



February 2020

**RANZCR Response to the Consultation on draft revised Good Practice Guidelines for the specialist international medical graduate assessment process**

**About The Royal Australian and New Zealand College of Radiologists**

The Royal Australian and New Zealand College of Radiologists (RANZCR) is the peak body advancing patient care and quality standards in the clinical radiology and radiation oncology sectors. It represents over 4,500 medical specialist members in Australia and New Zealand.

RANZCR's role is to drive the appropriate, proper and safe use of medical imaging and radiation oncology services in the community. This includes supporting the training, assessment and accreditation of trainees; the maintenance of quality and standards in both specialties, and workforce mapping to ensure we have the staff to support the sectors in the future.

Clinical radiology relates to the diagnosis or treatment of a patient through the use of medical imaging. Diagnostic imaging uses plain X-ray radiology, computerised tomography (CT), magnetic resonance imaging (MRI), ultrasound and nuclear medicine imaging techniques to obtain images that are interpreted to aid in the diagnosis of disease. Interventional radiologists treat as well as diagnose disease using imaging equipment.

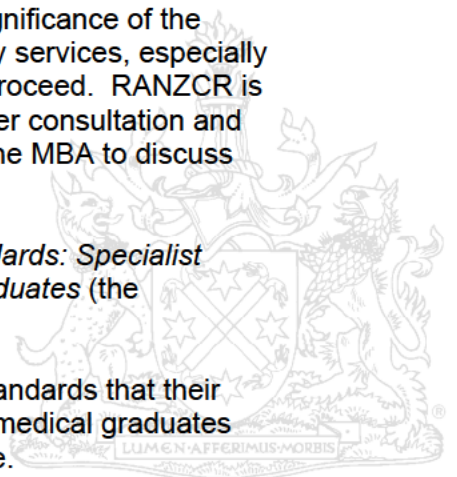
Radiation oncology is a medical specialty that involves the controlled use of radiation to treat cancer either for cure, or to reduce pain and other symptoms caused by cancer. Radiation therapy is an effective, safe and cost-effective method of treating cancer, and is involved in 40% of cancer cures.

**Introduction**

RANZCR is working towards ensuring RANZCR's processes and policies align with the Good Practice Guidelines for the specialist medical graduate assessment process. After consultation with the Medical Board of Australia towards the end of 2019, RANZCR is currently seeking stakeholder and member feedback on RANZCR's proposed changes. This exercise will gather information on the significance of the changes for the delivery of clinical radiology and radiation oncology services, especially in regional Australia, and may influence how implementation can proceed. RANZCR is grateful that the MBA granted additional time to conduct stakeholder consultation and comply with the changes. We will arrange a further meeting with the MBA to discuss how we plan to address that feedback.

RANZCR welcomes the opportunity to comment on the draft *Standards: Specialist medical college assessment of specialist international medical graduates* (the Standards).

RANZCR agrees with the general principle contained within the Standards that their core purpose is to ensure that all applicant specialist international medical graduates (or SIMGs) must practice under supervision to ensure safe practice.



RANZCR does not feel that the statement below in the summary gives appropriate recognition to the complexity of this issue:

*“The proposed Guidelines do not significantly change existing assessment processes for SIMGs. They aim to give greater clarity to existing processes and improve transparency and procedural fairness in the process.” (page 1 public consultation document)*

The confluence of the clarification of the intent of the Guidelines, as highlighted in the Deloitte report, combined with this amendment to the Guidelines (i.e. requiring a period of upskilling greater than zero months) with the manner in which clinical radiologists found partially comparable are able to complete the pathway requirements is a significant change for our sector, particularly for service delivery in regional Australia. We will discuss this point further with the MBA following RANZCR’s stakeholder and member consultation.

## **Answers to Specific Questions**

### **Question 1**

**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 clear and generally easy to read and understand. The concept of standards rather than guidelines provides an unambiguous framework in which to align appropriate College policies and processes with regards to the assessment of SIMGs.

To ensure all stakeholders understand the meaning of Standards, the definition, ‘an agreed way of doing things’ rather than the mandatory registration standard under National Law should be included in the Standards preamble.

### **Question 2**

**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 be open to interpretation? If they are not clear, how should the definitions be reworded or what additional explanation should be included in the draft revised Standards?**

The reworded comparability definitions are clear and understandable.

The FRANZCR qualification is generalist in nature, covering a broad range of practice in clinical radiology or radiation oncology. In order to qualify and be eligible for FRANZCR, trainees and IMGs are required to meet the standard across all areas of the specialty. Regardless of the immediate *intended scope of practice*, in order to be eligible for the FRANZCR qualification RANZCR assesses comparability across the full scope of practice. Due to the generalist nature of radiology and radiation oncology practice in Australian and the FRANZCR qualification, RANZCR is not able to assess for comparability for a limited scope of practice.

