hospitals it would be preferable for IMGs to commence assessment in these posts for approximately 6 months before rotating out to other posts.

By commencing in these posts IMGs, in conjunction with their clinical assessors, would be able to establish their assessment plan and establish support networks to assist them when they then move to rural and remote locations.

In addition, preliminary assessment by experienced clinical assessors will ensure that the IMGs are safe to practice before relocating to posts that have a greater service delivery component with reduced access to assessors.

An advantage of the College's training program is that Trainees move between posts to gain exposure to different environments and procedures. In contrast, IMGs currently tend to undertake their entire assessment in one location. For those

intending to sit the Fellowship Examination this limits their exposure to a range of procedures and consequently may impair their preparation. Working in a range of posts can only assist an IMG's examination preparation, enhancing the likelihood that multiple sittings will not be required. It is obvious that passing the examination at the first attempt will reduce delays in completing assessment and attaining Fellowship.

The College recommends that hospitals establish cooperative arrangements with each other to facilitate the movement of IMGs between the dedicated assessment posts and the more traditional posts currently utilised for IMG assessment. This would present organisational difficulties to employing hospitals but would, ultimately, facilitate the attainment of Fellowship by IMGs.

IMGs from non-English speaking backgrounds encounter additional difficulties in adapting to the Australian healthcare system. Before being assessed by the College an IMG must attain a score of 7 in the International English Language Testing System (IELTS). A score of 7 is defined as:

Good user: has operational command of the language, though with occasional inaccuracies, inappropriacies and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning.

The College has previously indicated that it does not believe this standard reflects the language skills necessary for working in the Australian healthcare system and that a higher IELTS score should be required of medical specialists. Consequently it is recommended that IMGs be encouraged to improve their language skills and that education providers and jurisdictions develop courses to assist in this regard.

Many IMGs who are required to complete the Fellowship Examination may not have undertaken such an examination as part of their original specialist training. The College believes that resources should be made available to IMGs to enable them to familiarise themselves with, and prepare for, the examination. It is appropriate that IMGs be given access to teaching hospitals with a formal and established day to day training program and practice examinations. This is particularly important for those IMGs who do not pass their first sitting of the Fellowship Examination. Some College programs provide exam preparation courses and the College continues to expand their availability to IMGs, and to develop new resources where necessary.

The College appreciates the opportunity to make this submission to the Standing Committee's Inquiry, and also endorses the submission made by the Committee of Presidents of Medical Colleges (CPMC). Representatives of the Royal Australasian College of Surgeons would welcome the opportunity to appear in person during the Committee's hearings process.