



The Royal Australian and New Zealand College of Radiologists®

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

Via email : HealthRegReview@finance.gov

Dear Mr McDonald

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a specialist medical college committed to improving health outcomes for all Australians by educating and supporting clinical radiologists and radiation oncologists. RANZCR is dedicated to setting standards, professional training, assessment and accreditation, and advocating for access to quality care in both professions to create healthier communities. We welcome the opportunity to provide feedback on the *Independent Review of Overseas Health Practitioner Regulatory Settings – Interim report* (Interim Report).

RANZCR fundamentally believes that Australia must be self-sufficient in training our medical workforce to deliver the health care needs of the population. Government policies and programs must focus on solutions to achieve this goal. Overseas trained health practitioners should only be considered as a short-term supplement and not as a long-term solution to the maldistribution of medical workforce in regional, rural and remote Australia.

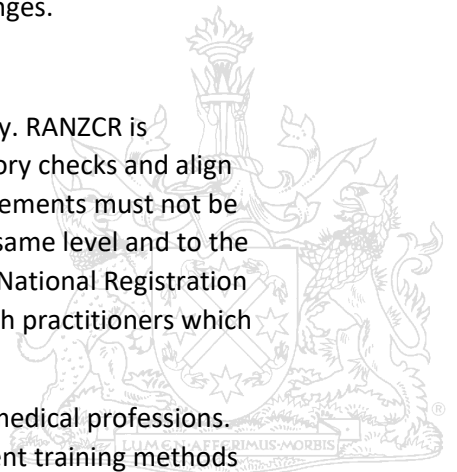
RANZCR has a long and proud history of supporting international medical graduates (IMG). Our AMC accreditation report reflects our commitment. We undertake more area of need assessments each year than all the other specialist medical colleges combined (excluding general practice). Our President, the current Deans of the Faculty of Clinical Radiology and Faculty of Radiation Oncology and the clinical radiology Chief Censor, four of the five most senior roles within RANZCR, are doctors who were IMGs. Each year 15%-20% of our new Fellows are IMGs. All of which demonstrates our acceptance and support of overseas trained practitioners.

We were very disappointed that Ms Kruk did not engage with us in preparing the Interim Report. Our knowledge and experience would have provided valuable insights to inform considerations for overseas trained health practitioners registration changes.

Patient Safety and Standards

The primary concern of the Government must be to ensure patient safety. RANZCR is supportive of the Interim Report proposal to remove duplicative regulatory checks and align visa and registration processes. However, the standard of training requirements must not be compromised. Any overseas trained practitioner must be trained to the same level and to the scope of practice as practiced as an Australian trained practitioner. The National Registration and Accreditation Scheme (NRAS) provides minimum standards for health practitioners which should be maintained.

The Interim Report does not address the differences across the various medical professions. We believe it is important to look at the different professions and different training methods



and develop fit for purpose assessment processes. A one-size-fits-all approach will not work in practice. Many overseas trained allied health professionals are trained in the university sector where it is more straightforward to verify curriculum and standards. For doctors this training environment varies greatly between specialities and countries and is much more complicated to assess. Additionally, the scope of practice within the same speciality is often different between countries. Even within the medical practitioner community the needs of various specialities are different, and a one size fits all approach may lead to unintended consequences.

Additionally, research shows that on average IMGs who go to rural and regional areas relocate to metropolitan areas after approximately three years. Consideration should be given as to whether IMGs are an effective solution to a shortage of doctors in rural and remote areas.

Specialist Medical Colleges are accredited to high standards set by the Australian Medical Council (AMC). The standards and requirements of the AMC continue to increase and require more time and resources to comply with. AMC standards also cover the processes for assessing IMGs. RANZCR's IMG assessment process is conducted in line with these standards. Many overseas countries do not have a national accreditation program of the specialist training institutes causing a large variance of training from individual countries.

We strongly reject the comment from WA Health *that Medical Colleges have a vested interest in controlling the number of specialist practitioners practising in Australia*. Putting aside challenges during the COVID19 pandemic, RANZCR assesses all IMG applications in a fair and transparent manner in accordance with the standards set by the AMC.

Per the Medical Board of Australia (MBA) Standard: *Specialist medical college assessment of specialist international medical graduates*.

All IMGs are required to undertake a period of upskilling and / or supervised practice to complete the Specialist Recognition pathway. The limitation of available positions to complete the pathway is the main barrier to IMGs achieving specialist medical registration in Australia. RANZCR does agree and supports the notion that IMGs should undertake a period of either upskilling or supervised practice and associated assessment to ensure equivalence.

It should be noted that the number of IMG applications is controlled by Government regulatory frameworks and recruitment requirements, not by medical colleges.