### Question 3

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

RANZCR supports the change of terminology and definition for SIMGs found substantially comparable in principle, however this change could have implications for service delivery in regional Australia. RANZCR will discuss this further aspect with the MBA following our stakeholder consultation.

The term supervised practice, rather than peer review, aligns with the terminology and definition in the MBA's *Guidelines: Supervised Practice for International Medical Graduates* with regards to IMGs found substantially comparable.

RANZCR would like to have clarification from the MBA on the following two aspects.

- i. It was RANZCR's understanding that a substantially comparable SIMG would require Level 4 supervision during the peer review period. However, 'supervised practice' would imply that Level 3 supervision may also be appropriate. This point must be clarified by the MBA in the next version of the consultation process.
- ii. Does the change in terminology mean that the Medical Board may allocate Level 2 or 3 supervision to IMGs undertaking peer review?

It was RANZCR's understanding that IMGs found substantially comparable are most likely to require Level 4 supervision during the peer review period.

### Question 4

**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?**

RANZCR supports in principle the mandatory minimum period of supervised practice/upskilling of three months for SIMGs found substantially comparable and six months for SIMGs found partially comparability.

The minimum upskilling and/ or supervised practice time provides the opportunity for the SIMG to become cognisant of and familiar with Australian clinical processes and policies, as well as providing a supported environment for acculturation to the Australian health system.

Additionally, there is concern that the wording, 'substantially comparable must complete up to a maximum period of 12 months FTE supervised practice, ..... partially comparable must complete up to a maximum of 24 months FTE supervised practice, with a minimum of six (6) months' is likely to cause confusion

and misinterpretation of the requirements for SIMGs found partially comparable. The definition for partially comparable is:

*'...a period of supervised practice with upskilling and other assessment/s'. When referring to the requirements of SIMGs found partially comparable, if the Board is to refer to the SIMGs found substantially comparable requiring supervised practice, any reference to SIMGs found partially comparable should, to avoid confusion, refer to supervised practice with upskilling. To omit the requirement of upskilling when referring to SIMGs found partially comparable may give an incorrect interpretation of the requirements.'*

## **Question 5**

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

RANZCR is strongly against the introduction of the Summary of findings for the reasons outlined below:

- The significant delay for the SIMG to obtain an outcome. Currently RANZCR is able to provide an SIMG with an outcome within approximately 14 days of assessment. Under this proposed change, the Summary of findings would take two weeks to prepare and then submit this to the SIMG who has a further two weeks to reply. The College would require an additional two weeks to review the SIMG's response and make a determination. The time taken for the SIMG to receive an outcome would be extended to six or seven weeks from assessment. RANZCR believes that such an extension would neither be in the interest of SIMGs nor support patient access to safe care.
- RANZCR is confident that the current processes and communication with applicants works well, including appropriate steps in place to gather or clarify further information in order to make a fair and equitable outcome decision.

RANZCR already provides candidates with detailed outcome letters including the basis of the determination. RANZCR details the applicant's training and subsequent experience and articulates the areas of training and subsequent experience which were deemed comparable and not comparable.

- RANZCR's [IMG Assessment Policy \(Australia\)](#) already provides candidates with detailed assessment criteria, including frameworks, evidence of comparability and expected determinations.
- RANZCR has processes in place for candidates to provide further information and seek a reconsideration of an outcome. SIMGs are able to seek reconsideration of an outcome via the [Reconsideration, Review and Appeal of Decision Policy](#) with a minority of SIMGs doing so.
- The Summary of findings appears to be a mechanism for SIMGs to negotiate the outcome of an assessment. It is unclear whether that is the underlying intention of the Summary of findings.

RANZCR believes that the intent of the Summary of findings process is not clear, particularly when there are already other avenues and steps in place to meet agreed timelines as well as provide justification and reasons for assessment outcomes.

#### **Question 6**

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

Notwithstanding our response to Question 5, if a summary of findings were to be given to the applicant, the College should be provided with the same timeframe to provide a response.

Additionally, the Summary of findings would require an amendment of the MBA's reporting metrics for providing SIMGs with an assessment outcome. Specifically, the overall process timeframes would need to be extended accordingly.

#### **Question 7**

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

As per our response to Question 5, The College does not support the Summary of findings process.

It is not clear from the consultation document if the Summary of findings is a guide or template and whether the MBA plans to mandate this through minimum requirements for the provision of information to the SIMG.

#### **Question 8**

**Is the proposal for an area of need assessment only in defined circumstances, appropriate? If not, please give reasons.**

RANZCR strongly disagrees with the proposal for SIMGs to be assessed only for suitability for an Area of Need (AoN) position without a prior or concurrent specialist recognition assessment. The College believes this would put patients at risk.

