

REPORT

Review of the Assessment of Overseas-Trained Surgeons

(Royal Australasian College of Surgeons)

April 2005

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS REVIEWS

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REVIEW OF THE ASSESSMENT OF OVERSEAS-TRAINED SURGEONS

Dear Mrs Kolbe

I am pleased to submit to you the report of the Review of the Assessment of Overseas-Trained Surgeons. I provide this report to you in accordance with my appointment as Chair of the Review Committee, and on behalf of its members.

Yours sincerely



Mr Ron Paterson
Chair of the Assessment of Overseas-Trained Surgeons
15 April 2005

Acknowledgements

In conducting this review, the Committee has benefited greatly from the information provided by interested parties through submissions, responses, and participation in consultation meetings. The assistance of the College, the Australian Health Workforce Officials Committee Secretariat and the Australian Medical Council throughout this process has been particularly appreciated. The Committee would like to thank the College and jurisdictions for their support in undertaking this review.

In addition, Committee members would also like to express their gratitude to the Review Secretariat for their dedicated assistance throughout the review process. In producing this report, we are grateful for the coordinated efforts of:

Wendy Macpherson
Shane Clarke
Brenton Rodgers
Eloise Wiseman
Linda Hastings
Dave Scholes

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Executive Summary

This independent review was established by the Royal Australasian College of Surgeons (the College), in conjunction with the Australian Health Ministers' Conference (AHMC) and Australian Medical Council (AMC), in accordance with the requirements of Authorisation No. A90765 granted to the College by the Australian Competition and Consumer Commission (ACCC) on 30 June 2003. The review has been conducted in accordance with terms of reference specified by the ACCC (refer Appendix A of this report).

The overall aim of the review has been to identify the minimum requirements that overseas-trained surgeons should be expected to meet before being permitted to practise in Australia. This has included consideration of the appropriate test for assessing overseas-trained surgeons (equivalence, substantial comparability, competence, or some other test) and how it should be applied to specified categories of overseas-trained surgeons and to individual overseas-trained surgeons. Other matters examined by the review have been the appropriateness of providing automatic exemption from further training for applicants holding surgical qualifications from other countries, and the processes for enabling overseas-trained surgeons requiring some additional training to access that training.

In developing this report, the Review Committee has considered information received from submissions, responses to its draft report and draft final report, consultation meetings with key stakeholders, and other sources. The report takes into account issues raised by stakeholders and other issues arising from the terms of reference for the review.

Minimum requirements

In considering the minimum requirements that overseas-trained surgeons should be expected to meet, the Review Committee recognised that the assessment plays an important role in helping to maintain the safety and quality of surgical services provided to the Australian community. However, it also has an effect on the community's access to surgical services. Assessment outcomes affect the ability of overseas-trained surgeons to fulfil registration requirements that are a pre-requisite to practising medicine in Australia and thus their ability to enter the surgical workforce.

These issues were canvassed in the input from a number of stakeholders. There was a general consensus that the aim of the assessment process should be to ensure that overseas-trained surgeons registered to practise in Australia can practise safely and competently. There was also agreement that the process should be fair, transparent, and objective.

There were varying views regarding the standards that should be applied in performing assessments, and the approaches that should be adopted in applying them to different categories of overseas-trained surgeons and to individuals. Some stakeholders argued that there should not be a 'two-tiered' system, with surgeons trained in Australia being required to meet more stringent requirements than those trained overseas, or different

standards of service being provided to some members of the community. Others argued that the key issue is whether overseas-trained surgeons are competent to provide surgical services of the expected minimum standard, rather than whether their training and experience matches that of Australian-trained surgeons.

Taking into account the range of views expressed, the Review Committee has recommended principles upon which the assessment process should be based. The Committee considers that the process should ensure that surgeons are competent for the relevant scope of practice and enable competent surgeons to practise where they are needed. It should be fair, transparent, objective and valid, simple and easy to navigate, speedy and efficient. Lastly, policy setting and assessment processes should involve College, jurisdictional, and consumer representatives, to contribute additional knowledge and expertise to the process as well as to improve its transparency.

The Review Committee concluded that, in considering the minimum requirements, it would need to examine both the processes (including management and oversight arrangements) and the standards used in assessing overseas-trained surgeons and their implications for medical registration.

Processes, management and oversight

From the information made available to the review, the Review Committee has formed the view that the College has improved its processes and the internal documentation of its assessments of overseas-trained surgeons. However, it was also evident that parties outside the College still have concerns regarding the assessment process and outcomes. These concerns generally related to the clarity, accessibility, transparency and accountability of the process and its requirements.

Improving the quality of information provided to potential applicants, employers, and other interested parties, so that it is clearer and more accessible, should help to address some of these concerns. The Review Committee has recommended improvements to help applicants understand the process requirements and how assessments will be performed.

The Review Committee has concluded that concerns regarding the management, transparency and accountability of the assessment process should be addressed by improving arrangements for management and oversight of the assessment process. Having considered a range of options, the Committee has recommended that the assessment of overseas-trained surgeons should remain a role of the College. However, College management of the process should be strengthened, and liaison between the College and jurisdictions (health authorities) and health service providers regarding overseas-trained surgeon assessment issues should be improved.

The majority of stakeholders supported continuation of the College's role in assessing overseas-trained surgeons, given its established role in setting standards for surgical practice. Some expressed reservations, due to concerns about the transparency and accountability of the current arrangements. The Review Committee has concluded that these concerns should be addressed by establishing a mechanism for external oversight of the College process for assessing overseas-trained surgeons. The Committee considers that the Australian Medical Council is an appropriate body to undertake this role, given the expertise and experience it has developed through related roles and processes.

It is therefore recommended that a body be established within the AMC framework, to monitor both the implementation of this review's recommendations and the outcomes and performance of the College's assessment process. Its membership should include representatives from the AMC, the College, jurisdictions and health consumers. The Review Committee expects the AMC body to facilitate better communication among these parties regarding the assessment process and related matters.

Consistent with the principles above, the Review Committee has also recommended that College panels assessing overseas-trained surgeons should include consumer representatives and appropriately senior jurisdictional representatives, as well as College Fellows and staff.

The Review Committee has considered issues raised regarding the time taken to complete assessments and concluded that time frames previously specified by the ACCC in its authorisation are appropriate, i.e. that assessment should be completed within eight weeks for assessments for Area of Need positions and within three months for other assessments.

The Review Committee has recognised that implementation of a number of its recommendations is likely to require further work, for example, to develop details of the structure, governance and funding arrangements for the AMC body and to consider options for funding additional work by the College. The Committee has recommended that implementation issues and any future issues about the assessment of overseas-trained surgeons be addressed through consultation between the College, jurisdictions, the AMC and other relevant bodies.

Assessment standards and approach

The review examined whether equivalence, substantial comparability, competence, or some other test, is the preferable test for assessing overseas-trained surgeons. Most specialist medical colleges currently use either 'equivalence' or 'substantial comparability' to assess whether an overseas-trained specialist should be able to gain recognition to practise the specialty independently and unsupervised. The College currently uses 'substantial comparability'. Views on the tests varied; each received some support and some criticism.

The Review Committee has concluded that the purpose and effect of any test is to assess the applicant's competence to practise surgery in the Australian context. The primary consideration should be whether an overseas-trained surgeon is able to practise surgery safely and competently in Australia, taking account of the intended scope of practice.

For this reason, the Review Committee has recommended that the test should be 'competence for the intended scope of surgical practice', taking into account competencies assessed for relevant specialty training in Australia. The Committee considers that this test can be applied to all the categories of overseas-trained surgeons identified in the review's terms of reference. The intended scope of surgical practice would be determined from the application for assessment or, for assessments for designated Area of Need positions, from the position description and selection criteria.

The Review Committee proposes that the factors considered in assessment of 'competence for the intended scope of surgical practice' should be the applicant's education and

training, recency of relevant practice, quality of experience, and relevant professional skills and attributes.

To undertake the assessments, specific agreed assessment criteria based on defined competencies for surgical specialities would be required. While the College has been working on developing defined competencies for the surgical specialties, to date it has defined surgical competence in general terms only. Pending completion of this work, the Review Committee has recommended that assessment should be based on whether the applicant has general competencies that are substantially comparable to those expected of an Australian-trained surgeon undertaking the intended scope of surgical practice, independently and unsupervised.

Under the recommended arrangements, the implications for medical registration would vary, subject to relevant registration requirements, according to the assessed degree of comparability. The Review Committee has proposed that applicants assessed as 'substantially comparable' be permitted conditional registration to undertake the intended scope of practice independently and unsupervised. This may occasionally include applicants intending to undertake a more limited scope of surgical practice than is normally encompassed by a surgical specialty.

Some applicants assessed as 'partially comparable' may, with additional training or practice assessment, become 'substantially comparable', without the need to complete formal basic or advanced surgical training programs. It is proposed that these applicants be permitted conditional registration to undertake a defined scope of practice, under supervision, while completing 'top-up' training or practice assessment.

Remaining applicants would be those assessed as needing to successfully complete the College's formal training and assessment programs (basic and/or advanced surgical training). They would be assessed as 'not comparable' and should not be permitted registration to practise as surgeons.

The level of assistance and support available to overseas-trained surgeons when they commence practice has been identified as requiring improvement. The Review Committee has recommended that overseas-trained surgeons assessed as 'substantially comparable' should receive support from a mentor appointed by the College for their first year of practice in Australia. Mentors would assist the surgeon to make the transition to the Australian health system, to gain access to professional support and advice, and to access continuing professional learning programs. Those assessed as 'partially comparable' should receive supervision or oversight and other identified support as part of the arrangements for their additional training or assessment.

The Review Committee believes that the College should make every effort to develop defined surgical competencies as soon as possible, and that jurisdictions and other relevant bodies should be consulted by the College as part of this work. Associated recommendations relate to the College's role in developing assessment methods, ensuring consistency in assessments across the surgical specialties, and producing standardised information about the assessment process.

The Committee has also recommended that the College publish, within six months, guidelines describing the surgical specialties and the competencies on which assessment of

overseas-trained surgeons will be based. This will allow employers, potential applicants, and other interested parties to have better information about the assessment process and requirements.

The key proposals and recommendations made by the Review Committee are reflected in a proposed new assessment model, summarised in the diagram and notes at Appendices C and D to this report. The diagram and notes aim to assist readers of the report, while the related text and recommendations explain in more detail how the model would be applied.

Other related matters

The issue of whether overseas-trained surgeons with surgical qualifications from particular countries could be exempted from undergoing formal training has also been considered. There was general support among stakeholders for this, although some expressed reservations about how it might be implemented.

The Review Committee has concluded that there is scope to streamline the assessment of individuals who hold surgical qualifications that provide surgical education, training and assessment that are substantially comparable to that provided in Australia. It has recommended that the College recognise such qualifications for this purpose. Individuals who hold recognised qualifications should then be able to be assessed through employer selection processes, as are Australian-trained applicants. The involvement of a College Fellow would ensure appropriate assessment of surgical performance. Related recommendations include a proposal that the College publish an initial list of recognised qualifications within six months and review it at specified intervals.

In accordance with its terms of reference, the Review Committee also examined issues related to access to additional training for overseas-trained surgeons who need ‘top-up’ training but do not need to complete basic or advanced surgical training.

Submissions and responses argued that the training and support available to these individuals should be improved. The Review Committee has highlighted the need for the College, applicants and employers to clearly understand how any required training will allow attainment of the required level of competence, and for there to be sufficient opportunities to obtain the training required.

The Committee has recommended that the College should, by a range of measures, improve identification of additional training requirements and support overseas-trained surgeons in meeting them. The recommendations recognise that the College, jurisdictions, employers and other relevant parties will need to invest resources and effort so that these needs can be met. It is proposed that they work together on these issues.

1 Introduction

Preamble

This report sets out the findings and recommendations of the Review of the Assessment of Overseas-Trained Surgeons as undertaken by the independent Review Committee, which was appointed by the Royal Australasian College of Surgeons together with the Australian Health Ministers' Conference and the Australian Medical Council.

The review was established as a result of the outcomes of the application for authorisation lodged by the Royal Australasian College of Surgeons with the Australian Competition and Consumer Commission (ACCC), under the *Trade Practices Act 1974* (as outlined below).

Authorisation application by the Royal Australasian College of Surgeons

On 30 June 2003, the ACCC issued its Final Determination in respect of application for Authorisation No.A90765 by the Royal Australasian College of Surgeons (the College).

The subject of the authorisation concerned the College's processes for:

- selecting, training and examining trainees in basic surgical training and in each of the nine surgical sub-specialties in which advanced surgical training is offered;
- accrediting hospitals as being suitable for basic surgical training if they meet standards set by the College;
- accrediting individual hospital posts as being suitable for advanced surgical training if they meet standards set by the College; and
- assessing the qualifications, training and experience of overseas-trained practitioners who wish to work as surgeons in Australia, to determine whether they are equivalent to Australian-trained surgeons.¹

The application for authorisation was lodged by the College, following advice from the ACCC that these College processes may breach the *Trade Practices Act 1974*. Information on the authorisation process and the ACCC is contained in the background chapter of this report.

In its Final Determination, the ACCC granted authorisation for six years, subject to conditions, for the following College processes:²

- selecting basic and advanced surgical trainees;
- training basic and advanced surgical trainees; and

- examining basic and advanced surgical trainees.

Authorisation was granted for four years, subject to conditions, for the College's processes for:

- assessing overseas-trained surgeons;
- accrediting hospitals for basic surgical training; and
- accrediting hospital posts for advanced surgical training.

The ACCC determined that an earlier review of the College's processes for accreditation, and assessment of overseas-trained surgeons, was warranted to ensure the public benefit generated by these processes continues to outweigh any public detriment, given the degree of criticism received about these matters from interested parties.

Authorisation relating to assessment processes

In its Final Determination, the ACCC indicated that it was satisfied that the College's training and assessment processes generate a significant public benefit by assisting to ensure surgical training is of a high quality.³ However, the ACCC also made a number of recommendations for change, required to balance the assessed anti-competitive effects of the College's processes with the public benefits they generate.⁴

In addition to these recommendations, the ACCC required that the College establish independent public reviews of the test for assessing overseas-trained surgeons, and the criteria for accrediting hospitals for basic surgical training and hospital training posts for advanced surgical training.⁵

Review of the Assessment of Overseas-Trained Surgeons

The ACCC Final Determination terms of reference specified that the Review of the Assessment of Overseas-Trained Surgeons should examine whether equivalence, substantial comparability, competence, or another test, is the preferable test for assessing overseas-trained surgeons.⁶

The Final Determination directed that these issues should be examined for each of the following categories:

- overseas-trained surgeons who are seeking full registration to practise as a specialist in Australia;
- overseas-trained surgeons who are seeking conditional registration to practise within a limited area of specialisation or sub-specialty practice; and
- overseas-trained surgeons who are seeking registration to practise in an area of need, and whose practice is limited by conditional registration to a specific role that is determined by the job description for the position.

It specified that the Review Committee should examine for each potential test:

- the characteristics of an overseas-trained surgeon that would be examined for each test (for example, work experience, training, and academic qualifications);

- the factors that would be relevant to assessing these characteristics (for example, the factors relevant to assessing the quality of an overseas-trained surgeon's qualifications, training or work experience);
- the justification for these factors. If some factors are inherently more important than others, this should be explicitly recognised.

The Review Committee was also required to examine:

- whether persons who have completed particular overseas training programs could be automatically exempted from being required to undertake basic and/or advanced surgical training (the Review Committee was not required to consider qualifications awarded in countries from which, based on previous experience, an insignificant number of candidates were likely to originate in the future);
- if such programs are found to exist, what, if any, requirements it would be appropriate to impose to enable an assessment of the relevant surgeons' abilities in practice; and
- what processes could be established to ensure additional training is available for those overseas-trained surgeons assessed by the College as requiring additional training short of completing the training program in full.

The overall aim of the review has been to identify the minimum requirements that overseas-trained surgeons need to meet before they should be permitted to practise in Australia.⁷

Review Committee

In accordance with the terms of reference, the College, together with the Australian Health Ministers' Conference and the Australian Medical Council, has established an independent Review Committee to undertake the review. The members of the Review Committee are:

Mr Ron Paterson (Chair)

Health and Disability Commissioner, New Zealand
Australian Health Ministers' Conference nominee

Professor Harley Gray

Clinical Director, Accident Compensation Corporation Medical Misadventure Unit, New Zealand (until 30 November 2004)
Royal Australasian College of Surgeons nominee

Professor Brian McCaughan

President, NSW Medical Board (until 31 December 2004)
Australian Medical Council nominee

Professor Katherine McGrath

Deputy Director-General, Health System Performance, NSW Health
Australian Health Ministers' Conference nominee

Dr Robin Mortimer

Director of Endocrinology, Royal Brisbane Hospital, Queensland
Australian Medical Council nominee

Professor David Theile

Chairman of Surgery, Princess Alexandra Hospital Brisbane, Queensland
Royal Australasian College of Surgeons nominee

Reviews Secretariat

A Reviews Secretariat (the Secretariat) was established to provide support to both the Review of the Criteria for Accrediting Hospital Training Posts for Advanced Surgical Training and Hospitals for Basic Surgical Training, and the Review of the Assessment of Overseas-Trained Surgeons. The Secretariat was hosted by the Australian Government Department of Health and Ageing, as agreed between the College and the Australian Health Ministers' Advisory Council.

The Reviews and the Secretariat were jointly financed by jurisdictions and the College (on a 75:25 ratio), with additional support from the Australian Government Department of Health and Ageing.

Reference Group

A Reference Group was established to provide advice to the College, the Australian Health Ministers' Advisory Council, the Australian Medical Council, and the Secretariat, on issues relating to the establishment of the reviews and their ongoing management. It also provided advice as required to the Chairs of the Review Committees on issues to be covered by the reviews, and guidance on matters of overlap between the two reviews.

The Reference Group comprised representatives from the Australian Health Ministers' Advisory Council (Mr John Ramsay, Chair Australian Health Workforce Officials Committee, Reference Group Chair since June 2004), the Royal Australasian College of Surgeons (Dr David Hillis), the Australian Medical Council (Mr Ian Frank), and the Australian Government Department of Health and Ageing (currently Mr Brett Lennon, formerly Mr Robert Wells, Chair until departure in June 2004).

Review process

The Review Committee sought to ensure that the review's terms of reference (refer Appendix A) could be explored in an environment of goodwill, to assist the development of constructive proposals for improvement, and facilitate implementation.

The Review Committee took into account views provided in submissions, responses to the draft report and draft final report, consultation meetings, additional information provided by the College and the Australian Medical Council, and a range of background sources.

Call for submissions

In accordance with the terms of reference of the review, the Review Committee sought input from interested parties via a call for written submissions. In calling for submissions, the Review Committee identified interested parties considered likely to have a direct or indirect interest in the review's outcomes, including the following groups:

- Royal Australasian College of Surgeons
- Commonwealth, state and territory health ministers, and their departments (jurisdictions)

- Australian Medical Council
- state and territory Medical Registration Boards
- overseas-trained surgeons
- other specialist colleges
- consumer representative bodies
- medical schools
- National Office of Overseas Skills Recognition.

An advertisement calling for submissions to the review was placed in *The Weekend Australian* newspaper.

Twenty-six submissions were received (refer Appendix B).

Consultation process

In addition to the call for submissions, the Review Committee consulted regularly with a number of stakeholders to the review, in particular, the College, jurisdictions and the Australian Medical Council.

Review report

The draft report of the review was completed on 28 October 2004, and made available to interested parties. After reviewing comments received in response to the draft report, the Review Committee developed a draft final report. The draft final report was provided to the College for comment on relevant implementation issues. As required by the terms of reference, copies were also provided to the Australian Health Ministers' Conference, and the Australian Competition and Consumer Commission. This final report was produced following consideration of comments received, and made available to all interested parties.

Providing information about the review

A website (www.surgeonsreviews.info) was created, featuring information about both reviews. Information on the site includes the terms of reference for both reviews, membership of the Review Committees, the submissions process, copies of the draft reports for each review and links to other useful related sites.

The review terms of reference provided that all submissions should ideally be publicly available. Accordingly, submissions to the reviews and responses to the draft reports for each review have also been published electronically on the website.

Confidentiality

The Review Committee endeavoured to be sensitive to the difficult issue of maintaining an open dialogue, whilst preserving confidentiality. Where comments were made by parties in confidence, the comments may be referred to in the body of this report but not directly cited. In general terms, comments made in consultation meetings have been treated as non-attributable to individuals.

The Review Committee also indicated its willingness to consider requests for confidentiality for written submissions and responses. Three submissions were received on a confidential basis; none of the responses were confidential.

2 Background

Royal Australasian College of Surgeons

History

The Royal Australasian College of Surgeons was formed in 1927. Its establishment was a response, in part, to concerns among surgeons regarding the potential consequences of the lack of direct restrictions controlling who was permitted to perform surgery in Australia at that time.¹ To do so, one only had to be registered as a medical practitioner under state or territory legislation. Universities awarded medical undergraduates a Bachelor of Medicine and Bachelor of Surgery, and many general practitioners considered that the latter entitled them to operate.²

The only way a specialist surgeon could formally distinguish themselves from a general practitioner was to become a Fellow of one of the British, Irish or American surgical colleges, or obtain a higher university degree.³

Specialist surgeons at the time were concerned that:

Difficult and dangerous operations are undertaken by practitioners who have not been properly trained in surgical principles and practice [and] the public has no means of judging the competency of these so-called surgeons...steps should be taken to counteract these conditions.⁴

In response to these concerns, the Royal Australasian College of Surgeons (the College) was formed with the aims of raising the status of surgery, checking its practice by those who are not adequately trained, and improving hospital standards.⁵

Since its formation, the College has assumed responsibility for establishing and maintaining standards of surgical practice in Australia and New Zealand.

The College today

The College is an independent organisation (and public company limited by guarantee), with around 5,400 member surgeons. Approximately 90 percent of surgeons practising in Australia and New Zealand are Fellows of the College.⁶

Surgeons are able to practise in nine recognised surgical specialties:

- General Surgery
- Cardiothoracic Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology - Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology

- Vascular Surgery.

College structure

The governing body of the College is the Council. It currently consists of 28 members, including:

- 16 Fellows elected for a period of three years (who are also eligible for re-election at the end of those three years); and
- 12 Fellows representing, and co-opted from, the speciality societies and geographic regions, as well as the President of the Australian and New Zealand College of Anaesthetists.⁷

The Council Executive is elected annually by the members of the Council. It comprises the President, Vice-President, Censor-in-Chief, Honorary Treasurer, Chair of the Court of Examiners, Chair of the Board of Continuing Professional Development and Standards, and Chair of the Board of Basic Surgical Training.⁸

A management and education structure has been developed to reflect the College's goals and objectives, and a range of committees and boards have been formed to assist the College to undertake its functions.

The Executive General Manager is responsible to the Council for the effective management of the College, with responsibility for overseeing the administrative support arrangements that implement the policy decisions of the Council, and the College committees and boards.⁹

In addition to the College boards and committees, a number of societies and associations have been formed in surgical specialty areas. Members of these bodies are usually also members of the College. However, the societies and associations are independent bodies with their own constitutions or articles of association, boards and committees.

Societies or associations have been established in the nine recognised specialty areas, as well as rural surgery and colorectal surgery.¹⁰ There are also separate Australian and New Zealand societies or associations in a number of specialties.

While external to College structures, the societies and associations are affiliated with the College and a number play a major role in the oversight of advanced specialist training. The College has recently taken steps to formalise its relationship with these bodies, signing memoranda of understanding and service agreements with the societies and associations. These agreements address their role in selection, training and assessment of advanced surgical trainees (and associated costs).¹¹

Functions of the College

The College is the sole provider of vocational surgical education, training and assessment in Australia and New Zealand. It is also the only Australian Medical Council and New Zealand Medical Council accredited provider of these services.¹²

The College provides vocational education and assessment services in basic surgical training, and advanced surgical training in each of the nine recognised specialties. The

College also plays a pivotal role in the assessment of overseas-trained surgeons seeking recognition to practise in Australia.

Surgical training and examination

Following completion of their primary medical education (undergraduate or postgraduate basic medical degree), and required hospital intern year, medical graduates may determine that they wish to become surgeons. To achieve this they must first complete a minimum two years (maximum four years) of basic surgical training. The aim of basic surgical training is to teach trainees basic surgical skills, basic surgical science, competency in clinical and diagnostic assessment, and prepare them for entry into advanced surgical training.¹³

Selection into basic surgical training is a two-part process, requiring selection into the College training program and appointment to an accredited hospital. Selection into the training program is undertaken by the Board of Basic Surgical Training. Appointment to a hospital is made by the appropriate hospital authority.¹⁴

After successfully completing the basic surgical training program requirements, trainees are able to apply and compete for a position on an advanced surgical training program, offered in one of the nine surgical specialties.¹⁵

Advanced surgical training programs range between four and six years in length.¹⁶

Advanced surgical training programs and examinations are overseen by the Board of Specialist Surgical Training, and managed by the Speciality Boards established in each of the surgical specialties.¹⁷

In general, the Specialty Boards are responsible for:

- determining the content, structure and duration of advanced surgical training
- the accreditation of advanced surgical training posts
- the selection of advanced surgical trainees
- assessment of advanced surgical trainees during their training, including their eligibility to sit the advanced surgical training examination.

Specialty Boards also have a role in the assessment of overseas-trained surgeons.

In the case of some surgical specialties (for example, orthopaedic surgery, urology, and otolaryngology), the responsibilities of the Specialty Boards have largely been assumed by the related specialty societies or associations, in accordance with the service agreement between the College and each society.¹⁸

Assessment of overseas-trained surgeons

The College is responsible for assessing the skills, knowledge and experience of overseas-trained surgeons. The outcomes of the College's assessment may inform decisions by the College in relation to those overseas-trained surgeons seeking College Fellowship; by Registration Boards, in relation to registration of overseas-trained surgeons for practice; and by the Health Insurance Commission in relation to recognition as a specialist for Medicare billing purposes.

The Australian Medical Council receives initial applications from overseas-trained surgeons. Following verification of an applicant's documentation and confirmation of other minimum requirements, the application is forwarded to the College for assessment.

Within the College's organisational structure, the responsibility for managing the assessment process sits with the Assessment and Overseas-trained Doctors Department, Division of Specialist Surgical Training and Assessment. Assessments will involve some or all of the following participants, depending on whether or not an interview is held:

- Censor-in-Chief (or nominee)
- Chair of the relevant Specialty Board(s)
- Dean of Education.

A nominee of the relevant state or territory Health Minister is included on all interview panels, in accordance with the ACCC Final Determination (see further information on the Final Determination, below). Recommendations arising from the assessment process are submitted to the relevant Specialty Board, then to the Board of Specialist Surgical Training for ratification.

Further details of the College assessment process are set out in Chapter 3 of this report.

Australian Medical Council

The Australian Medical Council (AMC) was established by Australian Health Ministers in 1984, as the independent national standards body for medical education and training. The functions of the AMC are to:

- advise Health Ministers on matters relating to the registration of medical practitioners and the maintenance of professional standards in the medical profession
- advise and make recommendations to state and territory medical registration boards (Registration Boards) on:
 - the assessment of overseas-trained medical practitioners for admission to practise
 - the accreditation of Australian and New Zealand medical schools and courses
 - uniform approaches to the registration of medical practitioners
- advise the Commonwealth and the States on the recognition of medical specialties, and reviewing and accrediting specialist medical education and training programs, including professional development programs.¹⁹

Assessment of overseas-trained specialists

All overseas-trained specialists wishing to practise in Australia were once required to complete the AMC examination for general (non-specialist) registration. However, a large number of applicants experienced difficulty with the examination process. In response to concerns that the process was unduly hindering entry, a new scheme was piloted in 1990, to allow overseas-trained specialists to be assessed by the relevant specialist medical college without the need to sit the AMC examination. Following success of the pilot, the system was introduced nationally in 1993.²⁰

The AMC became the first point of contact for overseas-trained specialists seeking registration in Australia. Based on their experience of processing applications from other overseas-trained doctors, the AMC was also asked to assess initial applications from specialists in order to verify:

- the basic or primary medical qualifications of the applicant
- that English language proficiency requirements had been satisfied
- that the applicant had the necessary resident status.²¹

A Joint Standing Committee on Overseas-Trained Specialists (JSCOTS) was established in 1999 by the AMC and the Committee of Presidents of Medical Colleges, to oversee the assessment processes for overseas-trained specialists. The JSCOTS determined that a standard assessment process for the colleges would assist all interested parties involved in the assessment process. To assist standardisation, a pro forma template was developed to streamline communication between the colleges, the AMC, applicants and the Registration Boards regarding assessments.²²

Since 2001, the AMC has also had an additional role of reviewing and reporting on the processes used by specialist medical colleges to assess overseas-trained specialists.²³

Australian Medical Council accreditation review

In 2001, the College piloted the AMC process for accreditation of specialist medical education, training and assessment programs. The AMC accreditation process is a voluntary quality improvement process; all Australian providers of specialist medical education and training programs have agreed to have their programs reviewed through the AMC process.

Australian Medical Council accreditation was granted to the College in 2002 for a period of six years, enabling it to continue providing specialist medical education, training and assessment services. The AMC report identified the perceived strengths and weaknesses of the College's processes, and made recommendations on areas requiring attention. In making these recommendations, the AMC noted that many of the identified problems were not unique to the College, and endeavours had commenced within the College to address them.

Findings of relevance to this Review concerned the College's processes for assessment of overseas-trained surgeons, with the principal concern relating to communication between the College and overseas-trained surgeons undergoing the assessment process.²⁴ Issues were identified regarding the clarity and timeliness of communication.²⁵ Overseas-trained surgeons reported receiving inconsistent messages from the College, either from personal communication or official documentation. Delays of several months in replies to correspondence were also reported.

The AMC also noted that the timeline for College decision-making on applications varied considerably between respondents (between 3 months to 72 months), with nine applicants reporting response times from the College of 18 months or more.²⁶

The AMC recommended that the College review its processes for the assessment of overseas-trained surgeons to ensure that they are uniform between the specialties, and that

the time taken for review is minimised. It also recommended that the College review its strategies for communication with overseas-trained surgeons, in particular:

- consider identifying in each state, a mentor or advisor to overseas-trained surgeons applying through the College for assessment
- restate the role of the AMC/College pathway for assessment of overseas-trained specialists
- explain the reasons for the various steps in the process.²⁷

The College noted in its 2003 annual report to the AMC's Specialist Education Accreditation Committee that it is reviewing a number of elements of the assessment of overseas-trained specialists, with a view to enhancing the procedures and outcomes.²⁸ The College's proposals included:

- articulating the overseas qualifications the College recognises as substantially comparable to Australian-trained specialists;
- proposing a formal Overseas-Trained Specialists Education and Training Program to be developed collaboratively with employers; and
- working with authorities to improve the alignment of the sequence of immigration, registration, training and assessment processes.²⁹

Australian Competition and Consumer Commission authorisation process³⁰

Aspects of the College's education, training and assessment processes that were considered in the AMC accreditation process were also the subject of the College's application to the Australian Competition and Consumer Commission (ACCC) for authorisation under the *Trade Practices Act 1974*.

Australian Competition and Consumer Commission

The ACCC was formed in 1995, as the independent Commonwealth statutory authority responsible for administering and enforcing the *Trade Practices Act*.

The object of the *Trade Practices Act* is to enhance the welfare of Australians through the promotion of competition and fair trading, and provision for consumer protection.³¹

The structure of the ACCC is a Chairman, a Deputy Chair, five full-time Commissioners and several associate and ex-officio members and a Chief Executive Officer.

Appointments to the ACCC involve participation by Commonwealth, state and territory governments. The ACCC is supported by staff in each capital city and Townsville.

Authorisation

The *Trade Practices Act* recognises that competition may not always generate the most efficient outcome. Accordingly, the ACCC may 'authorise' businesses to engage in anti-competitive conduct that would otherwise be in breach of the Act. This occurs when the ACCC is satisfied that the public benefit arising from the conduct outweighs any public detriment.

The authorisation process confers immunity from legal action, by the ACCC or any other party, for a breach of the competition provisions of the Act in relation to the conduct for which authorisation has been granted.³²

The College's application for authorisation

In November 2000, the College lodged an application with the ACCC seeking authorisation of its processes for:

- selection, training and examination of trainees in basic and advanced surgical training;
- accreditation of hospitals for basic surgical training;
- accreditation of individual hospital training posts for advanced surgical training;
- assessment of qualifications, training and experience of overseas-trained medical practitioners wishing to practise as surgeons in Australia.³³

The ACCC invited public submissions, and received responses from governments, state and territory medical registration boards, specialist medical colleges, industry associations, consumer representative groups, private health insurance funds, and university medical faculties.³⁴

The ACCC actively sought the views of state and territory government health ministers and agencies, the largest employers of surgeons in Australia. Broadly, governments supported authorisation being granted, provided concerns held by many of them concerning transparency, accountability, fairness and consistency of the College's processes, were addressed.³⁵

Draft determination

On 6 February 2003, the ACCC issued its draft determination on the College's application. In the draft determination, the ACCC proposed to grant authorisation subject to certain conditions aimed at reducing the assessed anti-competitive effects of the College's training and assessment processes.

The ACCC considered that anti-competitive effects arose due to the high level of involvement of College Fellows in the assessment and accreditation processes.³⁶ It considered that this level of involvement gave Fellows the means to restrict entry into surgical practice, and gave rise to potential conflicts of interest. The ACCC was also concerned about the criticisms of the accreditation and assessment processes, expressed by state and territory governments in their submissions.³⁷

The ACCC considered that authorisation, with implementation of the proposed conditions, would result in a net public benefit.³⁸

Final Determination

The ACCC released its Final Determination on 30 June 2003. In its evaluation, the ACCC indicated that it was satisfied that the College's training and assessment processes generate a significant public benefit by assisting to ensure that surgical training is of a high quality.³⁹ It was also satisfied that public benefits were achieved through the value of training provided to surgical trainees outside hospital hours by College Fellows, on a pro bono basis.⁴⁰

However, the ACCC remained concerned about the potential conflict of interest arising through College members' involvement in selection processes for advanced surgical training and assessment processes for overseas-trained surgeons. It was also concerned about the lack of transparency of both the accreditation and assessment processes. In its Final Determination, the ACCC indicated it felt the need for reform was strengthened by emerging evidence of a shortage in the surgical workforce.⁴¹

The ACCC determined that, on balance, authorisation should be granted to the College subject to a number of conditions. Conditions of relevance to this Review include:⁴²

Condition C5 required the College to establish an independent public review of the assessment of overseas-trained surgeons – the subject of this report.⁴³

Condition C6 required that, within one month of authorisation commencing, the College shall invite the health minister in each state or territory (or delegate) to nominate persons to participate in the assessment of overseas-trained surgeons. If nominations are made, the College shall ensure that each team formed to assess an overseas-trained surgeon includes a person nominated by the health minister (or delegate) for the state or territory which is the most relevant in the circumstances (for example, the state or territory where the overseas-trained surgeon resides or wishes to work).

Condition C7 stated that the College shall inform overseas-trained surgeons intending to work in an area of need of the outcome of its assessment within eight weeks and otherwise within three months. The eight-week and three-month periods shall commence when the College receives all information required from the overseas-trained surgeon concerned. The College shall provide written reasons to all overseas-trained surgeons whom it assesses as not being equivalent to an Australian-trained surgeon and shall advise these surgeons of their appeal rights.

Condition C8 stated that, if requested, the College shall re-assess any overseas-trained surgeon it assessed and found not to be equivalent to an Australian-trained surgeon or was in the process of assessing prior to the implementation of the interim guidelines required under condition C5.

Condition C9 stated that the College shall annually publish:

- the number of applications received for assessments of overseas-trained surgeons other than in areas-of-need;
- the number of applications received for assessments of overseas-trained surgeons to work in areas-of-need;
- the number of assessments of overseas-trained surgeons seeking to work in areas-of-need completed;
- the number of assessments of overseas-trained surgeons other than those seeking to work in areas-of-need completed;
- the number of assessments of overseas-trained surgeons not seeking to work in areas-of-need completed in three months or less and the number of assessments completed in more than three months;
- the number of assessments of overseas-trained surgeons seeking to work in areas-of-need completed in eight weeks or less and the number of assessments completed in more than eight weeks;

- the number of assessments where overseas-trained surgeons were required to complete basic and advanced surgical training;
- the number of assessments where overseas-trained surgeons were required to complete advanced surgical training only;
- the number of assessments where overseas-trained surgeons were required to complete a period of supervised work;
- the number of overseas-trained surgeons assessed for conditional registration on behalf of the AMC;
- the number of overseas-trained surgeons assessed as requiring two or less years training to meet College equivalence;
- the number of overseas-trained surgeons undertaking and/or completing training as specified by the College; and
- the outcome of any other assessments.

Information sought by each of the above dot points shall be broken down into the following categories:

- applicants with original qualifications from an English-speaking country;
- applicants with original qualifications from a non-English-speaking country but with further qualifications from an English-speaking country;
- applicants with qualifications only from a non-English-speaking country. The College shall also publish annually a description of the assessment process (to the extent that the College does not do this already – for example, on its internet website).

The ACCC indicated that the conditions included in the Final Determination aim to find an appropriate balance between the need for the College to remain substantially involved in the setting of assessment standards, given its technical expertise, while ensuring that concerns about the College's processes are addressed.⁴⁴ They seek to facilitate an opportunity for a greater role for governments in standard setting and implementation, increase transparency of College processes, and improve fairness and accountability.

Progress

The AMC accreditation review report and the ACCC Final Determination, both identify issues which are of relevance to this review.

The Review Committee has noted that the College has already commenced implementing a number of changes to College structures, policies and processes, addressing these and other issues raised by the AMC review and ACCC accreditation processes.

The College response to the draft report of this review indicated that progress had been made in relation to jurisdictional representation, with full jurisdictional representation on a number of College Boards as well as in assessment and accreditation processes. Work is under way to improve communication of assessment criteria and outcomes, and a comprehensive report of the College's activities, including data in accordance with ACCC requirements, is available on the College's website.⁴⁵

Timeframes

There is a significant degree of overlap between the length of time for which the AMC granted accreditation and the period for which the ACCC authorisation was granted to the College for its education, training and assessment processes.

As noted in preceding paragraphs, in 2002 the College was granted Australian Medical Council accreditation for its specialist education, training and professional development programs for a period of six years.⁴⁶

Australian Competition and Consumer Commission authorisation was granted to the College in 2003. Authorisation was granted for a period of six years for the College's training processes, and a period of four years for the College's processes for assessing overseas-trained surgeons, and accrediting hospitals and hospital posts (for basic and advanced surgical training respectively).⁴⁷

With these schedules, ACCC authorisation for the College's processes for assessing overseas-trained surgeons, and accrediting hospitals and hospital posts will be reviewed in 2007 (if reauthorisation is sought by the College).

By 2009, both the ACCC authorisation for the College's training processes, and the Australian Medical Council accreditation of the College's education, training and professional development programs, will need to have been reviewed (if reaccreditation is sought).

The Review Committee anticipates that the findings and final recommendations of the current Review will be of assistance to the College in meeting the requirements of both the AMC review and ACCC accreditation processes.

3 Current assessment arrangements

Introduction

The Australian medical workforce is primarily made up of doctors who received primary and subsequent medical education and training in Australia. However, overseas-trained doctors are also an integral part of the medical workforce.

In order to practise as a surgeon in Australia, an overseas-trained medical practitioner needs to be assessed to gain recognition as a surgical specialist. The assessment outcome influences:

- registration to practise medicine
- access to Medicare provider numbers and recognition as a specialist for Medicare purposes, which enables patients to claim Medicare rebates at specialist rates for services provided to them
- immigration status.

A series of processes has been developed to assess and recognise medical qualifications and skills acquired overseas. The aim of assessing overseas-trained doctors is, broadly, to ensure that all doctors treating Australian patients provide a level of care consistent with Australian standards and community expectations.

In its consideration of issues relating to the College's assessment of overseas-trained surgeons, the Committee has focussed on processes leading to medical registration, as this is the primary determinant of whether an individual overseas-trained surgeon will be able to practise in Australia. The Review Committee understands that the College would perform any assessments for other purposes in accordance with its general OTS assessment processes, and that responses to requests for information/advice would either be based on the outcomes of assessments already completed or a College assessment would be required.

This chapter provides an outline of current arrangements for registration and assessment of overseas-trained surgeons, derived from information provided by the Australian Medical Council, the Australian Government Department of Health and Ageing, the College, and public sources. Information below was checked with these organisations when the draft report was produced. It has been amended to reflect additional information received subsequently where deemed appropriate.

Medical Registration¹

To practise medicine in Australia, medical practitioners must have current medical registration in each state or territory in which they provide medical services. The decision whether to register a medical practitioner is made by the respective Registration Board(s). While the number and description of registration categories varies between the states and territories, essentially there are two major categories of registration:

- registration without conditions, or general registration, which is fully portable between jurisdictions
- registration with conditions, or conditional registration, with portability subject to approval.

Fully portable registration, without conditions is available to:

- graduates of an Australian or New Zealand medical school, accredited by the Australian Medical Council (AMC), who have completed an approved period of intern training; and
- persons who gained their primary medical qualification overseas who have successfully completed the AMC examination and been awarded an AMC Certificate, and have completed a period of supervised training approved by a state or territory Registration Board.²

The AMC examination consists of separate multiple choice questions and clinical components, designed to assess whether an applicant has medical knowledge and skills equivalent to those gained from an accredited Australian primary medical qualification.

Registration with conditions (conditional registration) may be available to an applicant who holds specialist qualifications, but does not fulfil the requirements for fully portable registration without conditions. To grant this registration, the Registration Board must be satisfied that the applicant is of comparable standard to an Australian-trained specialist in that field of specialisation. These applicants may be granted conditional registration, enabling them to practise a designated specialty or sub-specialty independently and unsupervised. Alternatively, applicants may be granted temporary conditional registration to enable them to complete training and assessment needed to gain the required recognition.

Applicants must also demonstrate that they have sufficient proficiency in English to communicate effectively with patients and others involved in health service provision, and to maintain their medical knowledge. The applicant must provide evidence that their English proficiency meets defined minimum standards; that is, a specified grade in designated English language proficiency tests. Applicants may be able to seek exemption from the required tests, where they can provide evidence of having been born and received primary education, or having received secondary education, in a country where English is the first or native language.

Registration Boards may rely upon recommendations received through the AMC, based on advice from specialist medical colleges on the outcomes of their assessment, in determining whether an applicant should be registered to practise in a designated specialty, and what conditions, if any, should be imposed upon that registration.

Registration with conditions may also be available to applicants seeking registration to practise in declared Area of Need positions, including specialist positions. In these cases, the registration is not portable, as the specified conditions will include the location, position and period of time covered by the registration (see further discussion below).

Mutual recognition of qualifications

While the registration of medical practitioners in Australia is regulated by separate legislation in each state and territory, a process of mutual recognition allows for the reciprocal recognition of the qualifications of a medical practitioner who is registered in another jurisdiction.³ Availability of mutual recognition depends upon the type of registration granted.

Nationally consistent approach to medical registration

In April 2004, Australian Health Ministers agreed with the findings of a review of medical registration processes, undertaken by the Australian Health Ministers' Advisory Council, which recommended a nationally consistent approach to medical registration. It is expected that this approach will facilitate the mobility of the Australian medical workforce, making it easier for doctors to work across state and territory boundaries.

This approach is being implemented in stages and will include arrangements relating to:

- the introduction of a national medical registration system, under which a doctor will be able to practise in any jurisdiction on the basis of being registered in the jurisdiction of their primary practice
- the adoption of standard and consistent medical registration categories across all jurisdictions
- public access to information regarding registered medical practitioners
- processes for assessing maintenance of professional competence.⁴

Roles of the key participants

There are several participants in the process for assessing overseas-trained surgeons, including the Australian Medical Council, the Royal Australasian College of Surgeons, Registration Boards (as above) and jurisdictions.

The Australian Medical Council

The AMC facilitates the process for assessment of overseas-trained specialists. It acts as a 'central clearing house' for information on the process, undertakes the initial vetting of applications (to determine eligibility) on behalf of the specialist medical colleges, and reports the outcome of College assessments to the individual applicant and the state and territory Registration Boards. Although this process is often described as the 'AMC/specialist medical college pathway', the AMC has no direct role in the formal assessment of individual overseas-trained specialists which is done by the Colleges. The AMC has a similar role in relation to the agreed Area of Need specialist assessment process.⁵

Royal Australasian College of Surgeons

Governments have for some time accepted that specialist medical colleges possess the relevant expertise to determine what skills, knowledge and experience are needed to practise specialist medicine in accordance with standards of care expected in Australia. This is reflected in state and territory legislative and administrative requirements for registration to practise medicine, and in Commonwealth legislation governing access to Medicare provider numbers and Medicare rebates at specialist rates. The standard against

which overseas-trained doctors are assessed has been defined in terms of the standard that Australian-trained doctors are required to meet.

Colleges also undertake the assessment with a view to whether the applicant may be eligible to seek College Fellowship.

The Royal Australasian College of Surgeons therefore has a key role in the assessment of the surgical credentials of overseas-trained surgeons and in the provision of programs for maintenance of professional standards once overseas-trained surgeons are accepted for practice in Australia and New Zealand.⁶

Jurisdictions

The legal responsibility for the assessment of overseas-trained doctors lies with the state and territory Registration Boards for registration and with the Australian Government for recognition for the purposes of Medicare benefits.

The primary responsibility for the recognition of an overseas-trained doctor's qualifications for these purposes lies with the jurisdictions but they may choose to seek the opinion of the relevant specialist medical college. In some jurisdictions, the Boards are legally required to seek the advice of colleges.

Jurisdictions have an interest in all categories of overseas-trained specialists seeking to practise in Australia. Assessments made by specialist medical colleges directly affect the ability of jurisdictions to address the need for medical services in several ways:

- the outcomes of College assessments influence Registration Board decisions in relation to eligibility for specialist registration, and this affects the capacity of jurisdictions to employ overseas-trained specialists, on both a temporary and permanent basis.
- jurisdictions are dependent on Area of Need specialists for service delivery in areas of health workforce shortage.
- the Australian Government committees that consider whether overseas-trained surgeons should be recognised as specialists for Medicare purposes, may seek advice from the College. Subsequent decisions based on these committees' recommendations affect patients' access to private medical services and, consequently, the demand for public health services.⁷

Employers and recruitment agencies

Employers and recruitment agencies are involved in attracting overseas-trained surgeons to Australia and assisting with their applications for assessment.

Employers also have an important role in providing ongoing support for overseas-trained surgeons once they have commenced work, including assisting them to adapt to practice in Australia and to meet registration conditions.

Assessment processes

The specialist recognition processes provide mechanisms for overseas-trained surgeons to apply for conditional registration as specialist practitioners, rather than being required to undertake the AMC examination.⁸

The ‘standard pathway’ assessment process

Before 1990, overseas-trained specialists wishing to practise in Australia were required to complete the AMC (non-specialist) examination for general registration before seeking recognition of their overseas training from the National Specialist Qualifications Advisory Committee. Many overseas-trained specialists were experiencing difficulty in completing the AMC examination. In response to this concern, the New South Wales Medical Board and the specialist medical colleges piloted a scheme in 1990 to allow overseas-trained specialists to be assessed by the relevant college, without the need to sit the AMC examination. In 1993, this system was introduced nationally, and is now administered through the AMC and the specialist medical colleges.⁹

The Australian, state and territory governments established this assessment process as the basis for the ‘standard pathway’ to recognition for conditional registration to practise independently or unsupervised in a recognised field of specialisation.¹⁰

The ‘standard pathway’ assessment process is available for overseas-trained specialists who have satisfied all the training and examination requirements to practise in their recognised field of specialty in their country of training.¹¹ It is managed jointly by the AMC and the specialist medical colleges, as outlined below.

Step 1: Applications for assessment

Applications for assessment are made through the AMC, as the first point of contact. Following receipt of a preliminary application form and payment of the processing fee, the AMC forwards relevant information on specialty practice in Australia, the assessment process and documentation requirements to potential applicants. Applicants must then submit back to the AMC an application form to determine eligibility to be assessed for recognition as a specialist, a summary of medical training and experience and other required documentation (see below).

Some overseas-trained surgeons approach the College directly. They are usually referred back to the AMC. However, the College has advised that those who hold a recognised primary medical qualification from Australia or New Zealand are not referred to the AMC, and will be assessed using the College’s standard OTS assessment process.

Step 2: AMC review of qualifications

The AMC performs an initial review of the documentation, to establish the bona fide qualifications of the applicant and to verify that the required standards for English proficiency have been met, and that supporting documents are in order.

Applications must include documents meeting the standard minimum requirements and any additional specialty specific requirements set by the College. If documents are not complete, or incorrectly certified, they are returned to the applicant for completion.

The documents assessed for recognition as a specialist surgeon relate to the overseas-trained surgeon’s education and training, qualifications and surgical experience and must include:

- a comprehensive curriculum vitae

- full details of the applicant's training, including basic sciences and clinical surgical experience
- details of surgical posts held by the applicant
- certified copies of undergraduate medical degree and any postgraduate qualifications
- an outline of the content of any examinations successfully completed
- details of specialist practice. This must include the location, nature and duration of the specialist practice, a letter from the privileges/credentialling committee of the hospital in which they practised and an audit for at least their most recent year of specialist practice.
- the names and current contact details of three relevant referees who have recently worked with the applicant.¹²

If the AMC is uncertain whether or not the documentation meets the College's requirements for proof of specialist training, examination and experience, it may refer the documents to the College for advice before undertaking further review.

If satisfied that all documentation is in order, the AMC forwards it to the College for assessment, and notifies the applicant.

