



College of Intensive Care Medicine of Australia and New Zealand

ABN 16134292103

10th February 2020 (via email)

Dr Anne Tonkin
Chair, Medical Board of Australia
E: medicalboard@ahpra.gov.au

Dear Dr Tonkin,

Re: Response to Medical Board of Australia's Public consultation: draft revised Good practice guidelines for the specialist international medical graduate assessment process.

Thank you for your email dated 13th November 2019 requesting comment on the proposed revised Good practice guidelines for the specialist international medical graduate assessment process.

The College of Intensive Care Medicine of Australia and New Zealand (the College) welcomes the opportunity to provide general feedback and respond to the Questions for Consideration.

1. General Feedback

The following are the general comments relating to relevant sections in the revised guidelines.

1.1. Guidelines Reframed as Standards

The College supports the change of the term 'Guidelines' to 'Standards'.

1.2. Comparability Definitions Reworded

The College supports the use of the term supervised practice and the level of supervision.

1.3. Minimum Period of Supervised Practice

The College supports a minimum period of supervised practice for both substantially and partially comparable specialist international medical graduates (SIMGs). Deloitte found that some Colleges, including us, required partially comparable SIMGs to undertake formal examinations without any supervised practice or upskilling. Although the data may suggest this, it is not often the reality.

There is a reasonably common scenario where doctors who have a specialist qualification overseas (often newly qualified) work in an Australian Intensive Care Unit as a registrar or senior registrar for a few years before they apply for the SIMG assessment process. They are then assessed as having completed a period of supervised practice but are only partially comparable to an Australian specialist, so they are required to undertake formal examinations. The College suggests a provision to allow for this supervised practice to be undertaken retrospectively.

1.4. Summary of Preliminary Findings

The College agrees with the draft guidelines regarding the Summary of Preliminary Findings. The College has not previously provided this in writing but will do so in the future should this be included in the final Standards.

1.5. Area of Need Assessment

The College has no concerns with the change but will likely continue to conduct combined assessments

1.6. Requirement for Current Overseas Registration

The College concurs that current overseas registration should not be necessary for eligibility for assessment. As outlined above, many SIMGs who apply for assessment have been working in Australia prior to the assessment and may no longer hold specialist registration in their country of origin.

2. Questions for Consideration

The College responses to the following questions for considerations are below

Are the proposed Standards, clearer and easier to read? In particular, are there any areas of the proposed Standards that could be clearer about the precise requirements of the assessment processes?

The standards are clearer and easier to read.

Does the rewording and restructure of the comparability definitions make the distinction between substantially comparable, partially comparable and not comparable SIMGs clearer or are they open to interpretation? If they are not clear, how should the definitions be reworded or what additional explanation should be included in the proposed Standards?

The comparability definitions are clearer and require no further changes or additions.

For the definition of substantially comparable, do you support replacing the term 'peer review' with the term 'supervised practice'? If not, please give reasons.

The College supports replacing the term 'peer review' to 'supervised practice'.

Do you support a mandatory minimum period of supervised practice for all SIMGs assessed as substantially and partially comparable? If not, please give reasons. If yes, are the minimum periods proposed appropriate?

The College supports a mandatory minimum period of supervised practice and view the minimum periods proposed are appropriate. However, as explained in section 1.3 above, the College recommends the addition of a provision to allow for the period to be retrospectively applied if the SIMG has practiced in Australia before applying for the assessment process.

Do you support the proposal for a Summary of preliminary findings as part of the comparability assessment process? If not, please give reasons.

The College supports this proposal.

Is the timeframe for providing a SIMG with a Summary of preliminary findings and the timeframe for receiving feedback from the SIMG appropriate? If not, what should the timeframes be?

The College advises that the timeframe for receiving feedback from the SIMG is too long. The College recommends fourteen (14) days, which would align with the College's process.

Is the level of information to be included in the Summary of preliminary findings appropriate? Is there any additional information that should be included?

The College finds that the necessary headings are present. However, the College would recommend expanding the sections on training and examinations and specialist experience.

Is the proposal for when it is appropriate to conduct an area of need assessment only, helpful and appropriate? If not, please give reasons.

The College agrees that the proposal is appropriate. However, the College has always processed combined assessments to date.

Is the proposal for colleges to publish a minimum list of requirements for eligibility to apply for assessment (specialist recognition and area of need) appropriate? Are there any other minimum requirements that should be included?

The College agrees that this will be appropriate. No other minimum requirements are required.

Is the revised guidance on assessing SIMGs for a limited scope of practice clearer? If not, which aspects are unclear and what additional information should be included?

The College recommends clarifying that some specialties, for example in intensive care medicine there are adult and paediatric ICUs, there is currently no way for a specialist to have a limited scope of practice.

Is there anything missing that needs to be added to the proposed Standards?

No.

Do you have any other comments on the proposed Standards?

No.

I trust this is of assistance. If you have any questions, please do not hesitate to contact [REDACTED]

Yours sincerely,

[REDACTED]
Dr Felicity Hawker
CICM Director of Professional Affairs

CC. [REDACTED]
[REDACTED]