

Mr Jason McDonald  
First Assistant Secretary  
Regulatory Reform Division  
Australian Government Department of Finance

Via email: [HealthRegReview@finance.gov.au](mailto:HealthRegReview@finance.gov.au)

9 June 2023

Dear Jason

Thank you for the opportunity to make a submission to the review of regulatory settings for overseas health practitioners.

The College fully supports the overarching objective of the review to recommend reforms to streamline regulatory settings to make it simpler, quicker, and cheaper for international health practitioners to work in Australia, while maintaining quality and safety standards.

**A. Which reform options do you think should be prioritised?**

**Recommendation I: Remove duplication and align evidentiary requirements**

The College is aware of the duplication that occurs when an International Medical Graduate (IMG) applies to practice in Australia. We hear anecdotally that the same documentation is required for multiple agencies, including the College, Australian Medical Council (AMC), Australian Health Practitioner Regulation Agency (AHPRA), Medicare, Immigration, and the employer. Applicants become frustrated with the process to have multiple documents formally certified and the lack of cooperation between government agencies to assess the same documentation, which increases costs to the IMG. The linear approach to the assessment of IMGs also means it is a lengthy process to achieve registration.

For this reason, the College supports the recommendation to '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.'

We suggest that the appropriate agency is the registering body, AHPRA and not the AMC as suggested in the report. Nominating the AMC as the responsible body is likely to sustain fragmentation and AHPRA as the suggested body to liaise with the Department of Home Affairs would streamline processes as the central body responsible for overseas health practitioners' registration. This would improve the applicant's experience providing a responsible party for the end-to-end system which can provide timely updates to the IMG on where their application is up to.

The AMC and Colleges should keep their current responsibilities to verify qualifications (AMC) and assess comparability (RACP) but be able to access documentation via a single digital portal ensuring the applicant 'tells us once'.

The benchmarks and compliance metrics introduced by AHPRA in recent years have kept Colleges accountable for a fair, transparent, and efficient assessment process that is robust and ensures quality. For public safety, speed and cost of assessment are not the only metrics that the review should be prioritising. Whilst the College acknowledges that streamlined processes for Specialist

IMGs (SIMGs) is an important priority, the report misses key aspects of the success of the current processes which are rigorous to ensure quality and safety standards.

The College strongly supports the importance of specialist medical colleges having a critical role in the ongoing assessment of SIMGs and suggests that the review panel look to the Medical Council of New Zealand (MCNZ) model which works effectively in collaboration with Colleges.

### **Recommendation F: Enable more cohorts through the competent authority pathway**

We also support the recommendation to 'enable more cohorts from trusted countries to be 'fast-tracked' through competent authority pathways (CAPs)', noting that MCNZ recognises 23 countries. In 2015, the College introduced a streamlined assessment process for SIMGs that held qualifications from select countries, reducing the time for an initial assessment decision by approximately three months. The qualifications eligible for this fast-tracked assessment process were determined based on a review of data which evidenced comparability across a large sample of SIMGs.

Expanding the currently declared competent authorities would provide greater accessibility for IMGs in junior roles, such as registrars, and support them on pathways to achieve general registration. It would also reduce the reliance on pathways such as short-term training in a medical specialty which is currently misused to fill workforce/service gaps and puts IMGs at the registrar level on a dead-end pathway, which does not lead to general or specialist registration in Australia.

Careful consideration and a robust review of data would need to occur before introducing similar CAPs for Specialist IMGs, who are currently all assessed via the specialist assessment pathway. The College is concerned about introducing a CAP for SIMGs which would, we assume, remove any formal assessment by specialist medical colleges.

### **B. What, if any, reform options are missing?**

We note the lack of recommendations relating to the current short-term training in a medical specialty (STTMS) pathway. Currently we have concern that this pathway is being utilised to fill workforce service shortages and not for training of IMGs as intended. We are concerned that that this cohort of IMGs are not receiving appropriate supervision or training and the pathway currently does not lead to general or specialist registration, leading them to a dead-end. The support for these IMGs is very limited, often relying on employers who are significantly understaffed leaving them vulnerable.

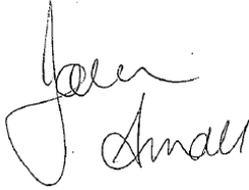
We note the recommendation for the MBA, working together with the AMC, to explore providing a pathway to specialist registration for specialist IMGs working in Australia under the short-term training pathway. There is already a pathway available via the specialist assessment process. The RACP takes into account the SIMGs experience in Australia when conducting this assessment. The issue is IMGs on the short-term training pathway that are not yet specialists in their home country and come to Australia to fill workforce gaps. In order to achieve specialist registration, they either need to return to their country of training to achieve specialist recognition or re-train in Australia. This provides little benefit to the medical workforce in Australia. The College recommends that the STTMS pathway is reviewed as it currently provides little benefit to IMGs or long-term solutions for hospitals with significant workforce shortages in Australia.

The College also raises whether Government agencies should have a greater role in the recruitment of IMGs to vacant positions throughout Australia to improve the IMG experience and facilitate the recruitment of skills to critical areas. Multiple organisations currently hold

data on SIMGs that are comparable to Australian medical practitioners, yet this is not reaching our health services and relies purely on the applicant to find vacant positions. More could be done to facilitate the employment of SIMGs in particular those that have been assessed by medical colleges as comparable.

Again, thank you for the opportunity to respond.

Yours sincerely



**Dr Jacqueline Small**  
President  
The Royal Australasian College of Physicians