

09 June 2023

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) welcomes the opportunity to respond to the **Independent Review of Overseas Health Practitioner Settings – Interim Report**.

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

- *“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.”*  
RANZCO has been implementing its [Vision 2030 and beyond](#) strategy to achieve equitable eye health service provision for all Australians. Supply and demand modelling should address areas of need.
- *“Remove or suspend labour market testing requirement for employers sponsoring priority health practitioners on certain visas and broaden the age exemptions for permanent skilled visas to encompass key health practitioners.”*
- *“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).”*
- *“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.”*

The above reforms would simplify procedural complexity.

RANZCO has already simplified its application process for SIMGs and assures quality through the same assessment methods used for RANZCO trainees, an established dual pathway for New Zealand applicants, and we are trialling a pilot program in Australia leading to full fellowship via work based and final on-site assessments as a direct response to the need for a more flexible and efficient approach to area of need demands.

The following recommendations raise quite a few questions:

*“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”.*

This will require substantial changes as applicants are normally assessed on a case-by-case basis depending on their training but also experience afterwards. Clarity on how this might work is needed.

*“Better recognition of overseas health practitioners’ experience and skills.”*

Does this recommendation refer to limited scope of practice for more specialised/senior doctors? Who is policing this? Are those viable job opportunities? Currently the College assesses to the standards of an Australian-trained specialist commencing practice. Those would have recency of practice across all curriculum standards and scope of practice.

There are currently no subspecialist assessment curriculums. Ways should be found for incorporating experience into streamlined assessments. By assessing subspecialty scope, one creates a "new specialty" leading to a proliferation of such new specialties, with attending complexity, cost and inefficiency.

***What, if any, reform options are missing?***

Retention and recruitment strategies including incentives, improved work conditions, recognition and payment for specialists and associated local allied health workers in regional areas to ensure a sustainable workforce.

Sufficient investment in and growth of public ophthalmology services to meet community demand in regional areas, but also to provide infrastructure for training, thus ensuring a sustainable growth of ophthalmologist numbers.

***Contentious Reform options***

*“Transitioning equivalence assessments from specialist colleges to the Australian Medical Council, to streamline assessments for all non-CAP SIMGs – colleges would retain expertise and an advisory role”.*

This proposed reform completely changes the underlying framework which has formed the basis for SIMG clinical competency assessment. A framework that is based upon the highest level of peer reviewed expertise and experience built up over decades. The proposal therefore represents a move away from qualified assessors who are the recognised clinical experts in their field.

However, the evidence base for this major structural transition is not presented. As such it is difficult to understand its inclusion alongside a suite of well researched and cogent arguments for reform that underpin the Key Priorities. RANZCO is concerned that such an ambit proposal that potentially lowers the standards and integrity of the assessment process may undermine the integrity of the assessment itself. Hence RANZCO does not endorse the transitioning proposal.

Further, it is doubtful that the AMC can obtain the expertise to independently assess across all the required professions and scopes. Noting that Colleges are the (only) repository of this expertise it would be prudent to support the Colleges to streamline their own assessments as a better, faster and cheaper method to ensure the community interests are served.

***Concluding remarks***

RANZCO is strongly supportive of the aims of the Report and has already implemented several aspects of the proposals as part of our over-arching Vision 2030 reforms.

The ultimate goal in any healthcare reform process must always be focused on patient safety and outcomes. RANZCO contends that the transitioning proposal compromises these inalienable aims, and thus risks undermining public confidence in the process.