Step 3: College assessment

The applicant must then submit a formal application for assessment to the College, with the initial assessment and interview fee. The College then conducts the assessment, as described later in this chapter.¹³

Step 4: Notification of outcomes

For monitoring and reporting purposes, the College advises the AMC of the outcomes of their assessment through an agreed pro forma reporting system. (The College has indicated that it also advises the applicant of its assessment at the same time.) The AMC then also informs the applicant and, if the applicant is resident in Australia, the relevant Registration Board, of the assessment outcome.¹⁴

If the College requires the applicant to undergo a period of supervised clinical practice and/or to sit College examinations, the applicant must notify the AMC of his or her intentions regarding completion of the College's requirements. If the applicant decides to proceed, he or she must take steps to complete the College's requirements for recognition. On satisfactory completion, the College notifies the AMC that the applicant is recognised as a specialist practitioner and is recommended for registration as a specialist. The AMC notifies the applicant and all Registration Boards accordingly.

Step 5: Consideration of College advice by Registration Boards and other bodies

Registration Boards are the designated legal authorities to administer the medical registration laws of their respective state or territory. The final decision to register a medical practitioner therefore rests with the Registration Board. However, they rely upon the eligibility determination undertaken by the AMC and the recommendations of the

College in determining whether a doctor should be registered to practise as a specialist and what conditions should be imposed upon that registration.

The Area of Need assessment process

Where it has clearly been established that a shortage of medical services exists in specific geographical locations, state and territory governments may declare these areas as ‘Areas of Need’ for the purpose of filling particular vacancies.

An Area of Need, or an Unmet Area of Need, is defined differently across the Australian states and territories. It is generally one where a need for medical services exists, or a significant effect on the health of the community would result if a position was not filled, and where health service providers (usually hospitals) have failed to attract a suitably-qualified local candidate.¹⁵

A process for fast-tracking the assessment of overseas-trained specialists for Area of Need positions was introduced in June 2002, and is derived from the process for assessing specialists for independent unsupervised practice. The key differences between the Area of Need assessment process and the ‘standard pathway’ assessment process are:

- the Area of Need assessment process is designed to enable specialist medical colleges to assess the skills and experience of applicants against the specific requirements of an Area of Need position
- the AMC and College assessments are conducted in parallel, rather than sequentially
- to reflect the particular urgency associated with filling Area of Need positions, assessments and recommendations to Registration Boards are required to be made by the College within eight weeks after satisfactory applications are received.¹⁶

Steps in the Area of Need assessment process

There are eight steps in the current Area of Need assessment process, as outlined in the *User’s Guide* published by the AMC in 2002:¹⁷

- An employer fails to attract a suitable candidate to a surgical position, which, if not filled, will adversely affect service delivery. A detailed position description is then prepared by the employer, in line with the process guidelines and, preferably, with input/advice from the College.
- The employer applies to the relevant state or territory health authority to have the position declared as an Area of Need position. If the Area of Need position is approved, the employer may proceed to select an applicant whose skills and experience match the requirements for the position.
- The employer and applicant complete the application forms and required documentation, including a visa application where necessary. Forms to be submitted include an application form to determine eligibility to be assessed for appointment as an Area of Need specialist and a summary of medical training and experience. Each set of documents must be accompanied by an attachment providing details about the employer and the Area of Need position. An applicant may seek exemption from the vocational tests of English language proficiency, if the applicant fulfils the criteria for exemption specified by the AMC.

- Two sets of application papers must be completed and forwarded concurrently to the College and the AMC. Instructions are provided regarding the provision of originals or copies of relevant application forms. If the AMC considers the documentation to be satisfactory, it will notify the College and the relevant Registration Board at the same time. If the College considers the documentation to be satisfactory, it will conduct an interview to assess the applicant's suitability for the position.
- The College must notify the Registration Board of its recommendation within eight weeks of receiving satisfactory documentation. It also concurrently notifies the employer and the AMC.
- The applicant must lodge an application for Area of Need registration, which is considered by the Registration Board, in accordance with the relevant legislation. The Registration Board then notifies the employer, the College, the AMC and the Health Insurance Commission of its decision regarding the registration of the applicant.
- If the applicant requires a Medicare provider number, they will need to apply to the Health Insurance Commission for an exemption from provider number restrictions.
- The College undertakes ongoing assessment of the applicant and reports to the employer and the relevant Registration Board on its findings. The applicant's registration may be reviewed as a result of these reports.

Assessment for recognition as a specialist for Medicare purposes

College Fellows are automatically recognised as specialists for the purposes of attracting Medicare rebates for their patients at the specialist rates, under the *Health Insurance Act 1973*.¹⁸ The College notifies the Health Insurance Commission that an individual has achieved or is about to achieve Fellowship as part of an agreed notification process.¹⁹

The *Health Insurance Act 1973* also provides for the recognition of Australian-trained permanent residents without Fellowship from an Australian specialist medical college, who seek recognition as specialists on the basis of other qualifications or experience.²⁰ In the current recognition process, applications from Australian-trained permanent residents who do not hold Fellowship from the College must be considered by a Specialist Recognition Advisory Committee.²¹ The Specialist Recognition Advisory Committee makes a recommendation to the Minister's Delegate in the Health Insurance Commission, who acts on their recommendation. Specialist Recognition Advisory Committees, administered by the Health Insurance Commission, are established for each state and territory and meet every two months. These Committees may seek advice from the College as part of their assessment process.

The *Health Insurance Act 1973* also makes provision for the recognition of overseas-trained specialists who are not domiciled in Australia (i.e. temporary residents) and do not have Fellowship from an Australian specialist medical college. This recognition process has recently been changed in order to reflect more accurately the responsibility of the state and territory Registration Boards.²²

Until recently, the Health Insurance Commission referred all applications for recognition from temporary resident specialists to an Overseas Specialist Advisory Committee (OSAC) for consideration. The Committees then advised the Minister's Delegate at the Health Insurance Commission regarding whether or not to grant recognition. This process

duplicated the assessment process for the purposes of registration conducted by the Registration Boards and there were concerns regarding consequent delays in enabling specialists to provide services which attract Medicare rebates.²³

In consultation with the Health Insurance Commission and the Medical Registration Boards, the Australian Government Department of Health and Ageing has streamlined the recognition process so that applications for recognition from temporary resident specialists will no longer be referred to an Overseas Specialists Advisory Committee. Instead, a Delegate of the Minister within the Health Insurance Commission will determine whether or not to recognise an applicant on the basis of his or her medical registration to practise as a specialist or consultant physician. In addition, the Registration Boards may place conditions on the registration of temporary resident specialists to limit the duration, location and scope of their practice.

The new process also accommodates recognition process for specialists eligible for general registration, without conditions, who have completed their specialist training overseas. These doctors can be recognised as specialists for Medicare purposes if they have been assessed by one of the Australasian specialist medical colleges as comparable to an Australian-trained specialist.

Recognition under these arrangements does not mean that the applicant will be eligible for Fellowship of the College, which is governed by the College's Articles and related policies and processes.

Assessment by the Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons (the College) undertakes the assessment of overseas-trained doctors for the following reasons:

- Under the 'standard pathway' assessment model –

To provide advice or recommendations to state and territory Registration Boards, and the Medical Council of New Zealand, on the suitability of overseas-trained surgeons for registration to practise surgery in Australia.²⁴ In performing this function, the College sees its role as assessing whether the applicant has the capacity for independent surgical practice in Australia and New Zealand.

As part of this process, an overseas-trained surgeon may be required to undertake a period of practice assessment, either as a sole requirement or in conjunction with another requirement, such as successfully completing the College's advanced surgical training examination.²⁵

- Under the 'Area of Need' assessment model –

To assess the training, qualifications and experience of overseas-trained surgeons for suitability to fill designated Area of Need positions. The scope of the assessment is limited to determining the competency of the applicant to perform specific procedures outlined in the Area of Need position description.²⁶

- For admission to Fellowship –

To establish whether the applicant is eligible for admission to Fellowship by examination under Article 19 or by assessment under Article 21 of the College's Articles of Association.²⁷

The College considers whether the applicant may be considered 'substantially comparable' to a College Fellow or would need further (formal) training and assessment to attain that standard.

The processes followed by the College in undertaking these assessments are outlined below. Further information on factors and characteristics assessed by the College is provided in Chapter 4.

The 'standard pathway' assessment process

The College's approach to 'standard pathway' assessments is based on guidelines developed by JSCOTS to describe good practice in relation to all aspects of the assessment process.²⁸

Rather than assessing 'equivalence', the College assesses whether an applicant's competence is 'demonstrably comparable' to an Australasian-trained surgeon.²⁹

While the training and experience of applicants is assessed in terms of the training and examination requirements of the College, being granted registration to practise does not automatically entitle overseas-trained surgeons to eligibility for admission to Fellowship of the College. To attain Fellowship, the overseas-trained surgeon must apply for admission under either Article 19 (admission by examination) or Article 21 (admission by assessment).

The role of the College in the 'standard pathway' assessment process

The College's role in the assessment of overseas-trained surgeons is currently managed by the Assessment and Overseas-Trained Doctors Department, in the Division of Specialist Surgical Training and Assessment.

Step 1: The application

Having verified an applicant's documentation and confirmed that other prescribed requirements have been met, the AMC forwards the application and documentation to the College. The applicant must formally apply to the College for assessment, and pay the relevant College assessment fee.

Step 2: Documentation

Each applicant is assessed individually, based on documentation provided to the College. The documents assessed relate to the applicant's education and training, qualifications and surgical experience, as detailed earlier.

Step 3: Initial assessment

The College establishes an assessment team to review the documentation, consisting of the Chair of the relevant Specialty Board and the Censor-in-Chief, or other nominee. The

assessment of documentation will include whether the applicant is seeking to practise in a recognised specialty. This paper-based assessment of surgical competence considers the applicant's academic qualifications, training, evidence of audit and continuing professional development, publications, honours and awards, grants, invited lectures, training and supervision of others and referees' reports.³⁰

For applications received via the AMC/health authorities: all applicants will then be interviewed. For other applications: if, after reviewing the documentation, the assessment panel is not satisfied that the applicant is substantially comparable to an Australian-trained surgeon, they will advise the applicant that an interview is not required. If the assessment panel is satisfied that the documentation is in order, they may schedule an interview with the applicant.

Step 4: The interview

The College schedules interviews at three times during the year.

The purpose of the interview is to:

- clarify aspects of the applicant's experience that are not clear from the documentation
- evaluate the applicant's surgical practice, professional ethics, communication skills and familiarity with the Australian health system
- provide the applicant with an opportunity to demonstrate their knowledge by responding to a series of standard and hypothetical scenario questions.³¹

The interview panel comprises the Chair of the relevant Specialty Board and the Censor-in-Chief or other nominee, or the College Executive Director of Surgical Affairs.³² Panels also include a nominee of the relevant state or territory Health Minister, in accordance with the ACCC Final Determination.³³

The interview is conducted in accordance with an interview guide and pro forma, provided to all interviewers, comprising standard and hypothetical scenario questions.

This semi-structured interview aims to further assess surgical competence by confirming outcomes of, and filling any gaps in, the paper-based assessment. Assessments are made of work experience, surgical log books, communication skills (including English skills) and cultural awareness. The applicant is also assessed against their responses to teamwork, ethical, medico-legal and other problem-solving scenarios.³⁴

The following professional attributes are assessed during the interview:

- the ability to act ethically, responsibly and with honesty
- the ability to perform realistic self-assessment
- the ability to contribute effectively as a member of a health care team
- effective spoken communication
- knowledge of the Australasian health care system.

Step 5: The recommendation

Following the interview, a recommendation is made according to the assessment of the applicant's knowledge and other attributes. Assessment outcomes are reported on

standardised reporting forms. Possible outcomes of the College assessment process are that the applicant is assessed as:

- substantially comparable to an Australian-trained surgeon (which will also entitle the applicant to seek Fellowship, as above)
- requiring training and/or examination in order to be considered substantially comparable to an Australian-trained surgeon
- not substantially comparable to an Australian-trained surgeon.

If the College assesses the applicant as not requiring training in order to be considered substantially comparable to an Australian-trained surgeon, the applicant would be required to either:

- undertake a specified period of practice assessment and, following successful completion of all requirements during this assessment, be granted permission to sit the advanced surgical training examination; or
- undertake a specified period of practice assessment and, following successful completion of all requirements, be recommended for registration as a specialist practitioner and eligible to seek Fellowship by assessment. The College will usually require that the applicant undergo a period of at least 12 months oversight in a practice setting before being considered for Fellowship by assessment.

The College does not confirm an assessment of ‘substantially comparable’ until after practice assessment, or practice assessment and training (e.g. short training in a particular technique or clinical environment),³⁵ has occurred. Further information on assessment of practice is provided below and in Chapter 4.

If the College assesses the applicant as requiring training in order to be considered substantially comparable to an Australian-trained surgeon, they would be required to either:

- apply in open competition to successfully complete the entire relevant advanced training program, including the advanced surgical training examination; or
- apply in open competition to enter the relevant advanced training program with review following a specified period of time. Following review, the applicant may need further training or may be granted permission to sit the advanced surgical training exam;
- apply in open competition to enter the basic surgical training program, which includes sitting the basic surgical training examination; or
- complete specific components of basic surgical training to be eligible to apply in open competition to enter specialist/advanced surgical training.

Applicants may then need to pass the AMC examination, in order to qualify for general registration, before applying for entry to a College training program.

Step 6: Notification of the outcome

The College simultaneously advises the applicant and the AMC of the outcomes of this assessment, within two weeks of the assessment. The AMC then advises the applicant of the College’s decision by way of a pro forma report, as provided by the College.³⁶

Assessment of professional practice

The College regards a period of practice assessment as an important means to provide overseas-trained doctors with an opportunity to demonstrate and consolidate their surgical knowledge and skills, as well as acclimatise and demonstrate their capacity to work in the Australian health system.³⁷ The period of practice assessment is determined by the relevant Specialty Boards, based on their assessment of the applicant's education, training and surgical experience. The period of assessment can extend to a maximum of 24 months.³⁸ It is at the end of this period of assessment that the applicant may be considered to be substantially comparable.

An applicant who is required to undergo a period of assessment must obtain a salaried position in a hospital approved by the relevant Specialty Board as suitable for this purpose. The relevant Specialty Board nominates a minimum of two Fellows of the College, each with experience in supervising advanced surgical trainees, to provide oversight and report on the progress of the applicant during their period of assessment.³⁹ The overseas-trained doctor is then required to develop an education and audit plan with their nominated Fellows.⁴⁰

The nominated Fellows prepare progress reports, which are discussed with the applicant, forwarded to the relevant Specialty Board Chair and Censor-in-Chief, and reviewed by the College's Board of Advanced Surgical Training.⁴¹

It is a College minimum requirement that regular meetings take place between an applicant undergoing a period of assessment and their nominated Fellows. Meetings must be documented and signed off by both parties. The applicant must also maintain and submit logbooks detailing their operative experience during the assessment period.⁴²

The Area of Need assessment process

The College's assessment process for candidates being considered for Area of Need positions is similar to that for other overseas-trained surgeons, but focuses on assessing the competency of the candidate to perform specific procedures outlined within the Area of Need position description.⁴³

If there are concerns about any aspect of the candidate's training and experience or qualifications, the College will arrange for a face-to-face interview between the candidate and the Specialty Board Chair and the College Censor-in-Chief and/or their nominees.⁴⁴

Following assessment, the College may either:

- recommend to the relevant Registration Board that the candidate is suitable for the Area of Need position; or
- notify the health service provider that the candidate is not suitable for the position. The health service provider may then wish to redefine the position or propose an alternative candidate for consideration.⁴⁵

The College advises the relevant organisations as to whether the candidate is suitable to fill the Area of Need position. If considered suitable to practise in an Area of Need position, the candidate's registration will include conditions that limit them to practising in the position and location assessed and may include other conditions. The College will make recommendations regarding training needs, the appropriate period of assessment and

supervision/oversight. It also advises of additional steps required for the candidate to attain substantial comparability to an Australian-trained surgeon.⁴⁶

An assessment of clinical practice is mandatory for all overseas-trained doctors undergoing assessment for practice as a specialist. The College advises of the requirements for on-the-job assessment of candidates in Area of Need positions. It is expected that the health service provider would fund and facilitate this assessment.⁴⁷

Assessment of professional practice

Area of Need practitioners must also participate in the College's Maintenance of Professional Standards Program. This program requires engaging in continuing medical education, surgical audit and peer review. Logbooks must be maintained and presented to the relevant Specialty Board Chair and the Censor-in-Chief.

Progress reports on the Area of Need practitioner must also be prepared by two College Fellows, for presentation to the relevant Specialty Board Chair and the Censor-in-Chief. The College forwards progress reports to the relevant Registration Board for appropriate action relating to registration.⁴⁸ If the Area of Need practitioner has performed unsatisfactorily during the period of assessment, the relevant Registration Board may further limit or withdraw their registration.⁴⁹

Right of appeal against College decisions

An applicant who is not satisfied with a decision made by the College's Censor-in-Chief and Surgical Board Chair in relation to their assessment, or for training and examination required to be undertaken for assessment, may apply to have the decision reviewed by the College's Appeals Committee.⁵⁰ Any party affected by such decisions may appeal; it is understood that this may include employers (sponsoring hospitals) seeking to employ the applicant, as required under the conditions of the ACCC Final Determination.

Fees for assessment

The assessment process is funded by fees paid by applicants, which vary according to the nature of the assessment required. The 2005 fees are:

- Category 1 - Paper-based assessment: \$4,410 (plus GST)
- Category 2 - Paper-based assessment and interview: \$7,725 (plus GST)
- Category 3 - Category 1 and 2 assessment, and ongoing oversight (local and/or distant): \$14,350 (plus GST)

A fee of \$1,200 (plus GST) is payable for Australian-based participants in maintenance of professional standards programs, and \$NZ1,200 (plus GST) for New-Zealand-based participants.

A fee of \$3,100 (plus GST) is payable upon lodgement of an appeal, but will be refunded if the applicant is successful. All or part of this fee may be waived on the recommendation of the College Appeals Committee.⁵¹

Fees also apply where applicants undergoing assessment are required to sit examinations.

Number of overseas-trained surgeons assessed

In its Final Determination, the ACCC provided a statistical overview of the College's training and assessment procedures. The data provided by the ACCC with relevance for this review included:⁵²

- the number of interviews of overseas-trained surgeons conducted in 2000 and 2001, per surgical specialty
- results of assessment of overseas-trained practitioners, 1993-2001
- number of months taken to complete interviews and assessment of overseas-trained surgeons in 2000 and 2001
- the number of applications for assessment from overseas-trained surgeons in 2000, by country of origin.

The Review Committee sought updated information from the College regarding the number of overseas-trained surgeons assessed over the last 5 years, and the outcomes of those assessments. The College was not able to supply the data requested, in particular that relating to assessment outcomes, at the time that it was sought.

Information provided by the College indicates that the College has assessed 305 overseas-trained surgeons from 1999 to 2003. The number of overseas-trained surgeons assessed ranged between 52 and 85 per year during this period.

The College has now published the data required under the conditions of the ACCC Final Determination, in its Report on Activities for 2004.⁵³ It includes details of the number of applications received and the number of assessments of overseas-trained surgeons undertaken in 2003, and to June 2004, the time taken to complete assessment, and their outcomes.

In 2003:

- 51 applications were received (18 Area of Need; 33 other)
- 50 applications were assessed (18 Area of Need; 32 other)
- 7 (39%) of the Area of Need assessments were completed within 8 weeks
- 10 (31%) of the other assessments were completed within 3 months

As part of their submission to the review, the Australian Medical Council also provided statistical information to the Review Committee:

- the number of specialist assessment applications received by the AMC, by specialty, between January 1993 and 31 December 2003
- the outcomes from the above assessment process
- the outcomes from Area of Need specialist assessments between January 1993 and 31 December 2003
- the country of origin of applications for specialist assessment.⁵⁴

These statistics are available in the copy of the AMC submission on the review's website. It should be noted that data provided by the College and data provided by the AMC do not correlate. It is understood that the College data includes assessments conducted by the College that did not go through the AMC (i.e. applications lodged directly with the College).

International approaches to assessing overseas-trained surgeons

To assist it in considering this term of reference, and as part of the information-gathering process for this review, the Review Committee contacted overseas organisations involved in undertaking assessments of overseas-trained specialists in four countries (Canada, New Zealand, United Kingdom and the United States of America).

The Review Committee considered it important to review international approaches to assessing overseas-trained surgeons, as a means of identifying possible alternative approaches to assessment. The information sought would also assist in considering the appropriateness of overseas surgical training programs being automatically recognised in Australia, so that surgeons holding those qualifications may be exempted from further training.

Having reviewed the assessment process employed in the above-mentioned countries, the Review Committee concluded that their approaches would not assist in considering the issues in its terms of reference. The processes adopted in these countries are, overall, less flexible and more demanding than those in Australia and not suited to Australian circumstances. None appeared to have a process enabling automatic recognition of specialist qualifications gained in other countries, although it is understood that New Zealand readily recognises certificates of completion of specialist training from the United Kingdom.

The Review Committee found that the clarity and accessibility of information available on websites greatly assisted the Committee in developing its understanding of the assessment process in these countries. The Review Committee considers that the College could look at how that this documentation is presented when reviewing the presentation of its own assessment documentation and criteria.

4 Issues

Introduction

This chapter aims to highlight the key issues raised in submissions to the review, responses to the draft report, views expressed in consultations with the Review Committee. Discussion in this chapter was also informed by other sources considered by the Committee.

Twenty-six submissions were received by the Review Committee from a range of stakeholders, including:

- medical colleges and specialist societies
- jurisdictions¹
- medical schools
- postgraduate medical education councils
- medical profession associations
- consumer groups
- medical registration boards.

The discussion is structured against each of the terms of reference. It takes into account specific issues raised in submissions and related matters examined by the Review Committee, with regard to:

- minimum requirements that overseas-trained surgeons need to meet before they should be permitted to practise in Australia
- whether the test used to assess overseas-trained surgeons should be equivalence, substantial comparability, competence, or some other test, for specified categories of overseas-trained surgeons
- the preferable test for assessing overseas-trained surgeons, for different categories of registration
- appropriate characteristics and factors to be examined in the assessment process
- possible automatic recognition of certain overseas qualifications
- processes required to ensure that any assessed additional training needs can be met.

The minimum requirements

The terms of reference indicate that:

The overall aim of the review is to identify the minimum requirements that overseas-trained surgeons need to meet before they should be permitted to practise in Australia.

In its consideration of the submissions, the Review Committee gave particular attention to views expressed with regard to minimum requirements. Submissions raised a range of issues relating to the minimum process requirements for assessing overseas-trained surgeons for the purpose of granting medical registration in Australia, and the minimum standards that should be applied in performing those assessments.

The Review Committee considers that these issues are central to considering the minimum requirements of the assessment process.

The aim of the assessment process

In general, submissions indicated that the surgical training and assessment system should help to ensure the safety and quality of surgical services provided to the Australian community. There was also recognition that the assessment systems should be responsive to the need for accessible specialist services, while ensuring that the standard of services continues to be of a high quality.²

The jurisdictions suggested that the review be guided by a number of principles, the first being that ‘the assessment process ensures that the surgeons recommended for registration ... are safe and competent’. Their submission argued that the assessment should be made in terms of the ‘minimum standard of practice that is required to protect the public interest’.³

The Consumers’ Health Forum of Australia indicated that:

The provision of a well-trained health workforce that is accessible, professionally supported and reflects community expectations is a key issue for consumers in ensuring the delivery of safe, high quality, and culturally appropriate health services.⁴

The College and the Australian Medical Association maintained that it is important that standards of surgical services in Australia are not compromised, while recognising that there is a need to address workforce shortages and access issues.⁵ The Urological Society of Australasia’s submission also supported this view:

Safety in surgery is the paramount surgical standard to be considered. Access to surgeons is an important consideration, especially in less populated areas, but access to surgical services must never be achieved at a cost of safety.⁶

Several submissions identified principles that should guide the review and the College’s assessment process.⁷ The Review Committee found the suggestions regarding these principles useful. It noted, in particular, views to the effect that the process should:

- ensure safety and competence, and include assessment of performance
- be consistent with the intended scope of specialist practice
- be relevant to Australian conditions
- not impose different standards for overseas-trained surgeons than those for Australian-trained surgeons and prospective trainees
- follow general principles of objectivity, transparency, relevance, consistency, timeliness and affordability (including the appeals process)
- have in-built feedback mechanisms for candidates, including reasons for decisions.

These principles have helped to inform the Review Committee's consideration of the terms of reference for the review, and issues raised in relation to specific aspects of the assessment process.

Specific aspects of the assessment process

The College's submission argued that the College should continue to have a role in all aspects of assessing the credentials of overseas-trained surgeons and ensuring the maintenance of professional standards.⁸ Several other bodies supported this view, on the basis that the College has the expertise required for these tasks.⁹ The jurisdictions noted that the College's process appears to achieve 'outcomes in terms of the safety and quality of patient care' but that there is no information available to assess the standard or validity of assessment process outcomes.¹⁰

Submissions identified a number of areas of concern, or improvements needed, relating to:

- the information available regarding the assessment process
- how assessments should be undertaken
- how assessment criteria should be applied
- who should be involved in undertaking assessments
- outcomes of assessment
- appeals against decisions.

