AOA SUBMISSION

MBA consultation: Draft revised Registration standard: specialist registration

July 2024

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

The Australian Orthopaedic Association (AOA) welcomes the opportunity to make a submission regarding the Medical Board's draft revised Registration standard: specialist registration.

The Australian Orthopaedic Association is the peak professional body for orthopaedic surgeons in Australia. AOA provides high-quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community.

AOA administers Australia's orthopaedic surgical training program, AOA 21, and is responsible for the selection of candidates to this program. Through its Specialist International Medical Graduate Subcommittee (a subcommittee of the AOA Federal Training Committee), it has extensive experience of SIMG assessment and deep institutional expertise on the matter as it relates to the training and experience of SIMGs, their impact on the Australian health system and outcomes for Australian patients, including those living in underserved regional and remote communities.

The development of this submission involved direct consultation with AOA members in addition to specific engagement with the AOA Federal Training Committee (FTC) and its Specialist International Medical Graduate Assessment Committee (SIMG Assessment Committee).

Introduction

Orthopaedic surgery in Australia has greatly benefited from the contribution of surgeons trained overseas. It should be noted that these overseas surgeons have undergone a rigorous assessment and accreditation process. The ability for internationally trained surgeons to practice in Australia after accreditation should continue and will become increasingly essential with Australia's workforce challenges.

A pathway other than the obtaining of college fellowship should be available.

However, AOA has serious concerns regarding the impact of the proposed changes on patient safety. College assessment of SIMGs applying for Australian registration has provided an important layer of protection for Australian patients. Removing mandatory review by the only experts properly equipped for thorough assessment of competence and safe conduct and replacing it with, in some cases, a checklist of documentation or assessment criteria followed by six months of 'satisfactory supervised practice' (further detail on which has not yet been provided) will expose Australian patients to the risk of avoidable harm and death.

Precedent does not support the consultation document's argument that the proposed changes will support the protection of the public and that only practitioners suitably trained and qualified to practise in a competent and ethical manner will be granted registration. A previous instance in Queensland of the circumvention of college assessment led most famously to the subjection of the citizens of Bundaberg to the care of Jayant Patel. This led to numerous unnecessary deaths. Dr Patel was a USA Board-certified surgeon.

We are aware that this is far from the only case of serious issues that resulted from this error.

AOA's training program, AOA 21, is globally recognised for its quality. It provides consistency in curriculum, training, assessment and accreditation. Its embedded structure of constant feedback and assessment provides numerous opportunities for the detection of at-risk individuals, followed by intervention or, if necessary, prevention of their progression to independent practise.

In contrast, the diversity of curricula and/or training and assessment processes elsewhere makes simple assessment for comparability based on training systems or assessment processes risky, as demonstrated by Jayant Patel's registration in the USA prior to his period of practise in Australia. Expert oversight by Australian orthopaedic surgeons will therefore be necessary for the assessment of orthopaedic SIMGs from many countries.

Real assessment requires not just review of surgical competence but also of ethical conduct and decision-making skills. It takes time, effort and expertise. It should not be discarded in favour of checklists as an attempt to speed up processes or to patch up deficiencies created by long-term government failures to properly resource and support the training of Australian surgeons.

We are confident that the Board shares our fundamental concern with patient safety. Time spent ensuring that the surgeons we allow to operate on Australian patients are appropriately skilled and ethically sound is not bureaucratic waste.

We are also concerned regarding the potential conflict of interest where the expedited pathway may place Ahpra both as the sole assessor of comparability for some SIMGs and as the body responsible for reviewing doctors subject to complaints. This could impact on the considering body's decision in relation to a practitioner that it has previously deemed safe to operate, particularly when this has been contrary to the decision and conditions felt appropriate be the expert surgical group.

Additionally, we hold a number of concerns about the processes involved and Ahpra's capacity and resources to carry out such assessments. These focus both on issues that already complicate or interfere with such assessments, and those that can be reasonably projected to change or increase with the introduction of the expedited pathway.

Concerns

Changes to the rigour of assessment standards with potential consequences for quality of care and patient safety

Decreasing the role of colleges and specialty groups in assessment of competence reduces the involvement of key experts in these processes, which decreases scrutiny of the relevant information by appropriately qualified assessors.

Simple comparability even for systems that would seem equivalent to the Australian system can be illusory

Based on the direct experience of AOA's SIMG Assessment Committee, we are aware that even for systems which would seem likely candidates for equivalence (including some in the UK), SIMG candidates are not guaranteed to have the broad education, training and experience viewed as fundamental to competence in modern Australian orthopaedic training.

This is a particular issue in relation to the cited benefits to underserved rural patients. The narrow scope of competence sometimes deemed sufficient by peer assessment processes overseas could present a real risk to patients where an SIMG placed outside the supporting structure of a larger specialist network may be influenced towards operating outside of their expertise.

These risks relating to scope of practice are not appropriately addressed by the revised Standard.

Restrictions on practice should remain consistent and supervision must be local and stringent

Applicants can currently be given full or limited accreditation, relating to their scope of practice and periods of supervision. In cases of restricted registration, we believe that these restrictions should remain regardless of changes in location, unless reassessment for full accreditation is undertaken.

Supervision associated with any level of registration must be local. Remote supervisors cannot gain a meaningful assessment of a surgeon's capabilities and weaknesses. This is particularly important when dealing with new cultural and administrative challenges.

This supervision needs to be combined with a structured process of workplace assessment, completed both by local supervisors and an independent external reviewer.

Even current arrangements are not sufficient to prevent conduct and professionalism issues in approved SIMGs. Multiple times, issues relating to patient safety and safe working environments centred on the conduct of incorrectly approved SIMGs have been brought to AOA's attention. These proved serious enough that they necessitated the withdrawal of AOA's accreditation of a training site.

If current arrangements are already insufficient to properly detect these concerns before they impact healthcare facilities, we cannot responsibly provide support for moves to reduce the thoroughness of such assessment. Additionally, such impacts on local training further limit our ability to provide high-quality training and continue to address orthopaedic workforce issues.

Uncertainty around Ahpra's ability to handle the signalled increase in expedited pathway processes

AOA's SIMG Assessment Committee has encountered instances where candidates put forward by Ahpra for assessment have not demonstrated the mandatory minimum standards for English-language communication skills (one aspect of competence required by Ahpra). Instances like these raise concerns about Ahpra's internal resources and processes, especially in the context of the introduction of the expedited pathway.

If Ahpra's resources are insufficient to detect failure to meet simple mandatory minimum criteria, such as English competency, under current circumstances, AOA would require detail on increases in the relevant resources and improvements in process to ensure patient safety. Without a second assessment process as an additional safeguard against any missed criteria, Ahpra would need to ensure exacting standards in their assessment of expedited-pathway applicants.

Doubts over projected increases in health-service provision for underserved communities

Most SIMGs do not remain in rural and remote communities. While there may be some short-term increases in health services for patients in these communities, the impact of this revision and the associated expected changes will have a negligible impact on the lack of long-term established services in these regions.

Changes to registration standards focused on simplification or acceleration in relation to SIMG candidates are not an appropriate avenue for attempting to address the underservice of Australian rural and remote communities.

Addressing workforce maldistribution is complex and should focus on increasing funding and infrastructure, to allow increased training opportunities within Australia, and providing strong incentives to live and practise in rural communities.

If, as we expect, the proposed removal of college assessment results in the entry of candidates that would otherwise be deemed unfit for registration, or who would only be allowed registration with more stringent conditions and restrictions, the meagre expected increase in services to these communities would align with lowered standards of care and safety for patients.

It would also place practitioners most in need of supportive structures such as reliable surgeon peers for support and advice, and hospital infrastructure services, in the communities that are least likely to provide any of these. This greatly amplifies their potential to struggle professionally and to cause patient harm.

Australians in regional and remote communities deserve the same exceptional care and safety as their urban counterparts.

The potential creation of a second avenue of entry to practise in Australian orthopaedics

Increasing the use of simplified assessments of comparability risks opening a back door to registration for candidates that would otherwise require selection to and completion of the AOA 21 Training Program.

The AOA 21 Training Program is a global leader in surgical education and training. It was developed based on a long and exhaustive review process, resulting in a contemporary competency-based program driven by the principle of producing surgeons equipped to serve a regional Australian community on their first day of practice.

Entry to the Program is highly competitive and selects for exceptional candidates, followed by years of training in Australian hospitals with constant direct assessment. We are strongly concerned that without cautious adjustment to Registration standard documentation, potential trainees may be tempted by a second channel: less stringent training in less demanding overseas systems, followed by application to the expedited pathway. This would result in a lowered standard of service provision for Australian patients.

If the government provided sufficient resources and infrastructure to support more accredited training posts in Australian hospitals, we could train more surgeons locally, drawing on an oversupply of very suitable highly capable unaccredited registrars.

There is no assurance of sufficient assessment of cultural competence and professionalism in the revision

Professionalism and cultural competence training is mandatory for Australian surgeons. No SIMG trained anywhere else in the world can be considered comparable to an Australian graduate as this aspect of training is fundamental to our confidence in Australian surgeon's safe and ethical practice.

While the revision does make reference to orientation processes, without further detail on how such processes will be approved we cannot have confidence in their effectiveness.

Feedback regarding the process and further development

The AOA Federal Training Committee is the most appropriate body to inform the development of any standards of comparability for orthopaedic surgeons

The AOA Federal Training Committee (FTC), informed by its expert subcommittees, should be deeply involved in further development of revision of these Standards and associated processes as they relate to orthopaedic surgery.

The Medical Board should take this opportunity to address identified issues and provide greater clarity on related processes and protocols

The consultation document signals an expected increase in the use of the expedited pathway. This would be an opportune time to review and improve processes related to assessment, while providing key stakeholders transparency on those improvements. This may improve the sector's confidence in the Board's ability to implement such changes and accommodate their consequences while maintaining the standard of safety and care that Australian patients deserve.

AOA looks forward to being informed of these processes and being involved, chiefly through the AOA FTC, in the development of related documentation and revisions.

Conclusion

While in principle we can appreciate efforts to improve clarity and ease of engagement for international specialists, we are concerned that the introduction of the expedited pathway will result in avoidable patient harm and death.

Central to an effective and appropriately cautious pursuit of the implied aims of the document will be a deep and extensive consultation process with colleges and specialty groups. This must be founded upon a genuine commitment to give primacy to their concerns and requests based on their unique insights into the protection of the patient experience and the quality of Australian healthcare.

We thank the Board for the opportunity to respond to the consultation and look forward to further engagement.

Michael Johnson
AOA President