CAPs and CHSPs

The Interim Report recommends opening competent authority pathways (CAPs). Australia is a large country with a dispersed population. Government policy for medical training has focused on training generalists who can provide access to health care in line with population needs. The RANZCR radiology and radiation oncology training programs focus on training generalists, and so our training programs are comprehensive and have a broader scope than many other countries, even those with similar health systems. This means that there are very few countries whose training in radiology and radiation oncology matches that of Australia.

Likewise, the proposal to expand the comparable health system pathways (CHSPs) is a possible solution. However, it is unlikely to have any impact in the radiology and radiation oncology sectors. The vast majority of IMG applications that RANZCR has received are from countries that are currently not on a CHSP such as the list used in New Zealand.

For example, the UK may be considered as having a similar health system to Australia. However, the Royal College of Radiologists (RCR) has embarked on an expansionist commercial model that includes offering many of its programs and exams in other countries on a fee for service basis and in some instances, the exams are run by the country where the training is taking place, without RCR supervision^{1 2}. This examination process does not include verification of training. Therefore, a doctor who holds Fellowship of the Royal College of Radiologists (FRCR) may not have trained in the UK and may have a much narrower scope of training which can only be determined by a peer review assessment process. Additionally, applicants are eligible to sit the FRCR examination after only three years of training. The RANZCR training program is a minimum of five years duration.

Those who have trained in the UK and achieved FRCR cannot be considered equivalent to an Australian trained radiologist. The RCR training program is narrower in scope with minimal obstetric and gynaecology imaging training which is insufficient to safely practice in Australia without upskilling. Access to obstetric and gynaecology imaging is an important requirement for patients, particularly in rural and regional areas of Australia where many IMGs are located.

Ensuring that the scope of practice for an IMG appropriately excludes areas where their training and experience is insufficient is an important aspect of medical college oversight of the IMG process. Once issued with a Medicare provider number the Government has no mechanism to restrict an IMG from billing Medicare in an area of clinical practice in which they have not been trained. Using the as previous UK example, a UK trained radiologist with no experience in obstetric and gynaecology imaging would be eligible for Medicare provider numbers as a specialist radiologist. Without the added level of assessment and confirmation of scope of training/experience provided by RANZCR there would be nothing to stop the unqualified UK radiologist from billing Medicare for obstetric and gynaecology imaging.

In another example, RANZCR recently reviewed an application from a sub-continent doctor who had enrolled in a paid course in China and received a degree. The individual used the degree to obtain a position in Saudi Arabia then quoted this “experience” to argue a case for entry into Australia with comparable training. When requested the individual was unable to provide a curriculum for the course they attended in China, and was upset that RANZCR did not recognise comparability. These cases are often incredibly complex and becoming more so.

Australia has one of the highest rates of skin cancer in the world³ and very few countries have the same level of training in skin cancers as Australian trained radiation oncologists, diluting this skill set poses a unique risk to our population.

RANZCR can provide many more examples to illuminate the subtle yet critical variation in training and qualifications that may not be apparent on the surface yet would impact patient safety.

¹ Royal College of Radiologists. FRCR Part 1 (Radiology) - CR1 - Dates, Fees and Venues. <https://www.rcr.ac.uk/clinical-radiology/exams/69a32fad-7d45-e911-a977-002248072781/dates-fees>

² ARI Academy India. RCR Launches new exam site in India. <https://ariacademy.org/blog/>

³ World Cancer Research Fund International. <https://www.wcrf.org/cancer-trends/skin-cancer-statistics/>.

Equivalence Assessments

RANZCR strongly supports specialist medical colleges continuing the role of managing equivalence assessments often known as comparability assessments. Australia has suffered the consequences of IMG qualifications not being assessed appropriately in the past, so the risks of lowering standards, even unintentionally, are well understood. With the vast variability of training standards across the world, our experience is that relying on the paper qualifications of an IMG applicant is insufficient. Clinical assessments and peer reviews are the only way to ascertain the level of qualification, comparability to an Australian trained doctor and required upskilling for the individual.

RANZCR manages this process in a professional manner that supports an increase in the radiology and radiation oncology workforce, which Australian patients can have confidence in. This is particularly important as many IMGs work in regional and rural locations with less peer support and oversight in the workplace. Specialist medical colleges are able to draw on the loyalty of members to volunteer to support activities conducted by their College, such as assessment of IMGs. Currently this high-quality service is provided to the Government at no cost. A regulator may need to remunerate these volunteers for the same service in it were removed from college management.

The Interim Report itself states that the performance of regulators must improve. Moving this process to the regulators risks the process focus moving from peer review to a paper-based assessment which increases the risks of underqualified practitioners not being identified.

RANZCR would welcome a meeting with Ms Kruk to support the future *Review of Overseas Health Practitioner Regulatory Settings*. We look forward to working with the Government to ensure that the process for welcoming overseas trained doctors supports patient safety and access to high-quality healthcare.

Yours sincerely



Clin A/Prof Sanjay Jeganathan

President

30 June 2023