Lack of information about the assessment process and requirements was seen as an issue affecting employers, overseas-trained surgeons seeking to practise in Australia and the public. Submissions called for improved documentation of assessment processes and protocols and improved approaches to making this information available publicly.¹¹ For example, the jurisdictions indicated that information should be expressed clearly, with reference to the standards of performance expected for each category of surgeon.¹²

Several submissions identified a need for the assessment process to be objective, fair and transparent, with sound, clearly defined criteria and assessment mechanisms.¹³ The jurisdictions suggested the assessment process should be 'transparent, competency based, objective, efficient and available to applicants in a timely and cost effective manner'. They also suggested that assessment tools used in the process should be 'robust and resistant to claims that examiners are not impartial'.¹⁴

The Rural Doctors Association of Australia further stated:

Assessment processes must be explicit, robust, fair, transparent and consistent – and must appear to be so.¹⁵

Concerns regarding the objectivity and transparency of the College's assessment process could be addressed by reviewing the membership of assessment panels. While a number of submissions stressed the importance of qualified surgical staff being involved in the assessments, there was also support for wider involvement on assessment panels, including jurisdictional and community-based representatives.¹⁶ Consumer interest in these matters was highlighted by the Consumers' Health Forum of Australia, which commented on the need for consumers to be involved in 'standards setting, accreditation and re-accreditation of health professional courses'.¹⁷

The jurisdictions noted that they consider having an impartial appeals process to be an important component of the assessment process.¹⁸ The Review Committee also regarded a robust appeals process as an essential component of the assessment process. It noted that the College's appeals process has been revised to take account of the requirements of the ACCC.

Improving awareness of the progress and possible outcomes of assessments would also help to improve transparency of the process. The Rural Doctors Association of Australia argued that feedback mechanisms should be built into the system to ensure that the status of applications is clear to all interested parties at all times.¹⁹

Some submissions identified the efficiency, timeliness and cost of the process as significant issues. The Australian Medical Association indicated that the assessment process should involve 'a minimum of red tape and bureaucracy', and argued that it is important to enable overseas-trained doctors to enter the workforce as quickly as possible to avoid loss of skills during processing.²⁰ The Rural Doctors Association of Australia noted a need to 'avoid undue delay and cost'. Similar concerns were identified by the jurisdictions.²¹

The jurisdictions identified the time taken to achieve recognition as a College Fellow, due to College requirements for additional training and assessment, as a source of concern. Their submission stated that the pathways to Fellowship requirements should be made clear to applicants. They also suggested that, where an overseas-trained surgeon is able to show the required level of competency sooner than anticipated in the original assessment, that surgeon should be able to access Fellowship more quickly.²²

Some of the concerns identified in submissions may have been addressed through changes made to College processes to implement the requirements of the ACCC's Final Determination and the recommendations in the AMC Accreditation Report, and through separate College initiatives. Nevertheless, it appears that further work will be necessary to address the concerns identified above. The Review Committee noted that, in its submission, the College expressed its willingness to revise its processes to take account of the findings of this review.

Other issues

The Australian Medical Council suggested that national mechanisms for specialist assessment could be developed, incorporating a national standardised pre-employment assessment process, a national assessment body, and a central body to provide independent oversight of assessment and registration processes.²³

The Review Committee considers that these proposals exceed its terms of reference, which only relate to the assessment of overseas-trained surgeons.

The intent of the AMC proposals could, however, be translated into College processes. For example, establishing a unit within the College that is specifically responsible for managing the processes for assessing overseas-trained surgeons, for all surgical specialties, and held accountable for the performance of the process (through external

oversight) could aid in addressing external stakeholders' concerns regarding the consistency, transparency and objectivity of College assessments.

The test for assessing overseas-trained surgeons

Current test

In accordance with the terms of reference, the Review Committee has considered:

*[W]hether the test used to assess overseas-trained surgeons should be 'equivalence, substantial comparability, competence, or some other test'*²⁴

As outlined in Chapter 3, the established test for assessing overseas-trained specialists is whether the 'applicant is assessed by a specialist medical college as having training and experience equivalent to that of an Australian-trained specialist currently entering the Australian workforce'.²⁵ However, the College currently applies a test of 'substantial comparability' in performing assessments of overseas-trained surgeons seeking recognition to practise as surgeons in Australia.

The test for assessing overseas-trained specialists wishing to occupy designated Area of Need positions differs from the test for the 'standard pathway' described above. For Area of Need positions, Medical Boards are able to grant conditional medical registration to an overseas-trained specialist selected as suitable for consideration for employment in the position, with reference to the particular requirements of the position. Conditions attached to such registration usually include restrictions concerning the location, duration, nature and extent of practice, and arrangements for supervision and ongoing assessment.²⁶

A number of stakeholders to this review provided views on the perceived strengths and weaknesses of the various tests outlined in the terms of reference:

- equivalence
- substantial comparability
- competence, or
- some other test.

Equivalence

The test of 'equivalence' was broadly interpreted to require that qualifications and training of an overseas-trained specialist be effectively the same as or 'equal to' those of an Australian-trained specialist.²⁷

Some submissions indicated support for a test of equivalence in assessing the suitability of an overseas-trained surgeon for recognition to practise as a specialist in Australia.²⁸ Generally this support reflected a concern that any other test would undermine the quality of surgical services, and result in a 'two-tiered' system between local trainees/consultants and overseas-trained surgeons.²⁹ It was argued that, if clinical equivalence is not established, the maintenance of high surgical standards in Australia would be undermined.³⁰

The University of Melbourne stated that ‘the concept of ‘equivalence’ should be paramount, whatever the category of overseas-trained surgeon’ and indicated that the standard should not be compromised by Area of Need requirements.³¹

Qualified support for a test of equivalence was given by the Medical Board of New South Wales, the Australian Medical Association and the Australian Health Insurance Association.³²

The Medical Board of New South Wales expressed the view that ‘if an overseas-trained surgeon is to be given registration to practise in any site or location within the surgical field, without supervision or oversight, the only acceptable test is equivalence’.³³ However, the Board also indicated that ‘a combination of substantial comparability and competence tests’ would be appropriate for assessing practitioners seeking to occupy Area of Need positions.³⁴ The Board suggested that there should be an assessment of the comparability of training and recent practice, along with assessment of procedural competence to determine the individual’s suitability for the particular position.³⁵

The Australian Medical Association (AMA) stated in its submission that overseas-trained surgeons ‘should be assessed on the basis of whether the training and practice they have undertaken overseas demonstrates an equivalent level of knowledge, skills and experience to that of a College Fellow’.³⁶ However, the AMA also indicated that it supported the College continuing to adopt a ‘flexible approach to the assessment of different categories of overseas-trained surgeons’.³⁷

The Australian Health Insurance Association (AHIA) also supported the test of equivalence, but expressed the view that equivalence should not be assessed against the skills of an entry level surgeon who, while having a very good understanding of general theory in their chosen field, may still require additional training to improve their technical skill and experience.³⁸ The AHIA did not specify what they considered would be the more preferable ‘benchmark’.

In addition to considerations concerning quality of surgical services, the AMA identified concerns regarding equity of access into the profession. The AMA submission noted that providing overseas-trained surgeons with a lower standard of entry to general specialist recognition would be unfair to locally trained surgeons, and those individuals who were unsuccessful in applying for one of the limited surgical training positions.³⁹

The Royal Australian and New Zealand College of Ophthalmologists indicated in its submission that it would require the performance of an overseas-trained specialist to be equivalent to that of an Australian-trained ophthalmologist, for the purposes of admission to Fellowship of the College.⁴⁰ However, RANZCO indicated support for competence as the appropriate test when assessing an overseas-trained specialist for the purpose of eligibility to practise ophthalmology in Australia.⁴¹

Other stakeholders, including the Medical Council of New Zealand, the Australian and New Zealand College of Anaesthetists, and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists argued that ‘equivalence’ is not the appropriate test for overseas-trained specialists.

The Medical Council of New Zealand indicated that ‘equivalence’ implies that an applicant will have the same training, qualifications and experience as a local graduate, and expressed the view that such a test is too restrictive.⁴² This view was echoed in the submissions of the Australian and New Zealand College of Anaesthetists, and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

The Australian and New Zealand College of Anaesthetists stated in its submission that ‘for anaesthesia, equivalence is not appropriate, since each country’s program differs from our own in duration, content and assessment’.⁴³

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, indicated that it ‘has recognised that a rigid insistence on precise equivalence is neither fair nor feasible because very few countries require the full six years of O&G training stipulated by the College in Australia and New Zealand’.⁴⁴

With the significant degree of variation between specialist training programs in different countries, a test of equivalence would be very difficult to satisfy. Yet this does not necessarily mean that a practitioner who completed training in another country would not be a competent surgeon.

The Review Committee notes that a number of organisations in Australia involved in the assessment process for overseas-trained specialists have identified difficulties associated with applying a test of equivalence, shifting their emphasis from equivalence to comparability or competency/performance-based assessment.

Substantial comparability

The College submission expressed support for a test of substantial comparability, indicating that it is, in fact, the test the College currently applies to overseas-trained surgeons seeking to practise in Australia.

The College expressed the view that equivalence is not an appropriate measure of the surgical capacity of an overseas-trained surgeon, as it could ‘imply assessment not only for equivalence in the *level* of surgical competence, but also the *specifics* of the *type* of surgical competence [and] unfairly raise the bar above what the College believes are appropriate skills, knowledge and experience’.⁴⁵

The test of substantial comparability was described by the College as requiring the overseas-trained surgeon to have ‘substantially comparable qualifications’ and ‘surgical competence’ to provide safe and effective health care.⁴⁶

The College indicated that whether or not qualifications are deemed substantially comparable is often based on earlier determinations (where it involves qualifications from countries from which the College often receives applications for assessment). Otherwise it may require research into the qualifications or systems in the country where the applicant trained, or further assessment of individual skills.⁴⁷

College processes for surgical competence include assessment of general skills and specialty-specific skills. The purpose of such assessment is to determine whether the overseas-trained surgeon has the:

- knowledge to identify the need for appropriate therapeutic procedures
- experience to perform clinical care in an effective and evidence-based manner
- skill to be able to perform appropriate therapeutic procedures safely
- capacity to design and carry out effective management plans
- ability to work within a multidisciplinary team and communicate effectively
- willingness and skills to undertake continuous professional development including peer review, audit and critical appraisal of literature.⁴⁸

The College argued that it should continue to assess for substantial comparability between the skills, knowledge and experience of overseas-trained surgeons and the accepted standards of surgical practice of the College.⁴⁹

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists submission also expressed support for a test of substantial comparability, which is the test that this College currently applies when assessing overseas-trained specialists.⁵⁰

The New Zealand Medical Council indicated in its submission that it seeks advice from the relevant branch advisory bodies or Colleges regarding the ‘comparability of an individual overseas-trained doctor’s qualifications, training and experience against that of a New Zealand-trained doctor in that branch of medicine or specialty’.⁵¹

In commenting on this issue, the Council also highlighted the importance of ensuring alignment between the requirements of assessment processes in Australia and New Zealand. It identified that the College of Surgeons and a number of other specialist colleges are Australasian, thus any changes made in Australia could affect New Zealand.⁵²

The Council also noted that many overseas-trained doctors move between Australia and New Zealand and problems can arise if the two registration and assessment systems are not aligned. It indicated that doctors with ‘conditional registration’ (i.e. under New Zealand temporary registration category, or Australian Area of Need category) could take advantage of the differences between the systems to attempt to gain full registration.⁵³

Competence

A number of stakeholders rejected both equivalence and substantial comparability as the appropriate test and expressed support for a competency-based approach to the assessment of overseas-trained specialists. Specific support for a test of competency or ‘fitness for task’ was expressed by the jurisdictions, the Australian Medical Council, and the Royal Australian and New Zealand College of Ophthalmologists.

The Review Committee has interpreted a test of competency as one that examines the skills and knowledge of an applicant against a set of criteria relating to the competencies required to practise surgery at a defined level (i.e. full specialty or sub-specialty practice).

The AMC expressed the view that ‘any assessment process for overseas-trained specialists, including specialist surgeons, should be performance based and should take

into consideration the job description, the requirements of the specialty and the applicant'.⁵⁴

The jurisdictions also argued for the adoption of competency-based assessment as 'a more transparent and accountable process as it has explicit criteria/standards which are required to be met in order to demonstrate competency'.⁵⁵ The jurisdictions considered both equivalence and substantial comparability to be potentially problematic, on the basis that they are capable of being narrowly defined and applied in such a way that few individuals would be assessed as 'equivalent' or 'substantially comparable'.⁵⁶ The Review Committee noted, however, that both 'equivalence' and 'substantial comparability' could be seen as expressing a measure of attainment against a defined standard, which could be competency-based.

The College indicated that it has begun development of a competency-based framework for its training programs. It stated that these programs are directed towards the graduation of surgeons who are surgical experts and well-rounded professionals, with demonstrated ability in the College's core surgical competencies of:

- medical expertise – clinical decision maker
- technical expertise
- communication
- collaboration
- management
- health advocacy
- scholarship and teaching
- professionalism.⁵⁷

The College's current work includes developing explicit definitions of the levels and range of competencies required for different cohorts of surgical trainees in advanced surgical training.⁵⁸

Once competency-based assessment of Australian-trained surgeons is fully established, examination against a set of explicit competencies would appear to be an appropriate test for assessment of overseas-trained surgeons. However, at this time, such general competencies and related criteria exist only in the context of requirements defined for specific Area of Need positions, which are applicable only to the position in question.

As noted by the jurisdictions, development of criteria for assessment of overseas-trained surgeons wishing to occupy other types of positions could require substantial work, with detailed analysis of the occupational roles of a surgeon, by sub-specialty, and a breakdown of the work roles into discrete tasks.⁵⁹

Guidance on the development of processes for assessing competence for a particular scope of practice could be obtained from the *Standard for Credentialling and Defining the Scope of Clinical Practice*, released in July 2004 by the Australian Council for Safety and Quality in Health Care.⁶⁰

This Standard defines 'credentialling' as the process undertaken by hospitals to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners, for the purpose of forming a view about their competence,

performance and professional suitability to provide safe and high quality medical services within specific environments.⁶¹ The Standard is designed to assist hospitals in undertaking credentialling, setting out the steps of the process and the issues to be considered.

In this process, the first step is the establishment of explicit criteria against which assessment is made, taking into account the scope of practice for which credentialling is sought. In this context, ‘scope of practice’ refers to the delineation of an individual’s clinical practice, based on their credentials, competence, performance and professional suitability.⁶²

Other tests

Other than the consideration of ‘fitness for task’, discussed earlier in relation to the possible test of ‘competence’, no submissions suggested any other kind of test for the assessment of overseas-trained surgeons.

Preferable test for different categories of registration

Following consideration of the preferable test for the assessment of overseas-trained surgeons, the Review Committee considered the categories of registration and examined:

[W]hich test is the preferable test for assessing overseas-trained surgeons seeking registration to practise in the following categories:

- *full registration to practise as a specialist in Australia;*
- *conditional registration to practise within a limited area of specialisation or sub-specialty practice; and*
- *registration to practise in an Area of Need*

In calling for submissions, the Review Committee sought comment regarding whether a different test, or tests, should be used when assessing each category of overseas-trained surgeon, or if a common approach should be used. Comments as to how any alternative tests may be applied for each group were also invited.

Submissions canvassed issues related to the appropriateness of having different registration categories, and the appropriateness of applying different tests for different registration categories.

Definition of categories

In considering these issues, the Review Committee first considered how the categories described in the terms of reference should be interpreted for the purposes of the Review.

There are, in effect, only two categories of registration relevant to this review: registration without conditions or conditional registration (as described in Chapter 3). Unless they are graduates of an AMC-accredited Australasian medical school or have successfully completed AMC examination requirements, overseas-trained surgeons are only eligible for registration with conditions (referred to as ‘conditional registration’). Accordingly, categories in the terms of reference have been interpreted as follows:

Full registration to practise as a specialist in Australia: Conditional registration, with conditions permitting practice in the full scope of a recognised surgical specialty or sub-specialty, independently and unsupervised.

Conditional registration to practise within a limited area of specialisation or sub-specialty practice: Conditional registration, with conditions that would include limiting practice to part of a recognised surgical specialty, or part of a sub-specialty within a recognised surgical specialty.

Registration to practise in an Area of Need: Conditional registration, with conditions limiting the scope of practice to that specified for a particular, declared Area of Need position in a particular location, and related limitations (including assessment and practice oversight requirements).

The appropriateness of employing different categories of registration

Overall, the majority of submissions that commented on this issue, directly or implicitly, indicated support for retaining registration for different categories, along the lines outlined above.⁶³ The current arrangements are seen as providing flexibility to meet the need for access to services and to accommodate differences in individuals' experience or intended scope of practice, subject to appropriate conditions being placed upon the registration.

However, there are concerns that, in achieving this flexibility, the quality of services provided to patients should not be compromised. For example, the Rural Doctors Association of Australia argued that standards should not be lowered merely to address workforce issues.⁶⁴

There were also concerns that it would be unfair to apply a different (lesser) standard to overseas-trained surgeons than to Australian-trained surgeons and trainees,⁶⁵ or that there is a risk of developing different standards of service for different service locations.⁶⁶

The Australasian Society of Cardiac and Thoracic Surgeons (ASCTS) submission indicated that the Society does not support different categories of registration for surgeons. The submission argued that as all Australian-trained cardiothoracic surgeons are required to undertake broad-based training in all aspects of cardiothoracic surgery, those trained overseas should be required (with rare exceptions) to demonstrate the same level of training.

The ASCTS also expressed concerns that allowing registration for practice within a limited specialty area could lead to difficulties 'if the surgeon concerned is given the right to practise elsewhere in a different type of practice'.⁶⁷

The appropriateness of applying different tests for different categories

Stakeholders who supported having different categories of registration also commented on the appropriateness of applying different tests when making assessments for different categories of registration, and what those tests should be.

In some submissions, the primary distinction between categories was drawn between two groups: those seeking registration to practise in Area of Need positions, and those seeking registration to practise elsewhere.⁶⁸ There was an acceptance that different tests and/or

different criteria might be applied to those being assessed for the purpose of registration to practise in Area of Need positions, corresponding to the defined requirements of the position and on the understanding that conditions placed on the registration would restrict practice accordingly.

As discussed previously, the New South Wales Medical Board submitted that tests should be applied differently, depending on the category of registration for which assessment is sought.

The Urological Society of Australasia argued that there should be a common approach to assessing all overseas-trained surgeons, with flexibility to enable applicants to progress to a different category of eventual employment to that for which the applicant originally applied. Under the approach outlined in the Society's submission, the criteria on which assessments are based and the assessment approach used would vary according to which of three categories the applicant falls into: trainees from overseas, surgeons from overseas (full specialty practice), or conditional surgeons from overseas (particular positions, limited surgical practice).⁶⁹

The jurisdictions stated that the availability of Area of Need specialists is an important factor in ensuring service delivery in areas of workforce shortage, and were supportive of different categories of registration being available for overseas-trained surgeons.⁷⁰ Their submission argued that the process adopted for all registration categories should ensure consistency in the level of detail and rigour of assessments, with assessments limited to factors that relate to the competency and performance of the overseas-trained specialist.⁷¹

Some comments on the appropriate approach to assessment of overseas-trained surgeons for Area of Need positions had clearly been influenced by work being undertaken by the Australian Government Department of Health and Ageing, in relation to streamlining the assessment process for specialists in Area of Need positions, across all specialties.⁷² Following a workshop in March 2004, the Department proposed that the assessment of applicants seeking registration to work in Area of Need positions be determined by which of three categories they fall into:

- | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Category 1 | Overseas-trained specialists with pre-recognised training and qualifications. Employer assessment to determine fitness for task against criteria for the position and provide advice directly to the Registration Board |
| Category 2 | Overseas-trained specialists with a strong track record and verifiable qualifications and experience. Verification of track record and qualifications against criteria for the position, employer assessment against the criteria, with some College involvement (eg structured interview involving employer and a peer appointee from the relevant College). |
| Category 3 | Overseas-trained specialists whose fitness-for-task for the Area of Need position is unclear. Colleges to develop streamlined assessment processes, involving verification of credentials, structured interview (including employer and outside expertise), and performance/skill assessment (also with employer and outside expertise). |

The Department of Health and Ageing has been working with specialist medical colleges to develop a list of ‘acceptable qualifications’ to be recognised as being of comparable standard to those gained in Australia, for the purposes of Category 1 assessment under the Department’s proposed model for Area of Need assessments.

The Australian Medical Council suggested in its submission that this work had overtaken the work of the Review Committee to some extent, and that its ‘focus on ‘fitness for task’ and recognition of relevant prior training and experience have implications for the assessment of overseas-trained surgeons to undertake full (independent) specialist practice’.⁷³ The Review Committee noted that the work being done by the Australian Government Department of Health and Ageing is ongoing, and would be relevant to consideration of findings and recommendations arising from this review.

Summary

It appears that there is general support for, or acceptance of, continued use of different categories of conditional registration for overseas-trained surgeons, along the lines of those in the terms of reference.

While views varied as to the appropriate test, submissions emphasised the importance of ensuring that the applicant is competent to provide the type of surgical services covered by the category of registration sought. Assessments therefore need to take into account the ability of the applicant to provide surgical services encompassed by the intended scope of practice, taking into account factors such as whether practice is to be independent and unsupervised or provided under supervision. The registration conditions would then reflect the outcomes of this assessment.

Applying the test to individual overseas-trained surgeons

The Review Committee has examined for each potential test:

- *the characteristics of an overseas-trained surgeon that would be examined for each test (for example, work experience, training and academic qualifications);*
- *the factors that would be relevant to assessing these characteristics – for example, the factors relevant to assessing the quality of an overseas-trained surgeon’s qualifications, training or work experience;*
- *the justification for these factors. If some factors are inherently more important than others, this should be explicitly recognised.*

Introduction

The College, and other parties, made a number of proposals regarding how the assessment process should be applied to overseas-trained surgeons, and suggested a range of characteristics and factors to be considered in assessing individual overseas-trained surgeons.

A small number of submissions provided detailed statements about factors to be assessed. However, most provided more general feedback in relation to the application of the assessment process. Generally, submissions did not address the issue of appropriate standards to be applied for the characteristics and factors assessed.

The Review Committee considers that it is not in a position to judge the relative importance or validity of suggested characteristics and factors for the assessment of surgical competency. The Review Committee considers that this is a matter for the College, which has the necessary expertise. The Committee has therefore focussed on considering the appropriate factors and characteristics to examine when assessing overseas-trained surgeons. In doing so, it has taken account of the views canvassed in previous sections of this chapter, regarding the minimum requirements for the process and the appropriate test to apply to different categories of surgeons.

Characteristics and factors assessed by the College

As outlined earlier in this chapter, the College currently assesses overseas-trained surgeons using a test of substantial comparability, determined with reference to the applicant's qualifications and 'surgical competence'. For assessments for Area of Need positions, the process includes determination of fitness-for-task, matching the overseas-trained surgeon to the position description as provided by the employer.⁷⁴

The College's current assessment processes are described in detail in Chapter 3. In summary, the College submission indicated that the assessment of surgical competence aims to determine whether the overseas-trained surgeon has the:

- knowledge to identify the need for appropriate therapeutic procedures;
- experience to perform clinical care in an effective and evidenced-based manner;
- skill to be able to perform appropriate therapeutic procedures safely;
- capacity to design and carry out effective management plans;
- ability to work within a multidisciplinary team and communicate effectively; and
- willingness and skills to undertake continuous professional development including peer review, audit and critical appraisal of the literature.⁷⁵

As described in the College's submission, the tools used in its initial assessment process are:

- paper-based assessment of surgical competence (including academic qualifications, training, referee reports, evidence of audit and continuing professional development, publications, honours and awards)
- semi-structured interview assessment of surgical competence (e.g. problem-solving, ethical scenarios, medico-legal scenarios, communication skills, cultural awareness).⁷⁶

Subsequent practice assessment is also an important part of the College assessment process, particularly for assessing surgical competence prior to admission to Fellowship.⁷⁷ The aim of practice assessment is to validate professional competence and clinical expertise within the Australian workplace.⁷⁸

The general matters considered at each stage of the assessment process are:

Paper-based assessment

- comprehensive curriculum vitae
- full details of the applicant's training including basic sciences and clinical surgical experience
- details of surgical posts held by the applicant
- certified copies of undergraduate medical degree and any post graduate qualifications (particularly surgically related)
- details of specialist practice including the location, nature and duration of the specialist practice including:
 - a letter from the privileges/credentialling committee of the hospital in which they practiced and an audit for at least their most recent year of specialist practice, and
 - the names and current contact details of three relevant referees who have recently worked with the applicant.⁷⁹

Semi-structured interview

- the ability to act ethically, responsibly and with honesty
- the ability to perform realistic self assessment
- the ability to contribute effectively as a member of a health care team
- effective spoken communication
- knowledge of the Australasian health care system.⁸⁰

Practice assessment

- demonstration and consolidation of clinical knowledge, skills and practice
- demonstration of 'acclimatisation' and capacity to practise in the Australian health system safely and effectively.⁸¹

Developments in the College's training curricula

The College has begun development of revised training curricula for surgical training, directed towards the graduation of surgeons who are both surgical experts and well-rounded professionals.⁸² Development work is based on identified core surgical competencies, across the domains of:

- medical expertise
- technical expertise
- communication
- collaboration
- management
- health advocacy
- scholarship and teaching
- professionalism.⁸³

It is anticipated that this work will affect the competencies assessed for overseas-trained surgeons.