The specialist recognition assessment determines comparability of training and subsequent experience. Without a comparability assessment SIMG assessors and the IMG Committee would be unable to determine if a SIMG is able to perform safely and /or be suitable for an AoN position.

An additional point of concern is the length of time an SIMG may work on a limited specialist medical registration. For example, an SIMG without a comparability assessment but found suitable for an Area of Need position could then work on a limited medical registration for up to 4 years, consisting of an initial medical registration plus three renewals. RANZCR sees two potential problematic scenarios

for the IMG who has already worked for three to four years in an Area of Need without a comparability assessment:

- First scenario: Towards the end of the initial four years the SIMG could apply for a Specialist Recognition assessment and be found not comparable.

This scenario would be common for SIMGs found suitable for AoN in a very limited scope as the SIMG would most likely require more than 24 months upskilling to both widen the scope of practice and ensure recency of practice across all areas of the specialty as required for Fellowship of the College.

- Second scenario: Toward the end of the initial four years in the AoN position the SIMG is found partially comparable with four years to complete the Specialist Recognition (SR) requirements. At the end of the subsequent four years on the specialist recognition pathway the IMG may not be able to successfully complete all the SR requirements.

In both scenarios, the IMG is not comparable to an Australian trained specialist. However, the SIMG has been working as a consultant in an AoN position for up to eight years thereby compromising patient and community safety. Due to patient and community safety RANZCR strongly disagrees with the proposal for Colleges to assess only for AoN without a comparability assessment.

## Question 9

**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?**

Deloitte recommendation 5, '*Colleges could consider implementing online self-assessment quizzes or checklists, allowing SIMGs to determine their eligibility for assessment and/ or their likely outcome*'.

Eligibility for assessment criteria and the likely outcome are two different processes, require different information and are independent of each other. RANZCR already publishes:

- details of specialist recognition and area of need application requirements on the relevant application forms.
- detailed information on the assessment criteria and likely outcomes in the [IMG Assessment Policy \(Australia\)](#)

Appendix 3 of the proposed standard is ambiguous as to the purpose and what is required. RANZCR would like further clarification on whether Appendix 3 is a list of required documentation or a list of criteria under which the SIMG will be assessed.

## Question 10

**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 revised guidance on assessing SIMGs for a limited scope of practice is not feasible for SIMGs to obtain FRANZCR.

The FRANZCR qualification is a general qualification that covers the full scope of practice in either of RANZCR's specialties: Diagnostic Radiology or Radiation Oncology. Additionally, RANZCR's trainees cannot complete specialist training in a limited scope of practice as there is no pathway to do so. In order to qualify and be eligible for FRANZCR, trainees and IMGs are required to meet the standard across all areas of the specialty.

## Question 11

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

RANZCR has not identified any items missing from the proposed Standards.

## Question 12

**Do you have feedback on any other aspect of the proposed Standards?**

1. Please refer to the comments made in the Introduction regarding stakeholder and member consultation on RANZCR's implementation of these changes.
2. RANZCR has significant concerns regarding the change of requirements on page 4, point 6 of the preliminary consultation document:
  - **Current overseas registration not required to be eligible for a comparability assessment**

For a specialist recognition application RANZCR requires SIMGs to provide both evidence of overseas specialist registration and a current Certificate of Good Standing (CoGS). If an applicant does not have current overseas medical registration the applicant would not be able to provide a CoGS. Although the MBA is the regulator RANZCR would be seriously concerned if overseas trained doctors could attain medical registration without verification of current good standing in the jurisdiction in which they currently practice in a comparable specialty.

Current medical registration provides the College and assessors with the evidence that the IMG has '*satisfied all the training and examination requirements to practice in their field of specialty*'. However, as many IMGs are quite transient, RANZCR does accept specialist medical registration and CoGS from the jurisdiction in which the IMG is currently working rather than insisting on specialist medical registration from the SIMG's country of training.

Additionally, without current overseas medical registration, SIMGs would not be able to provide reasonable evidence of recency of practice or current participation in appropriate Continuing Professional Development programs.

It is also worth noting that in some jurisdictions, practitioners may become Fellows of the relevant specialist medical College prior to completing specialist medical training and achieving specialist medical registration.

RANZCR strongly urges the MBA to retain the requirement for overseas medical registration. Refugees and other extraordinary cases should be managed under a special circumstances policy.

3. The heading for Section 9 'Specialist Pathway – area of need' (on page 32 of the consultation document) is confusing. The heading is 'specialist pathway' however this is not a pathway to becoming a specialist and does not lead to specialist medical registration in Australia.

## **Conclusion**

RANZCR looks forward to further discussion with the MBA regarding implementation of these changes.

RANZCR will publish this response on our website and is happy for the MBA to do the same.

For any further information, questions or clarification please do not hesitate to contact:

