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June 7, 2023

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

Dear Jason,

Thank you for the opportunity for the Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM) to provide feedback on the recently released Kruk Interim Report. ANZCA notes it was not consulted at any stage during the Independent review of overseas health practitioner regulatory settings, despite undertaking the assessment of specialist international medical graduates for in excess of 20 years in Australia.

ANZCA in principle supports the aim of providing a high-quality medical workforce capable of working across Australia and providing high quality care to all Australians. ANZCA believes it is important to maintain the high standards that have been set and for which Australia is recognised as having high standards of healthcare and the need to maintain these standards for all medical specialists which is not currently reflected in the proposed recommendations. ANZCA has concerns that some of the recommendations have the potential to negatively impact patient care and safety and may be a risk to the community.

We note the current inability of Australia to train enough healthcare professionals to meet its own needs, which could be remedied in two ways:

- Increasing the intake into Australian tertiary training providers – training our own health professionals is the best solution, but this takes time, up to 10 years between intake and providing care.
- Welcoming international healthcare workers into Australia – whilst this provides more immediate interim solution it poses the risk of having healthcare professionals who are less familiar with Australian culture, have been trained for work in different countries, and may have different standards of care.
- A mix of the two above approaches.

ANZCA supports the aim of streamlining the processes for international healthcare practitioners entering work in Australia, but not at the expense of compromising the current high standards of care that Australians expect. We welcome the report, noting that:

- ANZCA was never asked to provide any responses to the inquiry, despite being an obvious stakeholder along with the other medical colleges.
- ANZCA meets and exceeds all the KPIs for response times set by the MBA and AHPRA and has worked to streamline its own processes.
- There are some inaccuracies within the report that diminish its credibility such as the mis-statement of the Medical Council of New Zealand English language standards for medical practitioners, this is incorrectly referenced.
- Some of the feedback from respondents is quoted without commentary on whether such responses correctly state the standards they are judged against or not (some are inaccurate).
- The responses do not differentiate between professions, so it is difficult to judge their relevance.

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Comments on the "key reforms for action now":

Verification of evidence for processes: ANZCA supports moving to one portal for verification of all documents required for the various processes that applicants undergo. ANZCA feels the portal chosen should be the most robust rather than the easiest. For medical practitioners the EPIC processes of the (American) Educational Commission for Foreign Medical Graduates (ECFMG) has been used for many years by both Australian and New Zealand regulators and is a trusted and reliable platform. Unfortunately, there have been examples of medical practitioners being registered with credentials that have later proven to be false; the latest example from a country considered by the MBA to have a competent health authority (UK GMC) is https://www.theguardian.com/uk-news/2023/feb/15/fake-doctor-zholia-alemi-nhs-guilty-fraud . These high-profile cases are often only detected after significant patient harm has occurred and serve to lessen the public's faith in healthcare services.

Enable more cohorts from trusted countries to be assessed through the competent authority pathway (CAP): ANZCA notes it is proposed that this be widened to specialist international medical graduates, and does not support this. SIMGs from the countries recognised by Australia as having competent authorities already have a streamlined process through ANZCA SIMG assessment, while maintaining checks to ensure patient safety. ANZCA has at times detected deficiencies in SIMGs from these countries that were detected in time and remedied; this would not have occurred if the CAP had been used. ANZCA also notes that, if the CAP proposal had been accepted, the SIMG in the example above would have been registered in Australia.

Transition equivalence assessments for specialist medical graduates from the specialist medical colleges to the Australian Medical Council (AMC): ANZCA does not support this. Assessing equivalence of specialist medical graduates from a variety of countries requires expert knowledge of both the training, qualifications, specialist experience and CPD of a locally trained specialist and the ability to reliably compare that with the SIMG applicants. If there are concerns about the current performance by the specialist medical colleges, then it would be preferable to work with them to improve their processes rather than start a new process from scratch. **Better recognition of overseas health practitioners' skills and experience:** ANZCA already gives credit for this within its SIMG assessment process. ANZCA follows the Medical Board/AHPRA "*Standards: Specialist medical college assessment of specialist international medical graduates*" and adheres to those standards which includes:

i. 8.1 Summary "…*SIMGs are assessed by the relevant specialist medical college for comparability to an Australian trained specialist commencing practice (at the level of a newly qualified fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD*."

Provide applicants with greater flexibility in demonstrating their English language competency by

ii. **aligning our requirements with the UK and NZ:** ANZCA does not support this. Comparing the standards for Australia with UK and NZ demonstrates that Australia has greater flexibility in the International English Language Testing System (IELTS) than the other two countries, so aligning the standards would mean an effective tightening in the standards for Australia. While all three have the same minimum score for each component and overall score (7), Australia allows this to be spread over two tests within six months of each other to achieve the minimum of seven for each component, whereas NZ and UK ask that it be obtained in the one test. If this change was adopted it would make the process more onerous in Australia to current requirements.
iii. **Reducing the required score for the writing component to 6.5 but requiring an average IELTS score of 7 overall and 7 on each of the other three components:**

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ANZCA does not support this. Most healthcare is now delivered by a team rather than by one isolated practitioner, and patient safety depends on good communication between healthcare practitioners. Continuity of medical care, an essential requirement of our medical system requires good documentation, which in turn necessitates proficient English writing skills. Increasing the passing percentage should not be a reason for changing the standard; rather the standard should be based on the aim of safe patient care.

Improved workforce planning: ANZCA supports this but notes the plethora of reports it has contributed to over the years. The lack of coordination and effort between the states is also noted and is a missed opportunity and poses significant resource challenges when ANZCA is requested to participate in all jurisdictional, plus commonwealth efforts in this space.

Remove or suspend labor market testing: ANZCA supports this, especially widening the age exemptions, as SIMGs often only finish their specialist training in their mid-thirties, and so peak performance is often around fifty years of age.

Key reform priorities not covered above

- **Considering greater flexibility with recency of practice requirements if practice has been in a comparable health setting:** ANZCA presumes this refers to the NZ list of comparable health service countries. Within ANZCA's SIMG assessment process, ANZCA asks any SIMG without recency of practice who has otherwise been assessed as substantially comparable or partially comparable to undertake a return-to-work program at the beginning of their clinical assessment period the standard used for Australian anaesthetists (PG (A) 50 *Guidelines on Return to Anaesthesia Practice for Anaesthetists.*
- **Regular reporting against metrics:** This is already occurring in the current processes for SIMGs within Medical Specialist Colleges. High performing organisations such as ANZCA should not be considered in the same light as those who over an extended period of time did not meet the metrics.

Yours sincerely

Associate Professor Robert O'Brien

Executive Director, Education and Research

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Appendix

Comparison of English language standards

	NZ	UK	AUS	AUS (proposed)
English language exemption	• Primary medical degree from Australia, UK, Ireland, USA, Canada, South Africa where English is the sole language of instruction • Completed at least 2 years health related postgrad study at a NZ university and provide refs • completion of formal vocational training in one of the above countries, and provide refs	• only list the universities from whom they DON"T accept basic degree from for English language exemption • pass in a medical regulators English language test in a list of countries that have English as the first and native language	• Primary and or secondary education, medical degree, tertiary qualification in recognised countries: Australia, Canada, New Zealand, Ireland, South Africa, UK, USA where it was taught and assessed solely in English • Pass in NZREX • Pass in PLAB (UK)	
IELTS academic minimum for each component	7	7	7 (if 2 sittings no score under 6.5 and each component 7 in one of the two sittings	6.5 for writing 7 for the other three components
IELTS academic overall score each sitting	7	7.5	7	7
IELTS academic number of tests allowed to make required scores	1 sitting	1 sitting	2 sittings within 6 months	Not stated
IELTS duration of validity	2 years	2 years	2 years	Not stated
OET	350	B	B	
OET minimum for each component	350 each component	B	C (if 2 sittings achieve B in each component in at least one of the sittings	
OET sitting number	1 sitting	1 sitting	2 sittings within 6 months, taking all 4 components at each sitting	
PTE academic overall score each sitting			65	
PTE academic minimum for each component			58 (if 2 sittings achieve 65 in each component in at least one of the sittings	
TOEFL iBT				
Recency of all above test scores			2 years	