Characteristics and factors identified in the submissions

In general, the characteristics and factors identified in submissions were in line with those currently assessed by the College.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) indicated that its approach to assessment is most accurately described as assessing substantial comparability.⁸⁴ The assessment process involves an initial assessment of documents supplied by the AMC, followed by an interview of appropriate candidates.⁸⁵

Characteristics considered in the assessment are comparable to those expected of an Australian-trained specialist, as defined in the RANZCOG curriculum:

- clinical expertise (combining medical expertise and effective communication)
- academic abilities (comprising self-learning and research abilities and the capacity to teach) and
- professional qualities (encapsulating management responsibilities, practice review and development, team work, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy).⁸⁶

The standard selection criteria used by RANZCOG for the assessment of overseas-trained specialists include:

- appropriate primary and postgraduate qualifications recognised by the relevant state or territory medical board
- membership of appropriate boards or colleges of obstetricians and gynaecologists in the candidate's native country
- fully documented evidence of ability to provide specialist standard clinical obstetric and gynaecological in-patient service
- fully documented evidence of ability to provide privately referred outpatient consultancy/procedural obstetric and gynaecological service, including antenatal clinics
- awareness of specialist role of health advocate
- a firm commitment to performing in accordance with cultural norms accepted in Australia, specifically in terms of Australian women's cultural expectations of the specialist-patient relationship
- demonstrated awareness of key medico-legal issues
- a work history which demonstrates a strong commitment to multidisciplinary teamwork
- evidence of managerial or supervisory expertise
- specific training and experience in all core obstetric and gynaecological surgical procedures
- applicant has met the AMC English Language Proficiency requirement.⁸⁷

The jurisdictions argued in their submission that the College 'should apply characteristics for overseas-trainees surgeons in a similar way to characteristics assessed for advanced surgical trainees',⁸⁸ and put forward the following characteristics to be considered as part of the assessment process:

- skills competency
- clinical knowledge, as related to the specific position or areas of sub-specialty practice
- work experience, including level of responsibility for clinical decision making

- research and/or teaching experience and clinical publications for positions that specifically require teaching and/or research
- suitable level of communication skills/professional English language competency
- interpersonal, communication skills and the ability to work as part of a team of individuals with diverse experiences and personalities.⁸⁹

The jurisdictions also expressed the view that competency-based assessment should be implemented as soon as possible.⁹⁰

The New South Wales Medical Board submission identified the following factors for assessment:

- undergraduate experience and qualifications (to ensure the applicant has learnt the same clinical method as used across Australia)
- post-graduate experience and qualifications (to ensure performance is likely to be equivalent to an Australian-trained surgeon)
- recent work experience (to ensure that the applicant has practised in communities and institutions that are comparable with those found in Australia)
- awareness of recent issues and controversies in surgical practice (to ensure the applicant has the ability to discuss with patients the various options for diagnosis and treatment, with a full understanding of the current debate within both the medical and general communities)
- awareness of local disease patterns (to ensure the applicant can make appropriate diagnoses or to give counselling and advice).⁹¹

The Review Committee notes that many of the factors identified by the New South Wales Medical Board reflect those currently assessed or suggested in other submissions. However, the Committee notes that requiring recent work experience ‘in communities and institutions that are comparable with those found in Australia’ would be a difficult standard to meet. The Review Committee agrees with those submissions arguing that the assessment of clinical knowledge should be based on its appropriateness for the scope of practice.

Particular characteristics

The need for appropriate surgical education and training, comparable to that gained by Australian-trained surgeons, was widely accepted across submissions.⁹² Surgical experience was also recognised as an important characteristic to assess. The Review Committee notes that there are two elements to the consideration of surgical experience: the quality of the experience (covering aspects such as the type of surgical services provided, complexity and relevance to the intended scope of practice), and recency of experience (whether the applicant has, in recent years, performed surgical services that are relevant to the intended scope of practice). In addition to this factor, a number of submissions highlighted particular professional attributes to be assessed.

The Postgraduate Medical Council of Victoria, Australian Health Insurance Association, Rural Doctors Association of Australia and University of Melbourne indicated that appropriate communication skills are a particularly important consideration.⁹³

Applicants’ familiarity with the Australian conditions – the health care system, procedures and techniques – and cultural issues were also highlighted in a number of submissions,

including those from the Urological Society of Australasia, Royal Australian and New Zealand College of Ophthalmologists, the jurisdictions and the New South Wales Medical Board.⁹⁴

Other skills and attributes identified as important factors for assessment were:

- the level of responsibility for clinical decision making⁹⁵
- ability to work as part of a team of individuals with diverse experiences and personalities⁹⁶
- professional communication, team work, advocacy, managerial skills and cultural issues.⁹⁷

Evidence of participation in continuing professional development programs was cited as a factor that should be assessed, as evidence that the applicant had not been out of the surgical profession for substantial periods of time.⁹⁸

Categories to be assessed

Although the terms of reference specify that the Review Committee should consider factors to be assessed and characteristics to be assessed for each factor, the submissions tended not to follow this structure.

The Review Committee considers that the factors advanced in the submissions broadly relate to four general characteristics:

- comparability of education and training
- recency of relevant practice
- quality of experience
- professional skills and attributes.

The Review Committee considered that characteristics and factors to be examined would remain the same whichever test is adopted, although there may be variations in the standard against which each is assessed, and the method of assessment.

The Review Committee noted that the terms of reference require that justification be given for the characteristics and factors to be assessed, and a determination of their relative importance. However, these judgments require expertise in surgical education and assessment and an understanding of the requirements of surgical practice across the surgical specialties. It would be more appropriate for the College to consider the suggested characteristics and related factors, their justification and their relative importance, as part of its work on developing a competency-based framework for surgical assessment and improving assessment processes.

Automatic exemption from surgical training

The terms of reference require the Review Committee to:

[E]xamine whether persons who have completed particular overseas training programs could be automatically exempted from being required to undertake advanced surgical training.⁹⁹

In considering this term of reference, the Review Committee noted that the College already exempts some overseas-trained surgeons from basic surgical training, on the basis of surgical qualifications and/or experience gained outside the College assessment process.¹⁰⁰

Also, as previously discussed, the Australian Government Department of Health and Ageing is developing an approach to recognising overseas qualifications as ‘acceptable qualifications’ for the purposes of assessing the suitability of overseas-trained specialists for Area of Need positions. This work commenced following a workshop held in March 2004 as part of moves to streamline the Area of Need assessment process.

The Review Committee noted that a number of submissions appeared to have been influenced by this work, and that it would need to take account of these developments in its deliberations.

Support for automatic recognition

The possibility of exempting overseas-trained surgeons from some advanced surgical training and examination processes was addressed in a significant proportion of submissions. In general, submissions appeared to support this approach, although some concerns were identified which indicated that, if adopted, it would need to be implemented with care. No submissions commenting on this issue specifically opposed the possibility of exempting some overseas-trained surgeons from further training or assessment if they have completed particular surgical training programs.

Although few submissions commented specifically on the basis of their support for this approach, it appeared that most considered that it would aid in improving the efficiency of the assessment process and addressing other issues identified.

For example, the Rural Doctors Association of Australia indicated that:

Australia is currently facing grave shortages of healthcare professionals in all disciplines, but the situation is particularly serious in rural and remote areas...in an increasingly competitive international market, OTDs will continue to provide a valued and valuable component of the workforce. RDAA therefore supports ... initiatives designed to recruit and support more Overseas Trained Specialists (OTSs), including surgeons.¹⁰¹

In many instances, the support was qualified. Concerns expressed related mainly to ensuring that standards required for safe and competent practice would not be adversely affected. Suggestions were advanced to ensure that processes to maintain standards would not be compromised.

The College expressed support in principle for the possibility of granting automatic exemption from surgical training:

The College is prepared to consider, under certain circumstances and with appropriate conditions attached, automatic recognition of qualifications from some countries with comparable surgical standards.¹⁰²

The Australian Medical Association suggested that while the College ‘should explore opportunities for the mutual or unilateral recognition of overseas qualifications’, ‘sophisticated policies’ should govern the processes used to recognise prior learning. The AMA also suggested that it should be ‘a collaborative process and involve other stakeholders’.¹⁰³ This is consistent with other views expressed to the Review Committee about wider stakeholder involvement in the overall assessment process.

The jurisdictions considered that the College might be guided by reciprocal arrangements developed by other Colleges, suggesting that the process should be ‘simple, transparent and inexpensive’.¹⁰⁴

There was support for granting of automatic exemption to overseas-trained surgeons applying for Area of Need positions, if qualifications, skills and recency of practice match the requirements of the position. Facilitating automatic exemption for this group was seen as a way of streamlining the Area of Need process.¹⁰⁵

Monash University and the University of Melbourne were reserved in their support for automatic exemption, with Monash University supporting it only in exceptional circumstances.¹⁰⁶ The University of Melbourne’s support was qualified by stating that automatic exemption should only be considered for ‘surgeons of eminence’.¹⁰⁷

However, the University of Melbourne also stated that identifying appropriate overseas qualifications should not pose such a significant challenge, in that in most overseas countries, the training systems are ‘well known and easily investigated’.¹⁰⁸

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) provided some insights into their experience with assessing overseas training programs. Between 1999 and January 2004, RANZCOG identified 112 overseas qualifications that are ‘at least equivalent to an Australian-trained specialist’.¹⁰⁹ Despite having done so, they state in their submission that they have not been able to assess enough overseas-trained surgeons from any one program to be able to grant automatic exemption.¹¹⁰ It appears that assessing programs individually does not necessarily enable assessment bodies to have confidence in those assessments unless a significant number of overseas-trained surgeons have presented for assessment.

A similar perspective was stated by the Australian Health Insurance Association, which argued that:

It should not be automatic that, because a training program is considered adequate then all graduates of that program would be automatically viewed as adequate.¹¹¹

However, it could be observed that this would be equally true of graduates from any educational program.

The Australian and New Zealand College of Anaesthetists stated that, having once recognised some overseas qualifications, they no longer do so due to concerns they have that such an approach may attract accusations of discrimination.¹¹²

The Review Committee notes that this is a concern held by a number of specialist colleges, and appears to be based on past outcomes of legal challenges to decisions.

The Australian Medical Council noted that:

In the absence of any legislative basis, any proposal for automatic recognition needs to be thoroughly documented, based on technical evidence relating to standards and, if possible, underpinned by an independent accreditation program if it is to avoid legal challenge.¹¹³

The Review Committee notes that there is an existing example of automatic recognition that appears to be successful. The Royal Australian College of General Practitioners allows eligibility for Fellowship, without further training, examination or time requirements, to holders of some overseas qualifications, while they choose to work in the Australian general practice setting.¹¹⁴

While noting the reservations expressed in some submissions, it appears that recognising qualifications as a basis for automatic exemption of overseas-trained surgeons from advanced surgical training is achievable and acceptable, and may help to improve the assessment process. However, the process would need to be clearly based on principles of fairness, transparency and objectivity. In order to gain acceptance for any list of recognised qualifications, the process of identifying those qualifications would need to include both College and wider representation.

Additional training needs of overseas-trained surgeons

Introduction

The Review Committee has examined:

[F]or overseas-trained surgeons assessed by the College as requiring additional training short of completing the College's training program in full, what processes could be established to ensure that this limited training is available.

Through the assessment process, the College may determine that an overseas-trained surgeon will require additional training in order to be assessed as 'substantially comparable' to an Australian-trained surgeon. As noted in Chapter 3, applicants may be required to successfully gain entry to and complete the entire College training program, both basic and advanced surgical training. Alternatively, they may be assessed as requiring full advanced surgical training. In these circumstances, they must gain entry to the relevant advanced surgical training program, through open competition, and successfully complete its requirements. It is understood that these individuals are not covered by this term of reference.

Rather, it is intended that the Review Committee consider options for providing training to meet identified needs of individual overseas-trained surgeons, where the College's assessment indicates that they need some limited 'top-up' training or assessment of practice in order to be considered 'substantially comparable' to an Australian-trained surgeon. This group also includes overseas-trained surgeons who are assessed as 'substantially comparable' but need to complete specific training courses, gain specified surgical experience, or undertake a period of on-site assessment of professional practice, before the College confirms the assessment outcome.

Key issues raised in submissions related to the processes for identifying the need for additional training, determining options for meeting identified training needs, and funding implications.

Identifying the need for additional training

An initial issue is that the need for, or purpose of, the training or assessment is not always clear to the overseas-trained surgeons themselves or to employers. In their submission, the jurisdictions noted that the College ‘has not been required to justify in detail the extent of training required, or why it is required’.¹¹⁵

Concerns regarding the transparency and objectivity of the assessment process, as discussed earlier in this chapter (see Minimum Requirements), may be compounded by this lack of information about the purpose of the additional training or assessment. College processes require that the applicant develop a training plan in conjunction with the Fellow appointed to supervise/assess them during the period of training or practice oversight.¹¹⁶ However, it appears that this may not be sufficient to address these concerns.

Also, without some specific indication of what skills or knowledge the individual needs to gain and demonstrate through the additional training or experience, identifying suitable training courses or positions and ensuring that any on-site assessment is relevant to the requirements could be made more difficult.

Meeting identified training needs

Ensuring that training requirements are necessary and relevant is particularly important given that applicants required to undertake formal training as a result of the College assessment must compete with Australian trainees for places in College programs, and additional training opportunities are limited. The Australian Medical Council (AMC) noted that, as there are a limited number of training positions available in College programs, any requirement to undertake such training would be ‘tantamount to a negative assessment outcome’.¹¹⁷ Options for overcoming these limitations by meeting the specific training needs of overseas-trained surgeons therefore need to be considered.

The AMC submission argued that addressing the shortage of suitable training positions would require increased cooperation between the College and state governments, to ensure that more training positions are accredited.¹¹⁸ Also, alternative training models, designed to meet the needs of overseas-trained practitioners, could be developed by governments in conjunction with the specialist medical colleges, medical schools, health consumers and other relevant stakeholders.¹¹⁹ These options were advanced in the context of the AMC’s arguments for a national assessment and training model, covering all medical specialties, but are also relevant for overseas-trained surgeons.

One possible approach, suggested in some submissions, is to create additional training posts specifically to assist overseas-trained surgeons to fulfil identified requirements for assessment and training.¹²⁰

The College proposed the creation of flexible ‘top-up’ and ‘assessment’ posts in which overseas-trained surgeons would be placed to gain experience in ‘an aspect of surgical skill, knowledge or experience’ or undergo further assessment of surgical competence,

respectively.¹²¹ The posts would be located in hospitals capable of providing the necessary training, support, and clinical experience. They would be structured around the College's identified surgical competencies and the needs of individual overseas-trained surgeons. Existing training posts that have been left temporarily vacant by trainees, or positions that have failed to meet post accreditation requirements, could be used for this purpose. Alternatively, such posts could be created and funded specifically as posts for overseas-trained surgeons.¹²²

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists also proposed the establishment of 'up-skilling/assessment posts', as a solution to providing more assessment and training opportunities for those overseas-trained specialists 'who have not had quite the equivalent training of an Australian-trained specialist and yet have considerable and broad experience at the post-training level'.¹²³

The jurisdictions, the Australian Medical Association, and the New South Wales Medical Board all suggested that where specific up-skilling is required, 'top-up' training and bridging programs could be individually tailored to the needs of overseas-trained surgeons rather than requiring them to complete the College's formal training programs.¹²⁴

The jurisdictions argued that:

Where an applicant has had long experience in a particular sub-specialty [they] should not be required to undertake general surgical training rotations, rather assessment and subsequent training programs should be tailored to their needs.¹²⁵

The Rural Doctors Association of Australia suggested that consideration be given to creating more training opportunities in rural hospitals, providing 'a more acceptable supervised environment, which will also support the existing rural specialist workforce'.¹²⁶

The Review Committee understands that overseas-trained surgeons identified as requiring additional training sometimes experience difficulties in determining the availability of, and accessing, the required training and positions in which they can undergo assessment. This impedes their progress towards gaining eligibility to practise as a specialist surgeon. The Australian Medical Council submission notes that:

Many overseas-trained specialists are not familiar with the Australian health care system and simply navigating their way around the system to locate and secure a suitable training post is itself a significant challenge.¹²⁷

These difficulties could be addressed by developing individually-tailored training plans, based on specified training needs which would need to be clearly identified in the College assessments.¹²⁸ Further consideration will need to be given to who should be involved in preparing training plans to address the identified needs of individual overseas-trained surgeons. The College could assist the overseas-trained surgeons and their employers to develop suitable training plans, as part of its training, assessment and maintenance of professional standards activities. Alternatively, employers may be able to develop training plans in conjunction with individual overseas-trained surgeons and the College.

Submissions also recognised that the importance of providing continuing professional development and support for overseas-trained surgeons.¹²⁹ This includes providing

training, mentoring and individual support to aid their transition to the Australian health care system.¹³⁰ The Consumers' Health Forum of Australia suggested that consumers be consulted when designing professional development courses, to ensure that such programs reflect community needs.¹³¹

Continuing professional development is seen as a shared responsibility of individual surgeons, their employers, and the College. The College submission indicated that the College currently provides access to its maintenance of professional standards programs for overseas-trained surgeons undergoing assessment and professional support through the College and College Fellows.¹³² However, the College considers that employers should be responsible for providing access to alternative continuing professional development for overseas-trained surgeons who have not been assessed, or have not had any oversight, by College Fellows.¹³³

A number of options identified in submissions appear to be worthwhile and to warrant further development.

Funding additional training positions

Increasing the range of options for meeting the training needs of overseas-trained surgeons will require an investment of time and resources by those providing and financing the training. Several submissions identified funding as a crucial issue for providing improved training options for overseas-trained specialists.¹³⁴

The College noted that 'Top-up' and 'Assessment' posts "will not be trivial to create or identify", and that the provision of resources "would require cooperation between Fellows of the College and employers".¹³⁵

The Australian and New Zealand College of Anaesthetists stated that establishing a range of training opportunities for overseas-trained specialists will require considerable investment of resources, particularly to address salary and supervision costs, and identified medical indemnity as an issue that would also need to be addressed.¹³⁶

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists indicated that additional funding would be required, given the additional workload involved in providing this training. It also noted that the Australian Government had proposed initiatives to address these needs, including funding the creation of specific training posts for overseas-trained surgeons, but questioned whether the funding likely to be available would be sufficient.¹³⁷

The Urological Society of Australasia indicated that it could develop on-line training and assessment modules to address deficiencies in training and experience for those overseas-trained surgeons who may have gaps in their knowledge, but would expect financial assistance to do so.¹³⁸

The Review Committee recognises that funding such training is a significant issue but considers that identifying funding options is beyond the scope of the Review. It notes that a range of initiatives is already being developed to address the training needs of overseas-trained specialists, and that options identified in relation to overseas-trained surgeons could be considered under these initiatives.

Responses to the draft report

The Review Committee received twelve responses to its draft report, which are available on the Review's website at www.surgeonsreviews.info. Responses were provided by:

- Australian Doctors Trained Overseas Association
- Dr Mark Smith
- Australian Society of Otolaryngology – Head and Neck Surgery
- Australian Medical Association
- Royal Australian College of General Practitioners
- Medical Council of New Zealand
- Australian Medical Council
- Australian Orthopaedic Association
- Council for Safety and Quality in Health Care
- Australian Health Insurance Association
- Royal Australasian College of Surgeons
- Australian Health Workforce Officials Committee (AHWOC) on behalf of the jurisdictions

Comments received from key stakeholders focussed mainly on the implications of the Review Committee's draft recommendations relating to the proposed formation of the RACS International Surgical Assessment Unit, and the establishment of a new test for assessing overseas-trained surgeons examining 'competence for the relevant scope of practice'. A range of comments were made concerning the proposal that, pending the development of objective and measurable competency standards, the College should assess applicants on the basis of comparability with the competence expected of an Australian-trained surgeon undertaking the relevant scope of practice independently and unsupervised.

Other issues highlighted in responses included:

- the need for the College to develop competency standards, preferably with jurisdictional input and within a specified timeframe
- the need to maintain the standard of surgical services provided to the community
- the need for flexibility in the assessment process to accommodate a range of applicants with varying skills levels
- provision of adequate opportunities for overseas-trained surgeons to access training and support, where needed
- possible implications of the recommendations for other specialties, and New Zealand
- the relationship between the recommendations and overseas-trained surgeons' ability to fulfil College requirements for admission to Fellowship
- resource requirements to implement the review recommendations.

To explore particular issues raised by the College and the jurisdictions, the Review Committee conducted separate consultation meetings with College and jurisdictional representatives, and a joint meeting with College, jurisdictional and Australian Medical Council representatives. The focus of these meetings was to clarify concerns expressed in responses, and consider options to address them.

The information provided in responses to the draft report and during the meetings was considered by the Review Committee in reviewing its findings and recommendations.

5 Findings and Recommendations

In considering the matters referred to it, the Review Committee has been mindful of the background to the establishment of the current assessment process, recent policy developments and the range of related initiatives currently being implemented. It recognises that its recommendations may have an effect on workforce numbers and distribution, in so far as they may assist or impede the participation of overseas-trained practitioners in the Australian surgical workforce. The Committee has sought to take into account how its findings and recommendations might relate to the current initiatives and be flexible enough to accommodate changing circumstances over coming years.

The College has been undergoing a process of review and revision of its policies and processes, as a result of Australian Medical Council's Accreditation Review and the ACCC Final Determination. The Committee understands that some of the concerns raised in submissions in relation to the College's assessment process may be addressed through these changes. For example, jurisdictional representatives now participate in OTS assessment processes and various College bodies, and the reporting of assessment outcomes has been enhanced.

In developing the findings and recommendations which follow, the Review Committee considered a wide range of information and comment received through submissions, responses to the draft report, consultation meetings and other sources.

The Review Committee notes the possibility that its findings and recommendations may have relevance for other Colleges. However, its deliberations have focussed on considering the issues in its terms of reference as they apply to RACS and the assessment of overseas-trained surgeons seeking to practise as specialist surgeons in Australia.

The minimum requirements

The terms of reference indicate that the overall aim of the review is to identify the minimum requirements that overseas-trained surgeons should need to meet before being permitted to practise in Australia. The Review Committee has interpreted this aim as requiring a consideration of processes and standards used to assess overseas-trained surgeons for the purpose of granting medical registration in an Australian state or territory. That is, what should be the minimum process requirements, and what should be the minimum standards applied in performing assessments as part of those processes.

The Committee noted, in particular, views to the effect that the assessment process should:

- ensure safety and competence, and include assessment of performance
- be consistent with the intended scope of specialist practice
- be relevant to Australian conditions
- not impose different standards for overseas-trained surgeons than those for Australian-trained surgeons and prospective trainees
- follow general principles of objectivity, transparency, relevance, consistency, timeliness and affordability (including the appeals process)
- have in-built feedback mechanisms for candidates, including reasons for decisions.

Information made available to the Review Committee shows that the College now has established and documented process guidelines and requirements for undertaking the assessments of overseas-trained surgeons, and has standardised documentation and reporting requirements.

The Review Committee considers that the College's current process is, overall, reasonable and now appears to be well-documented within the College. However, parties outside the College still report concerns regarding the quality of documentation available to them. There is a lack of clarity regarding the principles that underpin the process and its implementation. There is a need for clear principles setting out the minimum requirements against which applicants should be assessed and to guide the assessment process.

Including additional participants in the assessment process would help to enhance its transparency and accountability, and to enlarge the range of perspectives and experience drawn upon in reaching decisions. This could be achieved by involving further external participants, in particular consumers and possibly other medical professionals. This would be in addition to existing arrangements for including expert community advisors in some College bodies. The Review Committee understands that the inclusion of consumer and community representatives has proven valuable in other decision-making processes related to setting standards for medical training and practice, for example, those of Registration Boards and the Australian Medical Council.

Recommendation 1

The following principles should provide the basis for the system of assessment:

- ensure that surgeons are competent for the relevant scope of surgical practice
- enable competent surgeons to practise where they are needed
- be fair, transparent, objective and valid
- include College, jurisdictional, and community (including consumer) representatives in policy setting and assessment processes
- be simple and easy to navigate, speedy and efficient.

Clarity, accessibility, transparency and accountability

To satisfy these general principles, the Review Committee considers that the assessment process should ensure that:

- stakeholders are involved in developing assessment policies, criteria and processes
- the minimum requirements for practice are clearly stated
- information relating to assessment processes is clearly stated and presented in a way that is easy to navigate
- review processes are robust and details are publicly available
- the roles of organisations involved in the assessment process are clearly defined
- there are systems in place for the exchange of information between organisations involved in assessment
- fast-tracking of applications is possible where applicants are clearly well-qualified for the intended scope of practice
- there are mechanisms for candidates to receive feedback, including specific advice on areas of practice to be addressed in any recommended training or period of assessment.

While the College has improved its internal documentation of processes and requirements for the assessment of overseas-trained surgeons, the clarity and accessibility of information made available to potential applicants, employers and other interested parties still needs to be improved. It appears that some applicants do not sufficiently understand the basis and importance of the requirements and so fail to provide what is needed.

Information should help applicants to understand:

- the basis of the requirements
- how the assessment will proceed and how long it will take
- why required information is needed and how it will be used
- what the outcomes and consequences of the assessment might be.

This should also be reflected in the information provided by other parties, such as the Australian Medical Council. The information available electronically, such as that on College and Australian Medical Council websites, needs to be reviewed to ensure that it is focussed on meeting the users' needs, and is more readily accessible and navigable.

Recommendation 2

Clear information should be provided to potential applicants, employers and other interested parties in paper form and by other means, such as the Internet, regarding:

- requirements to be met and why they are imposed
- documentation and other information required, its relevance and how it will be used
- steps in the process and how long it will take to complete each step and the process overall
- the meaning of key terms in the Australian context
- what standards and criteria will be used in assessing the application
- possible outcomes and consequences of the assessment
- options (including the right of appeal) should the applicant not be satisfied with the assessment outcome.

Enhanced management and oversight of the assessment process

The Review Committee considered the establishment of an independent surgical assessment unit to address concerns regarding management, transparency and objectivity of the College's assessment process. In responses received, there was only limited support for such a unit. However, there was general support for improving oversight and accountability in relation to the assessment of overseas-trained surgeons.

The Committee noted additional information received from the College and jurisdictions about the effectiveness of recent improvements in the management of the assessment process, including the College's recruitment of additional professional staff and the participation of jurisdictional representatives in the assessment process and relevant decision-making bodies.

The Review Committee considers that remaining concerns about the transparency and objectivity of the assessment process would be overcome by further strengthening arrangements for management of the OTS assessment process within the College, developing better communication between the College and jurisdictions on related issues, and improving external oversight of the performance of the process and its general outcomes.

The College's assessment unit would be responsible for coordinating and managing assessment of overseas-trained surgeons across all the surgical specialties. It would:

- be headed by a senior staff member with relevant expertise, who would be the primary/initial point of liaison for jurisdictions and health service providers and the College in relation to OTS assessment matters
- develop standards, criteria and procedures in consultation with other relevant College bodies, jurisdictions and other bodies involved in, or affected by, the process
- co-ordinate and manage the College's OTS assessment process, ensuring that college standards, criteria and processes are properly applied
- convene College assessment panels to undertake OTS assessments, which would include College Fellows with relevant surgical expertise, College staff, and jurisdictional and community representatives
- ensure that all persons involved in making assessments receive appropriate training for their role and follow agreed standards and procedures.

The College would need to identify an appropriate senior staff member to head its unit and fulfil the role of primary point of liaison for jurisdictions and health service providers and the College in relation to OTS assessment matters. This staff member would be able to discuss issues with those who raise them, in consultation with the Censor-in-Chief, Specialty Boards and other relevant College Officers and staff as appropriate.

It would be appropriate for external oversight be provided by the Australian Medical Council (AMC), which has gained relevant expertise and experience through its similar role in other related processes. The AMC would be responsible for monitoring the effectiveness and performance of the College's OTS assessment process, and facilitating communication between relevant parties regarding these matters and options for the future improvement of the process.

A body with an appropriate structure within the AMC framework would be established to fulfil these responsibilities. This body should include representatives of the AMC, the College, jurisdictions and health consumers.

There would need to be some flexibility for the AMC, the College and jurisdictions to develop appropriate structural, governance and funding arrangements in a consultative manner, following release of the final report. This should include consideration of arrangements for a review of the implementation, operation and effectiveness of the proposed AMC body. The Review Committee considers that such a review should be conducted once the body has been established for 12 months.

The proposed AMC body would not have any authority to act as an appeals body or review mechanism for individual cases. It would not review the process followed or the decisions made in relation to any individual application, other than to inform its monitoring of the overall effectiveness of the OTS assessment process.

Recommendation 3

The assessment of overseas-trained surgeons should remain a role of the Royal Australasian College of Surgeons. Management and oversight of the OTS assessment process should be enhanced by:

- the College continuing to manage and administer processes for assessment of overseas-trained surgeons, through a strengthened OTS assessment unit
- the College identifying an appropriate, senior member of its professional staff to head this unit and be the primary point of liaison for jurisdictions and health service providers in relation to overseas-trained surgeon assessment issues
- establishing an external oversight body with an appropriate structure within the Australian Medical Council framework, to ensure College accountability for implementation of the Review Committee's recommendations, and for the management and performance of the OTS assessment process.

Recommendation 4

A body should be established within the Australian Medical Council framework to undertake the following functions:

- monitor implementation of this Review's recommendations
- monitor the general outcomes of the College's OTS assessment process (with reference to College reporting requirements)
- monitor the performance of the College assessment process against agreed standards
- encourage communication among interested parties regarding the process for assessing overseas-trained surgeons and related matters.

The new AMC body should include representatives of the Australian Medical Council, the College, jurisdictions and health consumers.

Specific details of its role, structural, governance and funding arrangements should be agreed between the College, the Australian Medical Council and jurisdictions, following further consultation and negotiation between them and with other relevant bodies.

Assessment panels

Collectively, members of panels undertaking assessments of overseas-trained surgeons should have the experience and expertise needed to make well-informed, balanced and objective recommendations that account of the interests of affected parties. Panels should include College Fellows with relevant surgical expertise, and staff of the College, to ensure that surgical education and practice requirements are properly considered. Jurisdictional and consumer representatives should also be included in all panels, bringing expertise in relation to health service provider concerns and the interests of health consumers.

All individuals participating in the assessment process should be required to participate in orientation and training in the principles and requirements of the assessment process.

Recommendation 5

Panels performing assessments of overseas-trained surgeons should include:

- College Fellows with relevant surgical expertise, as well as staff of the College, to ensure surgical education and practice requirements are properly considered
- Jurisdictional representatives who are sufficiently senior to have a broad understanding of the health system and to contribute effectively to decision-making
- Consumer representatives, who would bring a wide range of experience.

Timeframes for assessments

The ACCC Final Determination specified that the College should complete assessments of applicants for Area of Need positions within eight weeks and all other assessments within three months. However, jurisdictions proposed that assessments should be completed within shorter timeframes: six weeks and ten weeks respectively. Taking into account the processes involved and input from the College regarding the feasibility of shortening assessment timeframes, the Review Committee considers that the timeframes set by the Australian Competition and Consumer Commission are appropriate.

Recommendation 6

The College should ensure that assessments are completed within the timeframes specified in ACCC authorisation No. A90765 issued on 30 June 2003:¹

- within eight weeks or less for assessments for Area of Need positions
- within three months for other assessments.

Resourcing

Current processes already involve a significant use of RACS resources, including College professional staff and participation by Fellows on a pro bono basis. The cost of these processes is borne by the College and funded on a cost-recovery basis through fees charged to applicants. This reflects RACS primary role in establishing standards for surgical practice and ensuring that they are maintained, which the College is keen to continue.

The College's assessment unit should be strengthened to enable it to adequately fulfil its enhanced role in the assessment process. The College should ensure that appropriate resourcing is provided to manage and conduct overseas-trained surgeon assessment process and fulfil the jurisdictional liaison role. The Review Committee considers that the assessment process should continue to be self-funded from fees paid by applicants.

However, the processes also serve public interest requirements by helping to ensure that overseas-trained surgeons meet statutory minimum requirements to practise medicine in Australia. In many instances, employers (public and private) have an interest in the outcome of the assessment process, as reflected in views they have expressed regarding its speed and effectiveness. These public interests are not recognised in current funding arrangements, except to the extent that some employers may assist applicants to meet with the cost of assessment fees.

It is likely that the College will incur additional expenses in the short to medium term in implementing the Review's recommendations, particularly those related to accelerating

the development of assessment guidelines and criteria and to the recognition of overseas surgical training programs (discussed later in this chapter). Given the public benefit that will be gained from this work, it appears appropriate for jurisdictions to consider investing some initial ‘seed funding’ to augment College resources while it is undertaken.

The AMC role outlined above would be additional to its current roles and the Review Committee understands that it is not encompassed by existing AMC funding arrangements. Appropriate resourcing would need to be provided to the Australian Medical Council to enable it to fulfil this role. Jurisdictions would be an appropriate source for this funding.

Recommendation 7

The College, jurisdictions and the Australian Medical Council should consider together the need for additional resourcing for the College and the Australian Medical Council to implement the Review’s recommendations, and the mechanism(s) by which any such resourcing should be provided.

Consultation between the College, jurisdictions & other organisations

There will need to be early consultation and liaison between the College and jurisdictions, to consider how the Review Committee’s recommendations can be implemented and resolve any related issues. The College should liaise with jurisdictions to establish a suitable consultative mechanism as soon as possible, to enable consideration of these matters to begin immediately after the release of this Review’s final report.

Recommendation 8

The College and jurisdictions should establish appropriate mechanisms to enable liaison and consultation between themselves, and with the Australian Medical Council and other relevant bodies, to consider action required to implement this Review’s recommendations and address other related issues.

The test for assessing overseas-trained surgeons

The Review Committee will examine whether equivalence, substantial comparability, competence or another test is the preferable test for assessing overseas-trained surgeons.

The terms of reference required the Review Committee to consider three particular tests (equivalence, substantial comparability, and competence) and the possibility of ‘another’ test, and then to consider particular matters in relation to each of the tests. In examining these issues, the Review Committee noted that there is a degree of confusion and overlap in usage of the terms. On face value, ‘equivalence’ and ‘substantial comparability’ both express a measurement against a standard. However, it is clear from information considered by the Committee that the standard of comparison to which they refer is an Australian-trained surgeon (or specialist). Most submissions recognised that the purpose and effect of any test is to assess the applicant’s competence to practise surgery in the Australian context.

As outlined in Chapter 3 (Background), the current ‘official’ test for assessing overseas-trained specialists is whether the applicant is deemed to be equivalent to an

Australian-trained specialist entering the Australian workforce.² This test was endorsed by the Australian, state and territory governments in 1993, as a basis for the ‘standard pathway’ to recognition for conditional registration to practise independently or unsupervised which is administered by the Australian Medical Council. Guidelines and procedural templates for applying the test have been developed by the Australian Medical Council in conjunction with the Committee of Presidents of Medical Colleges, through their Joint Standing Committee on Overseas Trained Specialists (JSCOTS).

Over time, the College has developed a test of ‘substantial comparability’ which it applies in undertaking assessments of overseas-trained surgeons, using guidelines and procedural templates based on those produced by JSCOTS. The College considers whether the applicant has skills, knowledge and experience that are ‘substantially comparable’ to those of an Australian-trained surgeon, meaning that they are ‘able to commence independent unsupervised specialist surgical practice’.³ For applicants being assessed for their suitability for Area of Need positions, the College considers whether the applicant is ‘close to being comparable’ to an Australian-trained surgeon, ‘requiring no more than two years in a designated period of assessment’.⁴

Having taken into account the various views and issues canvassed during the review process regarding the benefits and disadvantages of different tests, the Review Committee considers that the test should be whether the practitioner is ‘competent to undertake the intended scope of surgical practice’. The test would be applied having regard to the following characteristics:

- education and training
- recency of relevant practice
- quality of experience
- relevant professional skills and attributes.

For this test to be fully implemented, assessment panels would need to consider whether each applicant possesses the competencies required for the scope of specialist surgical practice that the applicant has indicated that they intend to undertake in Australia. The College would need to identify the competencies to be assessed and prepare guidance for assessment panels on how they should be assessed for each specialty.

An appropriate definition of ‘competence for the intended scope of surgical practice’ would need to be developed, through the consultative processes proposed for addressing Review implementation issues. This work could be informed by the definition of ‘scope of clinical practice’ included in the Australian Council for Safety and Quality in Health Care’s *Standard for Credentialling and Defining the Scope of Clinical Practice* (July 2004). The College’s work on defining ‘surgical competence’ will also be relevant to this test (see discussion in Chapter 4, under ‘Competence’).⁵

The assessment of education and training should take into account whether or not the applicant has completed an overseas surgical training program that has already been recognised as comparable to Australian surgical training, as discussed later in this chapter.

Recommendation 9

The test for assessment of overseas-trained surgeons should be ‘competence for the intended scope of surgical practice’. The test should be applied with reference to competencies that are assessed for surgeons undergoing relevant specialty training in Australia, having regard to:

education and training

- recency of relevant practice
- quality of experience
- relevant professional skills and attributes.

Implementation of this recommendation is dependent upon the development by the College of specific, agreed, assessment criteria aligned with the competencies for each surgical specialty, against which applicants’ competence for the intended scope of surgical practice can be assessed. Pending the development of such criteria, the Review Committee supports use of an interim test: whether the applicant has general competencies comparable to those expected of an Australian-trained surgeon undertaking the same scope of surgical practice independently and unsupervised.

Subject to satisfying the relevant registration requirements:

- An applicant assessed as having substantially comparable competence to an Australian-trained surgeon undertaking the intended scope of surgical practice would be permitted to undertake that scope of practice independently and unsupervised.
- An applicant assessed as having partially comparable competence to an Australian-trained surgeon undertaking the intended scope of surgical practice, but likely to be assessed as ‘substantially comparable’ following some additional training or assessment (i.e. specified ‘top-up’ training and/or practice assessment), would be permitted to undertake a defined scope of surgical practice while completing that training and assessment.

‘Top-up’ training would entail training to gain specified additional surgical experience or skills. Practice assessment could include supervised practice or practice oversight, which could include arrangements for remote supervision or oversight where appropriate.

It is expected that applicants assessed as ‘partially comparable’ would have demonstrated a level of competence for the intended scope of practice similar to that the College currently assesses as ‘close to’ substantial comparability but requiring some additional training or assessment.

Applicants who are assessed as needing to gain entry to and successfully complete the College’s formal training programs (i.e. basic or advanced surgical training) would be considered ‘not comparable’.

Recommendation 10

Until specific, agreed, assessment criteria aligned with the competencies for each surgical specialty have been developed, the basis of the assessment should be comparability with the general competencies expected of an Australian-trained surgeon undertaking the intended scope of surgical practice independently and unsupervised.

- ‘Substantial comparability’ should provide a basis for conditional registration to undertake the intended scope of practice independently and unsupervised.
- ‘Partial comparability’ should provide a basis for conditional registration to undertake a defined scope of practice while completing ‘top-up’ training and/or undergoing practice assessment.

To assist applicants to describe their intended scope of surgical practice and understand how they will be assessed, the College should develop guidelines describing the surgical specialties covered by its training programs and what applicants would be assessed on for each of these specialties. These guidelines should be developed in consultation with jurisdictions and other relevant bodies. They should be finalised within 6 months of release of the final report unless agreed otherwise through the consultative process.

Recommendation 11

The College’s work on the development of competency requirements for each specialty should be progressed in a timely manner with appropriate regard to quality requirements. It should be undertaken in consultation with jurisdictions, and other relevant bodies as appropriate.

The College should develop guidelines describing the surgical specialties covered by its training programs and the competencies that applicants would be assessed on for each of these specialties. These guidelines should be finalised within 6 months of release of the final report.

Preferable test for different categories of registration

The Review Committee will examine these issues for each of the following categories:

- *Overseas-trained surgeons who are seeking full registration to practise as a specialist in Australia;*
- *Overseas-trained surgeons who are seeking conditional registration to practise within a limited area of specialisation or sub-specialty practice; and*
- *Overseas-trained surgeons who are seeking registration to practise in an area of need, and whose practice is limited by conditional registration to a specific role that is determined by the job description for the position.*

Unless they are graduates of an AMC-accredited Australasian medical school or have successfully completed AMC examination requirements, overseas-trained surgeons are only eligible for registration with conditions (referred to as ‘conditional registration’). Conditions may vary and are determined by Registration Boards, according to relevant legislative and other requirements and the details of each individual application.

While acknowledging the range of views and concerns expressed about having a tiered system of registration for overseas-trained surgeons, the Review Committee supports the continuation of conditional registration for overseas-trained surgeons, including the possibility of registration for a defined scope of practice. The Committee considers that conditional registration has benefits for all affected parties, provided that there are safeguard mechanisms that provide support and oversight, as needed, to enable practice within the scope defined by the conditions of the registration.

The Review Committee envisages that the proposed test would be applied to all applicants, regardless of the type of registration being sought. The key consideration is whether the applicant is competent to undertake the intended scope of surgical practice as described in the application for assessment or, in the case of Area of Need positions, the specified position description and requirements.

The scope of practice for which the applicant is considered competent would then be considered by the Registration Board when determining the type of registration and any conditions to be applied to the registration.

The Review Committee considers, however, that conditional registration should be provisional for the first 12 months, subject to satisfactory performance. Consideration of satisfactory performance should occur in accordance with the relevant Registration Board's usual processes.

Surgeons seeking full registration

The Review Committee noted that this category, 'full registration', is inappropriately described in the context of existing medical registration requirements. The Committee has interpreted it as applying to applications for registration to undertake specialist surgical practice independently and unsupervised.

Overseas-trained surgeons whose skills, knowledge and training have been recognised as substantially comparable to those gained in Australia, who are therefore considered competent for the intended scope of surgical practice, should be able to be registered for independent and unsupervised practice within that scope of practice.

A mentor should be appointed for the first 12 months of registration, through the College assessment unit. This would assist the surgeon to make the transition into the Australian health system, gain access to professional support and advice, and gain an introduction to the RACS continuing professional development program and other avenues for continuous learning.

Surgeons seeking registration to practise within a limited area of specialisation or sub-specialisation

(a) Overseas-trained surgeons who are assessed as competent for a more limited scope of practice, subject to completing a period of 'top-up' training or practice assessment to address identified needs or determine competence in specified skill areas, should be able to be registered for training and assessment purposes while undertaking the scope of practice for which they have been assessed as competent.

A supervisor (or supervisors) would be assigned by the College to oversee the completion of required training or practice assessment, provide career assistance and advice, and aid the applicant to gain required support, training and assessment.

The Review Committee expects that this group would be similar to applicants assessed through the College's current assessment process as being 'close to' substantially comparable but requiring some additional training or assessment. It would not include those needing to successfully complete the College's formal training programs (i.e. basic or advanced surgical training).

(b) There may be some instances where an applicant can demonstrate competence to practise independently and unsupervised in a more limited scope of surgical specialty practice. In such instances, Registration Boards should be able to grant registration subject to conditions limiting the scope of unsupervised, independent practice to that for which the applicant is considered competent. The Registration Board would need to be satisfied that there are adequate safeguard mechanisms that provide support and oversight, as needed, to enable practice within the scope defined by the conditions of the registration.

The Review Committee anticipates that such registrations would not be common but considers there needs to be flexibility to accommodate them.

In such cases, a mentor should be appointed for the first 12 months of registration, through the College assessment unit, as described above.

Overseas-trained surgeons seeking registration to practise in a declared Area of Need within Australia

The Review Committee supports the continuation of arrangements enabling registration subject to conditions including limits on the nature and location of practice, where the assessment for registration purposes has been undertaken against a specific position description for a declared 'Area of Need' position. Current procedures and guidelines enabling the streamlined assessment of these applications should still apply, meaning that decisions on such applications should be completed within eight weeks.

Under the proposed test, the assessment would consider the applicant's competence in terms of the scope of practice defined by the position description and selection criteria. As described above, registration conditions would take into account the assessed level of competence for the intended scope of practice, including whether additional 'top-up training' or practice assessment is necessary, and the degree of supervision that is required.

Recommendation 12

Legislative arrangements permitting the registration of overseas-trained surgeons should continue, with conditions to be applied to individual overseas-trained surgeons to cover different scopes of practice in accordance with the outcomes of the assessment process. Subject to relevant registration requirements, overseas-trained surgeons assessed as:

- *substantially comparable* should be permitted conditional registration to undertake the intended scope of practice independently and unsupervised. For the first 12 months of practice they should receive mentoring from a mentor appointed through the College assessment unit, to assist with their transition to the Australian health system, provide professional support and help them to access continuing professional development.
- *partially comparable* should be permitted conditional registration to undertake a defined scope of practice, subject to completing a period of ‘top-up’ training and/or practice assessment intended to address identified training needs or to determine competence in specified skill areas.
- *not comparable* should not be permitted to register to practise as a surgeon, but may be eligible to seek registration to enable them to complete formal College training and assessment, if able to gain a training post, or to seek registration to practise in another capacity (eg. as hospital medical officers).

Applying the test to individual overseas-trained surgeons

The Review Committee shall examine for each potential test:

- *the characteristics of an overseas-trained surgeon that would be examined for each test (for example, work experience, training and academic qualifications);*
- *the factors that would be relevant to assessing these characteristics (for example, the factors relevant to assessing the quality of an overseas-trained surgeon’s qualifications, training or work experience);*
- *the justification for these factors.*

If some factors are inherently more important than others this should be explicitly recognised.

The College and others made a number of proposals regarding how the test should be applied to individual surgeons. In general, it was acknowledged that the purpose of the assessment is to determine the applicant’s competence to practise as a surgeon, and that it should take into account performance (including clinical and non-clinical aspects of performance) as well as qualifications, training and experience.

The Review Committee considers that the assessment of competence should be performance-based, taking into account both the knowledge and skills applicants have gained from their training and experience, and their surgical ability as demonstrated through recent relevant practice. Competence for the intended scope of practice should be assessed on the basis of the following characteristics:

- education and training
- recency of relevant practice
- quality of experience

- relevant professional skills and attributes.

As the College is making assessments for the purpose of determining surgeons' competence, the Review Committee considers that the required competencies should be clearly enunciated and publicly accessible, as described earlier in this Chapter.

The Review Committee acknowledges the work currently being undertaken by the College to elaborate competencies required for surgical practice in Australia.⁶ As this work progresses, the College should align competencies assessed for overseas-trained surgeons with those defined for training and assessment of Australian-trained surgeons, and review its assessment processes and tools accordingly.

In the meantime, continued use of existing tools such as paper-based assessments and semi-structured interviews (including the use of clinical problems) would be appropriate. Practice assessment is also an appropriate tool but should be applied flexibly, and should not always be necessary where applicants are clearly well-qualified with appropriate quality and recency of relevant experience. The characteristics assessed should be the same as those assessed for surgeons trained in Australia. Practice assessment could be conducted in skill centres or in practice settings.

The Review Committee considers that standards and criteria currently applied in assessing these characteristics are not sufficiently clear to enable applicants and other interested parties to understand the basis on which the assessment is made. The Review Committee also considers that the College needs to have mechanisms to ensure that all assessments are undertaken in accordance with the proposed guiding principles, and that there is consistency in the way the process is implemented across surgical specialties. These mechanisms should be developed by the College, in consultation with relevant external bodies.

The College has indicated that it is considering adopting new tools to aid the assessment of overseas-trained surgeons. The Review Committee considers that, where new tools are proposed for the assessment of competence, there should be consultation with relevant stakeholders (such as overseas-trained surgeons, mentors, trainers, supervisors and employers). The College assessment unit should be responsible for the assessment and adoption of new tools for the assessment of overseas-trained surgeons.

Recommendation 13

The College should be responsible for developing and regularly reviewing, in consultation with relevant external bodies:

- methods for defining and assessing competence
- mechanisms to ensure consistency in the way the assessment process is applied across specialities
- standardised information that explains the assessment process, competencies required for each specialty (where identified), and how competence will be assessed.

Automatic exemption from surgical training

The Review Committee will also examine:

- *whether persons who have completed particular overseas training programs could be automatically exempted from being required to undertake basic and/or advanced surgical training. The committee need not consider qualifications awarded in countries from which, based on previous experience, an insignificant number of candidates are likely to originate in the future; and*
- *if such programs are found to exist, what if any requirements it would be appropriate to impose to enable an assessment of the surgeons' abilities in practice.*

This term of reference could be interpreted as entailing a broad consideration of whether it would be appropriate to enable some overseas surgical training programs to be automatically recognised so that surgeons holding those qualifications could be exempted from further training. However, it could also be interpreted as requiring the Review Committee to identify particular qualifications that might be recognised in this way and undertake an assessment of those qualifications.

The Review Committee considered that the latter approach was beyond the capacity of this Review, as constituted. It would have required a considerable information gathering and assessment exercise, expertise in medical education and assessment practices, and an understanding of the requirements of surgical practice across a range of surgical specialties. Accordingly, the Committee has focussed on considering whether it would be appropriate to have processes enabling automatic recognition of some overseas training programs, so that surgeons holding recognised qualifications could be exempted from further training, and how those processes might be established and implemented.

There appears to be support for the possibility of exempting overseas-trained surgeons who have completed recognised overseas surgical training programs from the requirement to undertake basic and/or advanced surgical training, provided that they have appropriate quality and recency of relevant practice. This could be achieved through recognising international surgical training programs that develop a level of competence consistent with Australian requirements. Automatically recognising such overseas qualifications could allow greater certainty for some overseas-trained surgeons considering practice in Australia. It would also reduce the need for unnecessary training which, in turn, would reduce the pressure on limited training resources.

The Review Committee considers that an automatic exemption process would only be acceptable if the system by which qualifications are assessed entails an objective review of the standard of the education and training received, and of its relevance to the practice of the surgical specialty in Australia. Automatic recognition should be considered where the qualification provides education, training and assessment that are substantially comparable with that provided in Australia. This would enable streamlined assessment and automatic exemption from further training for overseas-trained surgeons who possess a recognised qualification.

The Committee notes that the Australian Government Department of Health and Ageing has been working with specialist medical colleges, including the College of Surgeons, to develop processes for automatic recognition of overseas qualifications as a means of streamlining the recruitment of specialists to declared Area of Need positions. This work

would provide a useful starting point for the College to develop processes for assessing qualifications that could be automatically recognised, as a basis for streamlining the assessment of all overseas-trained surgeons. It is understood that, as yet, the College has not identified any qualifications that could be recognised under these arrangements.

The College should work towards completing this work more quickly, in consultation with jurisdictions. An initial list of qualifications recognised as substantially comparable should be published within six months of release of the final report of this review, and a more substantial list within twelve months, which would then be reviewed and reissued annually.

Factors taken into account in assessing such qualifications might include:

- broad training in basic science and relevant specialty practice
- training undertaken in an environment with clinical resources similar to those in Australia
- curricula relevant to surgical conditions prevalent in Australia
- formal assessment of competencies that are similar to those that Australian trainees must demonstrate.

An overseas-trained surgeon who has successfully completed a surgical training program that is recognised as ‘substantially comparable’ to the College’s training program, could be expected to have developed competence that is ‘substantially comparable’ to that attained through the College’s Australasian training program. They should, therefore, be able to have their surgical competence assessed through similar processes to applicants who have completed the College program, i.e. in the employment interview and credentialling processes. If the employer chooses to adopt this approach, the interview panel should include at least one Fellow nominated through the College assessment unit, with appropriate expertise to advise other members on the surgical competence of applicants.

Applicants assessed as ‘substantially comparable’ through this process should be permitted registration to undertake the intended scope of practice independently and unsupervised. They should receive mentoring for 12 months, as previously described. Registration Boards would need to be satisfied that the assessment undertaken through the selection process provides a sufficient basis for registration to undertake the intended scope of practice.

This approach should also be available for assessment and selection for Area of Need positions, where the applicant has successfully completed a recognised surgical training program.

The AMC should still vet the overseas-trained surgeon’s initial application to verify whether it fulfils published minimum requirements, as in effect at the time of the application, as currently occurs (see description in chapter 3).

Recommendation 14

The College should develop, in consultation with jurisdictions and other relevant bodies, processes for:

- assessing surgical qualifications gained overseas
- offering streamlined assessment for overseas-trained surgeons with recognised surgical qualifications through the employer selection process, which should include a College Fellow in the relevant specialty.

Recommendation 15

The College should complete and publish

- an initial list of recognised overseas surgical qualifications within six months of release of this Review's final report
- a further review of additional overseas programs within 12 months of the release of that report
- further reviews of overseas programs annually thereafter.

Additional training needs of overseas-trained surgeons

The Review Committee will also examine, for overseas-trained surgeons assessed by the College as requiring additional training short of completing the College's training program in full, what processes could be established to ensure that this limited training is available.

Submissions generally support the view that the training options and support provided to overseas-trained surgeons need to be improved, with which the Review Committee agrees. It is important that the processes for identifying additional training and assessment requirements be transparent and objective, that there be some flexibility in determining options for addressing those requirements, and that there be adequate resources, management and monitoring of training and assessment arrangements. It is also desirable that any additional training opportunities made available to overseas-trained surgeons do not adversely affect the availability of opportunities for Australian trainees.

Some submissions proposed the establishment of specific posts that could be used to meet specified training and assessment requirements for overseas-trained surgeons. The Review Committee supports such proposals, while noting that their implementation would require further development work that is beyond the scope of the Review Committee.

However, the Review Committee considers that there should also be flexibility for training and assessment to be provided in other ways, according to the identified needs of the applicant. There should be scope for training to be provided in settings that are not identified as training or assessment posts. For example, lack of cultural awareness, or unfamiliarity with the Australian health system and particular surgical conditions prevalent in Australia, could be addressed by providing opportunities to complete relevant training or self-education, either before arriving in Australia or upon commencement.

Recommendation 16

The College should:

- provide clear reasons for why additional training may be required
- specify what competencies need to be developed through training
- ensure a fair and transparent process for evaluation of attainment of those competencies
- consider options for providing additional training for specific clinical skills, or increasing exposure to particular clinical skills and procedures, without requiring individuals to complete formal College training
- consider the processes that may be required to develop individual training plans to address identified needs, where it is not considered necessary that the applicant complete the College's formal training program
- consider options for providing information relating to health system awareness and cultural issues to overseas-trained surgeons prior to employment or assessment
- consult with other education and training providers to develop alternative training opportunities for overseas-trained surgeons with specific needs.

The Review Committee recognises that establishing this range of training and assessment opportunities for overseas-trained surgeons requires a considerable investment of effort and resources to:

- develop and deliver training programs that meet general and individual needs
- improve organisational and individual support to the applicants and those providing training, mentoring, oversight and assessment.

There needs to be further consideration of such options, involving jurisdictions and other employer bodies, RACS and possibly other Colleges, potential training providers and other relevant bodies. Involvement of these groups would help to ensure that training requirements are clearly understood and that the demand for and availability of options for training can be better managed.

The development of options would need to take into account:

- the capacity of institutions and individuals to provide suitably structured training and assessment, and the support needed to develop this capacity where it is not sufficient
- the need to provide funding and other resources for training posts and programs and to support individuals involved in the training and assessment processes.

Recommendation 17

The College should:

- develop guidelines for assessment of training needs and communicate these identified requirements to individuals and employers (as relevant)
- develop and manage College processes to implement training plans for individuals, in consultation with employers, individuals, jurisdictions and other relevant bodies
- monitor and support individuals' progress through required training and assessment
- provide input to related registration review processes.

Proposed Assessment Model

Taking into account the findings and draft recommendations above, the Review Committee has developed a model for the assessment of overseas-trained surgeons. This model is summarised in the diagram at Appendix C and notes at Appendix D.

6 Concluding remarks

This review has been challenging, reflecting the complexity of the matters considered and the high level of interest in surgical workforce issues. During its work, the Review Committee has considered general and specific issues and concerns arising from the terms of reference and from input and comments received from stakeholders.

In addressing the overall aim of identifying the minimum requirements that overseas-trained surgeons should meet before being permitted to practise in Australia, the Review Committee considered the minimum process requirements and the minimum standards to be applied. In considering process requirements the Committee took account of concerns expressed about the management and oversight of assessment.

Recommendations about the minimum process requirements aim to improve the clarity, transparency, objectivity, management and accountability of the process. Recommendations concerning the standards to be applied in the assessment process aim to address issues related to the appropriate test to be used, how it should be applied, streamlining assessment by providing exemption from additional training through recognition of some surgical qualifications gained overseas, and meeting identified additional training requirements.

The Review Committee believes that its proposals will significantly improve the assessment of overseas-trained surgeons, while recognising that implementation of some recommendations may pose challenges.

The College, jurisdictions, the Australian Medical Council and other relevant bodies will need to work together to address implementation issues and to develop the details of how some recommendations will be implemented. The Review Committee encourages them to establish and maintain mechanisms for constructive and co-operative consultation and liaison, so that implementation can progress effectively and future issues relating to the assessment of overseas-trained surgeons can be promptly addressed.

Appendices

- A. Terms of reference**
- B. Submissions and responses**
- C. Assessment model flowchart**
- D. Assessment model notes**

Terms of Reference

Review of the Assessment of Overseas-Trained Surgeons

Review committee

The review shall be undertaken by a committee consisting of:

- one or more persons nominated by the Royal Australasian College of Surgeons (the College);
- one or more persons nominated by the Australian Medical Council (the AMC); and
- one or more persons nominated by the Australian Health Ministers Conference (the AHMC) or its delegate.

The number of persons comprising the committee shall be jointly determined by the three relevant bodies. Each body shall have equal representation.

The Commission suggests that the AHMC (or delegate) should consider appointing a person from a rural and regional area.

The size and structure of any secretariat shall be determined by the agreement of the organisations. The head of the secretariat shall be jointly appointed by the College and the AHMC (or its delegate).

The test for assessing overseas-trained medical specialists

The Review Committee should examine whether equivalence, substantial comparability, competence or another test is the preferable test for assessing overseas trained surgeons. It should examine these issues for each of the following categories:

- overseas trained surgeons who are seeking full registration to practise as a specialist in Australia;
- overseas trained surgeons who are seeking conditional registration to practise within a limited area of specialisation or subspecialty practice; and
- overseas trained surgeons who are seeking registration to practise in an area of need, and whose practice is limited by conditional registration to a specific role that is determined by the job description for the position.

In particular, the Review Committee will examine for each potential test;

- the characteristics of an overseas-trained surgeon that would be examined for each test (for example, work experience, training and academic qualifications);
- the factors that would be relevant to assessing these characteristics – for example, the factors relevant to assessing the quality of an overseas-trained surgeon’s qualifications, training or work experience;
- the justification for these factors. If some factors are inherently more important than others, this should be explicitly recognised.
- The overall aim of the review is to identify the minimum requirements that overseas-trained surgeons need to meet before they should be permitted to practise in Australia.

The Review Committee will also examine:

- whether persons who have completed particular overseas training programs could be automatically exempted from being required to undertake basic and/or advanced surgical training. The committee need not consider qualifications awarded in countries from which, based on previous experience, an insignificant number of candidates are likely to originate in the future; and
- if such programs are found to exist, what if any requirements it would be appropriate to impose to enable an assessment of the relevant surgeons' abilities in practice.

The Review Committee will also examine, for overseas-trained surgeons assessed by the College as requiring additional training short of completing the College's training program in full, what processes could be established to ensure that this limited training is available.

Process

As soon as practicable after the review commences, the Review Committee shall seek written submissions from parties that have an interest in the matter. These parties shall include Commonwealth, state and territory health ministers, the AMC, the College, National Office of Overseas Skills Recognition and key consumers groups (for example, the Australian Consumers Association and the Consumers Health Forum of Australia). The committee shall allow interested parties a reasonable time to lodge submissions.

The Review Committee shall prepare a draft report, taking into account submissions from interested parties.

This draft report shall be provided to all interested parties, who shall be invited to lodge written submissions in response to it within a reasonable time. The Review Committee shall take account of submissions in response to its draft report and in particular, any concerns raised regarding implementation of any of its draft recommendations.

A draft final report shall be provided to the College for comment solely on implementation issues within a reasonable time. The AHMC shall also be provided with a copy.

The Review Committee shall then issue a final report to all interested parties.

The committee may meet with interested parties during the review as the need arises.

Review timetable

The College shall write to the AHMC (or its delegate) and the AMC seeking nominations to the Review Committee within one month of the authorisation commencing. Copies of the letters shall be provided to the Commission at the time they are sent. The College shall inform the Commission of the composition of the Review Committee when it is finalised and when the review will commence. The review shall commence as soon as practicable after the Review Committee is finalised and other matters requiring the agreement the AHMC (or its delegate) are settled. The Review Committee should issue a final report within nine months of its commencement. The committee may write to the Commission seeking an extension of time, which the Commission may grant.

Costs

The College shall bear all costs associated with the review unless health ministers agree to make a contribution. The Commission considers that health ministers should contribute half the costs of the review.

Confidentiality

All submissions (including minutes of meetings) to the Review Committee should ideally be publicly available. However, the Review Committee may grant confidentiality to submissions in accordance with the following principles:

- where a party making a submission requests confidentiality, the Review Committee should first consider whether there is any compelling reason why the content of the submission could not be publicly disclosed in a manner which does not identify the party making the submission; and
- if this is not possible or is otherwise inappropriate, it may consider granting confidentiality to the body of a submission in full or in part (as well as the identity of the submitting party).

The Review Committee and secretariat should execute such confidentiality agreements as are agreed by the College and the AHMC (or its delegate).

College to prepare guidelines

Within three months of the review finishing, the College shall:

- prepare and publish on its website interim guidelines that incorporate and are consistent with the findings of the Review Committee as regards the way that the equivalence test is to be administered;
 - except where the College obtains the agreement of the majority of the AHMC that a Review Committee finding should not be adopted.

The guidelines should also include an outline of the assessment process, including fees, timeframes, the Council's role and other related matters.

Ultimately, the guidelines should provide the public, including overseas-trained surgeons, with a framework for assessing whether decisions made in relation to particular overseas-trained surgeons are reasonable.

If the AHMC ultimately decides to change the test for evaluating overseas-trained surgeons, the College shall, within three months of the AHMC decision:

- prepare and publish on its website guidelines that incorporate and are consistent with the findings of the Review Committee as regards the way that the test approved by AHMC is to be administered (or the findings of the review that are most applicable to the test approved by the AHMC);
 - except where the College obtains the agreement of the majority of the AHMC that a Review Committee finding should not be adopted.

Commission role

The Commission will not participate in the review. However, the Review Committee shall provide the Commission with copies of its draft, draft final and final reports. The Review Committee shall also, if requested, provide the Commission with copies of any public submissions to the review, in the form that they are publicly available, including minutes of meetings with interested parties.

Submissions

Review of the Assessment of Overseas-Trained Surgeons

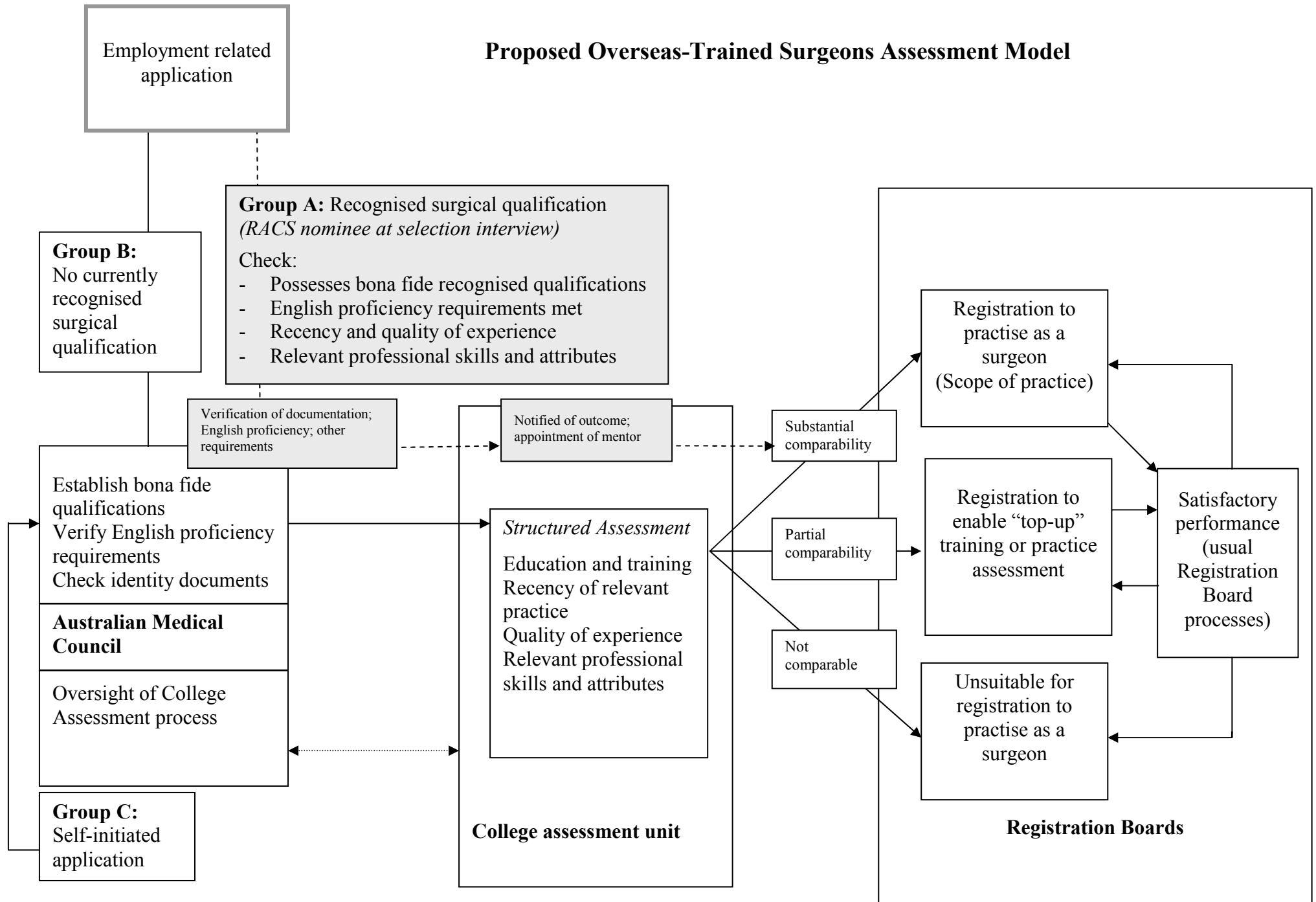
1. Australasian Society of Cardiac and Thoracic Surgeons
2. Australian and New Zealand College of Anaesthetists
3. Australian Doctors Trained Overseas Association
4. Australian Health Insurance Association
5. Australian Health Workforce Officials Committee
6. Australian Medical Association
7. Australian Medical Council
8. Australian Orthopaedic Association
9. Consumers' Health Forum of Australia
10. Council for Early Postgraduate Training in South Australia
11. Country Womens' Association of New South Wales
12. Medical Council of New Zealand
13. Monash University Faculty of Medicine, Nursing and Health Sciences
14. New South Wales Medical Board
15. Postgraduate Medical Council of Victoria
16. Royal Australasian College of Medical Administrators
17. Royal Australasian College of Surgeons
18. Royal Australian and New Zealand College of Obstetricians and Gynaecologists
19. Royal Australian and New Zealand College of Ophthalmologists
20. Rural Doctors Association of Australia
21. University of Melbourne Faculty of Medicine, Dentistry and Health Sciences
22. Urological Society of Australasia
23. WA Office of Health Review
24. (Individual) - confidentiality granted
25. (Individual) – confidentiality granted
26. (Individual) – confidentiality granted

Responses

Review of the Assessment of Overseas-Trained Surgeons

1. Australian Doctors Trained Overseas Association
2. Dr Mark Smith
3. Australian Society of Otolaryngology – Head and Neck Surgery
4. Australian Medical Association
5. Royal Australian College of General Practitioners
6. Medical Council of New Zealand
7. Australian Medical Council
8. Australian Orthopaedic Association
9. Council for Safety and Quality in Health Care
10. Australian Health Insurance Association
11. Royal Australasian College of Surgeons
12. Australian Health Workforce Officials Committee

Proposed Overseas-Trained Surgeons Assessment Model



Proposed Assessment Model

Group A Employment related application: Applicant has a recognised surgical qualification

These applicants would receive streamlined assessment, through the employer selection process. The AMC would verify qualifications and other documentation and ensure that prescribed minimum requirements such as English proficiency requirements have been met.

Assessment of competence for the intended scope of specialist surgical practice would be considered during the employment selection process. The College would nominate a surgeon with appropriate expertise and training in the process to participate in the selection process.

The assessment would take into account:

- possession of a recognised qualification
- recency of relevant practice
- quality of experience
- relevant professional skills and attributes

Successful applicants would be considered competent for the intended scope of practice. They would receive mentoring for 12 months, from a mentor appointed through the College assessment unit.

The employer would seek the College nominee for the selection process from the College assessment unit. The unit would be advised of successful appointments so that appropriate arrangements for mentoring and continuing professional development could be made.

Area of Need applicants with similar qualifications would be similarly assessed, except that the intended scope of surgical practice would be defined by the position description and key selection criteria for the Area of Need vacancy.

Group B Employment related application: Applicant does not have a recognised surgical qualification

These applicants would undergo structured assessment managed by the College's assessment unit. The AMC would verify qualifications and other documentation and ensure that prescribed minimum requirements (such as English proficiency requirements) have been met.

The College's assessment unit would manage assessment of competence for the intended scope of surgical practice, using appropriate assessment tools such as paper-based assessment, semi-structured interviews, and practice assessment where appropriate. The assessment would be done in accordance with published standards, criteria and processes.

The assessment would also consider:

- education and training
- recency of relevant practice
- quality of experience
- relevant professional skills and attributes

The College's assessment unit would recommend appropriate arrangements for any further training or practice assessment, and report to Registration Boards on the outcomes as and when required.

The assessment process for Area of Need applicants in this group would be streamlined in accordance with the existing Area of Need process. The intended scope of surgical practice and competencies would be defined by the position description and key selection criteria for the Area of Need vacancy.

Time frame for assessment: Area of Need – within 8 weeks
 Other – within 3 months

Group C Self-initiated application: via the AMC or by direct application to the College

These applicants would undergo a structured assessment process conducted and managed by the College's assessment unit, with the AMC undertaking the same role as for Groups A and B, for applications through the 'standard pathway'. Streamlining of the structured assessment process would be possible where applicants possess recognised qualifications.

Decisions made by the College could be appealed against immediately by the applicant or other parties affected by the decision, in accordance with the College's established appeals mechanism

The Australian Medical Council would monitor the effectiveness and performance of the College's OTS assessment process.

ABBREVIATIONS

ACCC	Australian Competition and Consumer Commission
AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHWOC	Australian Health Workforce Officials Committee
AMA	Australian Medical Association
AMC	Australian Medical Council
AMWAC	Australian Medical Workforce Advisory Committee
ANZCA	Australian and New Zealand College of Anaesthetists
AOA	Australian Orthopaedic Association
APHA	Australian Private Hospitals Association
ASCTS	Australasian Society of Cardiac and Thoracic Surgeons
CEPTSA	Council for Early Postgraduate Training in South Australia
CHFA	Consumers' Health Forum of Australia
CPMC	Committee of Presidents of Medical Colleges
CPMEC	Confederation of Postgraduate Medical Education Councils
JSCOTS	Joint Standing Committee on Overseas-Trained Specialists
MCNZ	Medical Council of New Zealand
OTD	Overseas-trained doctor
OTS	Overseas-trained surgeon
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
RDAA	Rural Doctors Association of Australia

Endnotes

Chapter 1

¹ The Australian Competition and Consumer Commission is the national agency responsible for administration and enforcement of the *Trade Practices Act 1974*; a key objective of the Act is to prevent anti-competitive conduct and facilitate efficiency in business. The Act recognises however that there may at times be benefit to the public arising from such conduct. In these instances, immunity from the Act can be granted by the ACCC for anti-competitive conduct where it is satisfied that the public benefit from the conduct outweighs any public detriment.

² Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, pp. 209-220.

³ *ibid.*, p. v.

⁴ *ibid.*, pp. 209-220.

⁵ *ibid.*, pp. 210-211.

⁶ See Appendix A.

⁷ Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, Attachment E, p. xlii.

Chapter 2

¹ There continue to be no direct statutory restrictions on who may perform surgery other than they are a registered medical practitioner under state or territory legislation, except in South Australia and Queensland. Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, p. 27.

² *ibid.*

³ *ibid.*

⁴ Beasley, A.W., 2002, *The Mantle of Surgery – The First Seventy-Five Years of the Royal Australasian College of Surgeons*, Royal Australasian College of Surgeons, Melbourne, p. 18. Quoted in: Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, p. 27.

⁵ *ibid.*

⁶ Royal Australasian College of Surgeons 2004, *Specialty Societies*, viewed 23 September 2004, <<http://www.racs.edu.au/about/>>.

⁷ Royal Australasian College of Surgeons 2004, *Members of Council, May 2004*, viewed 21 September 2004, <<http://www.racs.edu.au/about/>>

⁸ *ibid.*

⁹ Royal Australasian College of Surgeons 2004, viewed 17 September 2004, <<http://www.racs.edu.au/about/purpose.html>>.

¹⁰ Royal Australasian College of Surgeons 2004, *Specialty Societies*, viewed 23 September 2004, <<http://www.racs.edu.au/about/>>.

¹¹ Royal Australasian College of Surgeons, 2003, *Annual Report*, Melbourne, Australia, p. 2.

¹² Australian Medical Council, Specialist Education Committee February 2002, *Accreditation Report, Review of the Education and Training Programs of the Royal Australasian College of Surgeons*, Australian Medical Council

¹³ Royal Australasian College of Surgeons, October 2003, *Surgical Education and Training Handbook*, Melbourne, p. 9.

¹⁴ *ibid.*

¹⁵ *ibid.*, p. 35.

¹⁶ *ibid.*

¹⁷ *ibid.*

¹⁸ Australian Medical Council, Specialist Education Committee, February 2002, *Accreditation Report: Review of the Education and Training Programs of the Royal Australasian College of Surgeons*, p.13.

- ¹⁹ Australian Medical Council, October 2002. *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*, Australian Medical Council, Canberra, p. 1.
- ²⁰ Australian Medical Council, *Assessment of Overseas-Trained Specialists – Perspectives and Issues*, Paper prepared for Consultative Workshop on Overseas-Trained Specialists, Sydney, 12 March 2004
- ²¹ Australian Medical Council, submission to the review, Appendix 1.
- ²² *ibid.*
- ²³ *ibid.*
- ²⁴ Australian Medical Council, Specialist Education Committee, February 2002, *Accreditation Report, Review of the Education and Training Programs of the Royal Australasian College of Surgeons*, pp. 39-41.
- ²⁵ *ibid.*, p. 40.
- ²⁶ *ibid.*
- ²⁷ *ibid.*, p. 41.
- ²⁸ Royal Australasian College of Surgeons, 2004, *Supplementary report to the Australian Medical Council 2003*, Melbourne, pp. 8-9.
- ²⁹ *ibid.*
- ³⁰ Information about the ACCC and the authorisation process has largely been derived from the Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra.
- ³¹ *Trade Practices Act 1974* (Cth).
- ³² Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, p. 1.
- ³³ *ibid.*
- ³⁴ *ibid.*, p. iv.
- ³⁵ *ibid.*
- ³⁶ *ibid.*
- ³⁷ *ibid.*, p. vi.
- ³⁸ *ibid.*, p. iv.
- ³⁹ *ibid.*, p. v.
- ⁴⁰ *ibid.*, p. vi.
- ⁴¹ *ibid.*, p. vii.
- ⁴² *ibid.*, pp. 209-220.
- ⁴³ *ibid.*, p. 211. The other conditions placed on the College are listed on pages 210 to 220 of the Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra.
- ⁴⁴ *ibid.*, p. viii.
- ⁴⁵ Royal Australasian College of Surgeons, response to draft report, pp 15 – 16; see also http://www.surgeons.org/about/re_index.html and other web pages referenced in the response.
- ⁴⁶ Australian Medical Council, Specialist Education Committee, February 2002, *Accreditation Report, Review of the Education and Training Programs of the Royal Australasian College of Surgeons*, p. 59.
- ⁴⁷ Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, pp. 209-220.

Chapter 3

¹ Information relating to registration requirements and the basic structure of the assessment process is largely drawn from documents provided by the Australian Medical Council, in particular: Australian Medical Council, October 2003, *Application Procedures and Requirements for Specialist Assessment*, 5th edn, Australian Medical Council, Canberra 2003; and Australian Medical Council, *Assessment of Overseas-Trained Specialists – Perspectives and Issues*, Paper prepared for Consultative Workshop on Overseas-Trained Specialists, Sydney, 12 March 2004.

² Australian Medical Council, 2003, *Application Procedures and Requirements for Specialist Assessment*, 5th edn, Australian Medical Council, Canberra 2003, p. 4.

³ Australian Medical Council, 2004, *Uniformity of Medical Registration*, viewed 5 August 2004, <<http://www.amc.org.au/uniformity.asp>>.

⁴ Australian Government Department of Health and Ageing *Joint Communique: Australian Health Ministers agree on nationally consistent approach to medical registration. 23 April 2004*, viewed 5 August 2004. <<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-mediarel-yr2004-jointcom-jc003.htm>>

- ⁵ Australian Medical Council, *Frequently Asked Questions (FAQ) Regarding Overseas Trained Specialists*, viewed 19 September 2004, <<http://www.amc.org.au/overseastrainedspecialistsFAQ.asp>>.
- ⁶ Royal Australasian College of Surgeons, submission to the review, p. 2.
- ⁷ Australian Health Workforce Officials' Committee, submission to the review, p. 2.
- ⁸ Australian Medical Council, 2003, *Application Procedures and Requirements for Specialist Assessment*, 5th edn, Australian Medical Council, Canberra 2003, p. 3.
- ⁹ Australian Medical Council, *Assessment of Overseas-Trained Specialists – Perspectives and Issues. Paper prepared for Consultative Workshop on Overseas-Trained Specialists*, Sydney, 12 March 2004.
- ¹⁰ *ibid.*
- ¹¹ Australian Medical Council, *Frequently Asked Questions (FAQ) Regarding Overseas Trained Specialists*, viewed 19 September 2004, <<http://www.amc.org.au/overseastrainedspecialistsFAQ.asp>>.
- ¹² Royal Australasian College of Surgeons, *Assessment of Overseas-Trained Doctors*, viewed 12 September 2004, <http://www.racs.edu.au/news/Assessment%20of%20OTS_presentation.pdf>.
- ¹³ Australian Medical Council, 2003, *Application Procedures and Requirements for Specialist Assessment*, 5th edn, Australian Medical Council, Canberra 2003, p. 10.
- ¹⁴ Australian Medical Council, *Assessment of Overseas-Trained Specialists – Perspectives and Issues. Paper prepared for Consultative Workshop on Overseas-Trained Specialists*, Sydney, 12 March 2004. p. 3.
- ¹⁵ Department of Health and Ageing, *Districts of Workforce Shortage (DWS) and Areas of Need (AON)*, viewed 14 September 2004, <<http://www.health.gov.au/workforce/otdt/aon.htm>>.
- ¹⁶ *ibid.*, p. 4.
- ¹⁷ Australian Medical Council, 2002, *User's Guide - Assessment Process for Area of Need Specialists*, Australian Medical Council, Kingston 2002.
- ¹⁸ Information in this section is drawn from a communication from the Australian Government Department of Health and Ageing, 27 January 2005
- ¹⁹ Communication from the Royal Australasian College of Surgeons, 16 February 2005.
- ²⁰ *Health Insurance Act 1973*, Section 3DB: Alternative method of recognition as a specialist
- ²¹ *Health Insurance Act 1973*, s. 61
- ²² *Health Insurance Act 1973*, s. 3E: Recognition as consultant physicians etc. of certain medical practitioners
- ²³ Communication from the Australian Government Department of Health and Ageing, 27 January 2005
- ²⁴ Australian Medical Council, Specialist Education Committee, February 2002, *Accreditation Report, Review of the Education and Training Programs of the Royal Australasian College of Surgeons*, p. 39.
- ²⁵ Royal Australasian College of Surgeons, 2002, *Assessment of Overseas-Trained Doctor's Surgical Practice*, Royal Australasian College of Surgeons, p. 1.
- ²⁶ Royal Australasian College of Surgeons presentation to the Review Committee, 12 May 2004. Also, see Royal Australasian College of Surgeons. *Assessment of Overseas-Trained Doctors*, viewed 12 September 2004, <http://www.racs.edu.au/news/Assessment%20of%20OTS_presentation.pdf>.
- ²⁷ A copy of the Royal Australasian College of Surgeons Articles of Association can be found at <http://www.racs.edu.au/news/Attach%201_article%2019.pdf>.
- ²⁸ Royal Australasian College of Surgeons presentation to the Review Committee, 12 May 2004. Also, see Royal Australasian College of Surgeons. *Assessment of Overseas-Trained Doctors*, viewed 12 September 2004, <http://www.racs.edu.au/news/Assessment%20of%20OTS_presentation.pdf>.
- ²⁹ *ibid.*
- ³⁰ Royal Australasian College of Surgeons, submission to the review, p. 6.
- ³¹ *ibid.*, p. 19; and, Royal Australasian College of Surgeons presentation to the Review Committee, 12 May 2004. Also, see Royal Australasian College of Surgeons. *Assessment of Overseas-Trained Doctors*, viewed 12 September 2004, <http://www.racs.edu.au/news/Assessment%20of%20OTS_presentation.pdf>.
- ³² *ibid.*
- ³³ Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765, Canberra, Condition C6*.
- ³⁴ Royal Australasian College of Surgeons, submission to the review, p. 6.
- ³⁵ *ibid.*, p. 5
- ³⁶ Australian Medical Council, 2003, *Application Procedures and Requirements for Specialist Assessment*, 5th edn, Australian Medical Council, Canberra 2003, p. 10.
- ³⁷ Royal Australasian College of Surgeons, 2002, *Assessment of an Overseas-Trained Doctor's Surgical Practice*, pamphlet, p. 1.
- ³⁸ *ibid.*, p. 2.
- ³⁹ *ibid.*, p. 3.
- ⁴⁰ *ibid.*, p. 4.

⁴¹ *ibid.*

⁴² *ibid.*, p. 8.

⁴³ Royal Australasian College of Surgeons presentation to the Review Committee, 12 May 2004. Also, see Royal Australasian College of Surgeons. *Assessment of Overseas-Trained Doctors*, viewed 12 September 2004, <http://www.racs.edu.au/news/Assessment%20of%20OTS_presentation.pdf>.

⁴⁴ Royal Australasian College of Surgeons, submission to the Australian Medical Council for the accreditation of the Royal Australasian College of Surgeons, p. 68.

⁴⁵ Australian Medical Council, 2002, *User's Guide - Assessment Process for Area of Need Specialists*, Australian Medical Council, Kingston 2002, p. ii.

⁴⁶ Royal Australasian College of Surgeons, submission to the Australian Medical Council Review of the Education and Training Programs of the Royal Australasian College of Surgeons, p. 68.

⁴⁷ *ibid.*

⁴⁸ *ibid.*

⁴⁹ *ibid.*, p. 69.

⁵⁰ A copy of the Royal Australasian College of Surgeons appeals mechanism can be found at: <http://www.racs.edu.au/about/publications/rpm_pdf/2_21.pdf>.

⁵¹ Details of the Royal Australasian College of Surgeons fees for assessment can be found at: <<http://www.surgeons.org/edu/training/fees.html>>.

⁵² Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, Tables 6.10, 6.11, 6.12 and 6.13s.

⁵³ Royal Australasian College of Surgeons, *Reports on College Activities*, November 2004, Data Tables, viewed 14 December 2004 at http://www.surgeons.org/about/DataTables_2004.pdf

⁵⁴ Australian Medical Council, submission to the review, Appendices 4a, 4b, 4c and 4d.

Chapter 4

¹ The Australian Health Workforce Officials Committee submission was made on behalf of the jurisdictions. It is therefore referred to in the text as the submission of the jurisdictions.

² See, for example, Australian Health Workforce Officials Committee, submission to the review, p. 6; Rural Doctors Association of Australia, submission to the review, p. 7; and Australian Medical Association, submission to the review, p. 4.

³ Australian Health Workforce Officials Committee, submission to the review, p. 6.

⁴ Consumers' Health Forum of Australia, submission to the review, p. 1.

⁵ Royal Australasian College of Surgeons, submission to the review, p. 2; Australian Medical Association, submission to the review, p. 1.

⁶ Urological Society of Australasia, submission to the review, p. 1.

⁷ For example: Australian Health Workforce Officials Committee, submission to the review; Australian Medical Association, submission to the review; Australian Medical Council, submission to the review; Council for Early Postgraduate Training in South Australia, submission to the review; Royal Australasian College of Medical Administrators, submission to the review.

⁸ Royal Australasian College of Surgeons, submission to the review, p. 2.

⁹ See, for example, Royal Australasian College of Medical Administrators, submission to the review, p. 1; New South Wales Medical Board, submission to the review, p. 1; Australian Medical Association, submission to the review, p. 1.

¹⁰ Australian Health Workforce Officials Committee, submission to the review, p. 4.

¹¹ *ibid.*; also discussed in the Australian Doctors Trained Overseas Association, submission to the review, p. 1.

¹² Australian Health Workforce Officials Committee, submission to the review, p. 4.

¹³ Australian Health Workforce Officials Committee, submission to the review, p. 6; Australian Medical Association, submission to the review, p. 1; Council for Early Postgraduate Training in South Australia, submission to the review, p. 2; Rural Doctors Association of Australia, submission to the review, p. 1; Urological Society of Australasia, submission to the review, p. 1; University of Melbourne, submission to the Review, p. 2.

¹⁴ Australian Health Workforce Officials Committee, submission to the review, p. 6.

¹⁵ Rural Doctors Association of Australia, submission to the review, p.1.

¹⁶ See; for example: Australian Orthopaedic Association, submission to the review; Royal Australasian College of Medical Administrators, submission to the review; Monash University, submission to the review; Consumers' Health Forum, submission to the review.

¹⁷ Consumers' Health Forum of Australia, submission to the review, p. 2.

¹⁸ Australian Health Workforce Officials Committee, submission to the review, p. 6.

¹⁹ Rural Doctors Association of Australia, submission to the review, p. 1.

²⁰ Australian Medical Association, submission to the review, p. 1.

²¹ Rural Doctors Association of Australia, submission to the review, p. 7; Australian Health Workforce Officials Committee, submission to the review, p. 6.

²² Australian Health Workforce Officials Committee, submission to the review, p. 14.

²³ Australian Medical Council, submission to the review, p. 10.

²⁴ Australian Competition and Consumer Commission 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, Condition 5.

²⁵ Australian Medical Council, *Assessment of Overseas-Trained Specialists – Perspectives and Issues*, Paper prepared for Consultative Workshop on Overseas-Trained Specialists, Sydney, 12 March 2004, p. 3.

²⁶ *ibid.*

²⁷ See for example: Monash University, Department of Surgery, submission to the review, p. 1; University of Melbourne, submission to the review, p. 3; Australian Medical Association, 2004, submission to the review, p. 1; Australian Health Insurance Association, submission to the review, p. 2; New South Wales Medical Board, submission to the review, p. 1; Australian and New Zealand College of Anaesthetists, submission to the review, p. 2.

²⁸ Monash University, Department of Surgery, submission to the review, p. 1; University of Melbourne, submission to the review, p. 3; Australian Medical Association, submission to the review, p. 1; Australian Health Insurance Association, submission to the review, p. 2; Australian Society of Cardiac and Thoracic Surgeons, submission to the review, p.2.

²⁹ Monash University, Department of Surgery, submission to the review, p. 1; New South Wales Medical Board, submission to the review, p. 2.

³⁰ Monash University, Department of Surgery, submission to the review, p. 1; University of Melbourne, submission to the review, p. 3; Australian Medical Association, submission to the review, p. 1.

³¹ University of Melbourne, submission to the review, pp. 3-4.

³² New South Wales Medical Board submission to the review, p. 2; Australian Medical Association, submission to the review, p. 1; Australian Health Insurance Association, submission to the review, p. 2.

³³ New South Wales Medical Board, submission to the review, p. 1.

³⁴ *ibid.*, p.2.

³⁵ *ibid.*

³⁶ Australian Medical Association, submission to the review, p. 1.

³⁷ *ibid.*, p.2.

³⁸ Australian Health Insurance Association, submission to the review, p. 2.

³⁹ Australian Medical Association, submission to the review, p. 2.

⁴⁰ Royal Australian and New Zealand College of Ophthalmologists, submission to the review, p. 1.

⁴¹ *ibid.*

⁴² Medical Council of New Zealand, submission to the review, p. 1.

⁴³ Australian and New Zealand College of Anaesthetists, submission to the review, p. 2.

⁴⁴ Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, p. 1.

⁴⁵ Royal Australasian College of Surgeons, submission to the review, p. 3.

⁴⁶ *ibid.*

⁴⁷ *ibid.*

⁴⁸ *ibid.*, pp. 3-4.

⁴⁹ *ibid.*, p. 3.

⁵⁰ Royal Australian & New Zealand College of Obstetricians and Gynaecologists, submission to the review, p. 1.

⁵¹ Medical Council of New Zealand, submission to the review, p. 2.

⁵² *ibid.*, p. 1.

⁵³ *ibid.*

⁵⁴ Australian Medical Council, submission to the review, p. 2.

⁵⁵ Australian Health Workforce Officials Committee, submission to the review, p. 7.

⁵⁶ *ibid.*, p. 5.

⁵⁷ Royal Australasian College of Surgeons, submission to the review, p. 3.

- ⁵⁸ *ibid.*, p. 7.
- ⁵⁹ Australian Health Workforce Officials Committee, submission to the review, p. 7.
- ⁶⁰ Australian Council for Safety and Quality in Health Care, 2004, *Standard for Credentialling and Defining the Scope of Clinical Practice*, Department of Health and Ageing, Canberra.
- ⁶¹ *ibid.*, p. 3.
- ⁶² *ibid.*, p. 4.
- ⁶³ See: Australian Health Workforce Officials Committee, submission to the review, pp. 5-9; Australian Medical Association, submission to the review, pp. 2-3; Australian Medical Council, submission to the review, pp 2-4; Royal Australian and New Zealand College of Ophthalmologists, submission to the review, p. 2; Rural Doctors Association of Australia, submission to the review, pp. 1 and 5-6; Urological Society of Australasia, submission to the review, pp. 4-6
- ⁶⁴ Rural Doctors Association of Australia, submission to the review. p. 7.
- ⁶⁵ University of Melbourne, submission to the review, p. 3-5.
- ⁶⁶ Monash University, submission to the review, p. 2; Medical Council of New Zealand, submission to the review, pp. 3-4.
- ⁶⁷ Australasian Society of Cardiac and Thoracic Surgeons, submission to the review, p. 1.
- ⁶⁸ See, for example: Australian Medical Association, submission to the review, p. 3; Australian Health Insurance Association, submission to the review, p. 3; Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, pp. 3-4;
- ⁶⁹ Urological Society of Australasia, submission to the review, p. 4.
- ⁷⁰ Australian Health Workforce Officials Committee, submission to the review, p. 2.
- ⁷¹ *ibid.*, p. 6.
- ⁷² Australian Government Department of Health and Ageing, May 2004, *Update on the Outcomes of Stakeholder Workshop on the Assessment of Overseas Trained Specialists for Employment in Area of Need position*; Australian Health Workforce Officials Committee, submission to the review, p. 11; Australian Medical Council, submission to the review, pp. 2-4; Council for Early Postgraduate Training in South Australia, submission to the review, p. 1.
- ⁷³ Australian Medical Council, submission to the review, p. 4.
- ⁷⁴ Royal Australasian College of Surgeons, submission to the review, p. 6.
- ⁷⁵ *ibid.*, p. 3.
- ⁷⁶ *ibid.*, p. 6.
- ⁷⁷ *ibid.*, p.7
- ⁷⁸ Royal Australasian College of Surgeons, response to draft report, p. 11
- ⁷⁹ Royal Australasian College of Surgeons, presentation to the Review Committee.
- ⁸⁰ *ibid.*
- ⁸¹ *ibid.*
- ⁸² Royal Australasian College of Surgeons, submission to the review, p. 12.
- ⁸³ *ibid.*
- ⁸⁴ Royal Australian & New Zealand College of Obstetricians and Gynaecologists, submission to the review, p. 1.
- ⁸⁵ *ibid.*, p. 2.
- ⁸⁶ *ibid.*
- ⁸⁷ *ibid.*, Attachment 1, pp. 1-2.
- ⁸⁸ Australian Health Workforce Officials Committee, submission to the review, p. 9.
- ⁸⁹ *ibid.*
- ⁹⁰ *ibid.*
- ⁹¹ New South Wales Medical Board, submission to the review, pp. 3-4.
- ⁹² Australian Health Workforce Officials Committee, submission to the review, p. 9; Monash University, submission to the review, p. 1; University of Melbourne, submission to the review, p. 3; Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, p. 2; Royal Australasian College of Surgeons, submission to the review, p. 5.
- ⁹³ Postgraduate Medical Council of Victoria, submission to the review, p. 2; Australian Health Insurance Association, submission to the review, p. 1; Rural Doctors Association of Australia, submission to the review, p. 4; University of Melbourne, submission to the review, p. 3.
- ⁹⁴ Urological Society of Australasia, submission to the review, p. 4; Royal Australian and New Zealand College of Ophthalmologists, submission to the review, p. 1; Australian Health Workforce Officials Committee, submission to the review, p. 6; New South Wales Medical Board, submission to the review, p. 3.
- ⁹⁵ Australian Health Workforce Officials Committee, submission to the review, p. 6.
- ⁹⁶ *ibid.*, p. 9.

- ⁹⁷ Royal Australian & New Zealand College of Obstetricians and Gynaecologists, submission to the review.
- ⁹⁸ *ibid.*, p. 2.
- ⁹⁹ Australian Competition and Consumer Commission, 30 June 2003, *Royal Australasian College of Surgeons authorisation A90765*, Canberra, para. 13.315.
- ¹⁰⁰ Royal Australasian College of Surgeons. RACS Policy Manual Index. http://www.racs.edu.au/about/publications/pol_rpm06_02.html. [Accessed 9 July 2004]
- ¹⁰¹ Rural Doctors Association of Australia, submission to the review, p. 3.
- ¹⁰² Royal Australasian College of Surgeons, submission to the review, p. 3.
- ¹⁰³ Australian Medical Association, submission to the review, p. 3.
- ¹⁰⁴ Australian Health Workforce Officials Committee, submission to the review, p. 10.
- ¹⁰⁵ *ibid.*
- ¹⁰⁶ Monash University, submission to the review, p. 2.
- ¹⁰⁷ Melbourne University, submission to the review, p. 4.
- ¹⁰⁸ University of Melbourne, submission to the review, p. 4.
- ¹⁰⁹ Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, Attachment 2.
- ¹¹⁰ Royal Australian and New Zealand College of Ophthalmologists, submission to the review, p. 2.
- ¹¹¹ Australian Health Insurance Association, submission to the review, p. 3.
- ¹¹² Australian and New Zealand College of Anaesthetists, submission to the review, p. 5.
- ¹¹³ Australian Medical Council, submission to the review, p. 5.
- ¹¹⁴ Royal Australian College of General Practitioners, *Information for Overseas Trained Doctors* <<http://www.racgp.org.au/document.asp?id=486>> [Accessed 12 July 2004]
They are medical practitioners with: Certificate in Family Practice from the College of Family Physicians of Canada (CFPC) who have also passed both parts of the Medical Council of Canada Qualifying Examination; or Membership of the Royal College of General Practitioners (MRCGP) and the Certificate of the Joint Committee on Postgraduate Training for General Practice (JCPTGP) UK; or Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP).
- ¹¹⁵ Australian Health Workforce Officials Committee, submission to the review, p. 13.
- ¹¹⁶ Royal Australasian College of Surgeons, submission to the review.
- ¹¹⁷ Australian Medical Council, submission to the review, p. 6.
- ¹¹⁸ Australian Medical Association, submission to the review, p. 3.
- ¹¹⁹ Australian Medical Council, submission to the review, p. 4.
- ¹²⁰ Royal Australasian College of Surgeons, submission to the review, pp. 7-9; Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, pp. 5-6; University of Melbourne, submission to the review, p. 5.
- ¹²¹ Royal Australasian College of Surgeons, submission to the review, p. 7.
- ¹²² *ibid.*, pp. 7-9.
- ¹²³ Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, p. 5-6.
- ¹²⁴ Australian Health Workforce Officials Committee, submission to the review, p. 13; Australian Medical Association, submission to the review, p. 4; New South Wales Medical Board, submission to the review, p. 4.
- ¹²⁵ Australian Health Workforce Officials Committee, submission to the review, p. 13.
- ¹²⁶ Rural Doctors Association of Australia, submission to the review, pp. 1 and 6.
- ¹²⁷ Australian Medical Council, submission to the review, p. 6.
- ¹²⁸ Australian Health Workforce Officials Committee, submission to the review, p. 13.
- ¹²⁹ Australian Medical Council, submission to the review, p. 4; Rural Doctors Association of Australia, submission to the review, p. 1; Consumers' Health Forum of Australia, submission to the review, p. 2.
- ¹³⁰ Australian Medical Council, submission to the review, p. 4; Royal Australasian College of Surgeons, submission to the review, pp. 6 and 9.
- ¹³¹ Consumers' Health Forum of Australia, submission to the review, p. 2.
- ¹³² Royal Australasian College of Surgeons, submission to the review, p. 7.
- ¹³³ *ibid.*
- ¹³⁴ Australian and New Zealand College of Anaesthetists, submission to the review, p. 5; Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, p. 6; Royal Australasian College of Surgeons, submission to the review, pp. 8-9; Rural Doctors Association of Australia, submission to the review, p. 6.
- ¹³⁵ Royal Australasian College of Surgeons, submission to the review, pp. 8-9.
- ¹³⁶ Australian and New Zealand College of Anaesthetists, submission to the review, p. 5.

¹³⁷ Royal Australian and New Zealand College of Obstetricians and Gynaecologists, submission to the review, p. 6.

¹³⁸ Urological Society of Australasia, submission to the review, p. 6.

Chapter 5

¹ Australian Competition and Consumer Commission, *Royal Australasian College of Surgeons Authorisation A90765*, Canberra, 30 June 2003, p 212.

² Australian Medical Council, *Assessment of Overseas-Trained Specialists – Perspectives and Issues, Paper prepared for Consultative Workshop on Overseas-Trained Specialists, Sydney, 12 March 2004*; Australian Medical Council, submission to the review; Royal Australasian College of Surgeons, submission to the review.

³ Royal Australasian College of Surgeons, presentation, 12 May 2004, see also *Assessment of Overseas-Trained Doctors*, http://www.racs.edu.au/news/Assessment%20of%20OTS_presentation.pdf, viewed on 12 September 2004; Royal Australasian College of Surgeons, submission to the review, p.3; Royal Australasian College of Surgeons, response to draft report, p. 11.

⁴ Royal Australasian College of Surgeons, presentation to the Review Committee, 12 May 2004. Also, see Royal Australasian College of Surgeons. *Assessment of Overseas-Trained Doctors*, viewed 12 September 2004, <http://www.racs.edu.au/news/Assessment%20of%20OTS_presentation.pdf>; Royal Australasian College of Surgeons, submission to the review, p. 3.

⁵ Royal Australasian College of Surgeons, response to draft report, p. 15, and *Definition of Surgical Competence*, <http://www.surgeons.org/about/publications/Statement%20of%20RACS%29competence.pdf> viewed on 14 December 2004.

⁶ Royal Australasian College of Surgeons, October 2003, *Surgeons and Competence: Position Paper*, viewed 30 July 2004 <http://www.surgeons.org/about/publications/competence_position_paper.pdf>.