



ANZCA
FPM

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Richelle McCausland
National Health Practitioner Ombudsman (NHPO)
National Health Practitioner Privacy Commissioner
Via email: submission@nhpo.gov.au

Part two: Processes for Progress review - Recommendations regarding specialist medical colleges' assessment of overseas qualified practitioners – ANZCA feedback

Thank you for the opportunity to provide feedback on the draft proposed findings and recommendations regarding our profession/speciality.

We have provided feedback as per the following three aspects requested by the NHPO:

- Practicality and prioritisation of the review's proposed recommendations
- Other issues or suggestions which should be further considered by the review
- Factual inaccuracies.

As an overarching comment, we found the document difficult to read based on the structure, layout and flow of the document, plus perhaps an 'information dump' prior to consideration of a suitable structure to guide the reader. We recognise this is a component of the full document so the final structure may differ, however we suggest reviewing the readability of the document and the inclusion of an Executive Summary, heading numbering, inclusion of further subheadings based on the dense amount of narrative and various areas of coverage in sections, and importantly the numbering of recommendations.

We are happy to be contacted on the following email address if there are any follow-up queries or clarifications required: policy@anzca.edu.au.

Endorsed by: Nigel Fidgeon, CEO, ANZCA

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Practicality and prioritisation of the review's	7	Recommendation: The Medical Board, in consultation with colleges, should update its agreement with each college to better outline their role and responsibilities in conducting an	This recommendation ignores the role of the AMC as the body overseeing accreditation, as planned in the introduction of the National Law and associated bodies. Covered further below as

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proposed recommendations		assessment or examination of an SIMG on its behalf in line with the broader findings outlined in the main report.	well. ANZCA would be happy to undertake such an agreement, noting that ANZCA has previously had an MOU with MCNZ about the functions that ANZCA undertakes for MCNZ, including advice on assessment of SIMGs.
	11	Recommendation: The Medical Board should review how assessments of SIMGs are undertaken to meet the requirements of s. 58(a) to ensure its appropriate application. This should include specifying which program/s of study (training program) provided by the relevant college is an approved program of study.	Our understanding is that the MBA has already declared that FANZCA for anaesthesia and FFPMANZCA for pain medicine are the approved programs of study for registration purposes. These are then used for comparison to the overseas training programs, which addresses the following text on page 9. <i>“The review is concerned by this categorisation, because as described above, s. 58(a) provides for those who have completed a college’s approved program of study to become registered (that is, a program that has been accredited by AMC and approved by the Medical Board). This provision is not relevant for applicants who did not complete an approved program of study. Given SIMGs have completed their qualification overseas, these applicants generally would not have completed an approved program of study in order to meet the requirement of s. 58(a).”</i>
	15	Recommendation: The Medical Board should clarify its approach to determining whether a qualification is ‘relevant’ to the medical specialties.	ANZCA’s understanding is that ‘relevant to’ is the same as partially comparable, but we agree that there needs to be concordance with the wording in the enabling legislation.
		Recommendation: The Medical Board, with assistance from AMC and colleges, should ensure there is a standard for assessing specialist medical international qualifications. The standard should clearly define the requirements for a qualification to be deemed substantially equivalent or based on similar competencies to an approved qualification, or relevant to the medical specialties. This should include	CPD and recency of practice are essential as they confirm the maintenance of competence certified in the original qualification. The practice evaluation component of CPD is especially valuable as it provides evidence to ensure practice is competent and contemporaneous. Overseas training programs also change over time, and so a qualification that is 20 years old is very different from a recent one.

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		consideration of if, or how, CPD and recency of practice are relevant to the qualification assessment.	
		Recommendation: The Medical Board should consider whether any additional recency of practice or CPD requirements which are currently set and assessed by colleges should instead be codified in the relevant registration standard.	This should remain with the colleges.
	16	Recommendation: The Medical Board should clearly and publicly articulate the role colleges play in determining the standard against which international qualifications should be assessed, including whether qualifications are substantially equivalent or based on similar competencies to an approved qualification (s. 58(b)) or are 'relevant' to the specialties (s. 58(c)).	ANZCA agrees that delegations should be made explicit.
	21	Recommendation: The Medical Board should clearly articulate in the Specialist Registration Standard and SIMG Standards: <ul style="list-style-type: none"> the assessment or examination a specialist medical practitioner must complete to demonstrate they meet the requirements of s. 58(c) any additional requirements for specialist registration related to supervised practice or additional assessment or examination in the relevant registration standard. 	<p>This will vary according to the specialty. It is already specified that it cannot be in excess of what is required for trainees of that college. ANZCA's assessment and/or examination strategies are based on those used with our trainees at the end of their training, when they're certified as meeting the standards for the safe practice of our specialty.</p> <p>For those SIMGs who are assessed as having a lesser degree of comparability to a locally trained specialist, we use of parts of the college's/faculty's final examination as an assessment tool, ensuring that they are being held to the same standard as local trainees. This is especially if it's limited to use of the oral (viva voce) components only, as ANZCA does.</p> <p>For ANZCA, all SIMGs and trainees have to participate in the Effective Management of Anaesthesia Crises (EMAC) course. This is an example of a course which upskills SIMGs (and trainees) in the medical culture of our countries, including its</p>
	33	Recommendation: The Medical Board and colleges should ensure assessment and/or examination criteria and methodologies are based on the knowledge, clinical skills and professional attributes required by individuals to practise the medical specialties. These requirements should be clearly articulated and publicly available.	

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			less hierarchical culture which supports speaking up and contributes to the safe practice of anaesthesia.
	22	Recommendation: Colleges should refer applicants to the Medical Board's English Language Skills Registration Standard, and not assess applicants separately on their English language skills.	ANZCA accepts this as long as we can advise separately to MBA/MCNZ when we think the applicant doesn't meet those standards (as a risk to the public). ANZCA uses the Board's English language standard; however, at times the SIMG's English is clearly inadequate when they present for interview. ANZCA would propose that, if such concerns arise, that ANZCA should separately advise the Board of their concerns. There is always the possibility of irregularities in the testing venue(s), as has happened in the past.
	24	Recommendations: The Medical Board should review the eligibility requirements for each registration type and clarify its approach to deciding which registration type to grant to medical specialists. In reviewing the Specialist Registration Standard and SIMG Standards, the Medical Board (in consultation with AMC and colleges) should articulate harmonious requirements for SIMGs seeking limited and specialist registration. The Medical Board should consider and articulate its decision-making framework to determine whether an SIMG should be registered with conditions, or subject to ongoing assessment under a registration standard (pursuant to s. 57(1)(b)(ii) of the National Law).	ANZCA would ask that the MBA consider the MCNZ approach of having those SIMGs on the assessment for a registration category be classed as provisional in that category, with the 'provisional' removed once they have completed all requirements. E.g. those on the specialist assessment pathway be classed as 'provisional specialist' and those on the short-term training (STT) pathway given a separate category. At present they are both in the 'limited registration' category. These two have very different entry criteria that the colleges assess against, for example those on the STT pathway do not need to have completed their specialist training; rather they can be in Australia to complete a specific attachment as part of their overseas training. This is raised further below as well.
	33	Recommendation: Colleges should not collect information about an applicant's criminal history as part of its assessment under s. 58(c) of the National Law.	ANZCA agrees – we don't check.

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	37	Recommendation: After ensuring the requirements for supervised practice are clearly articulated in the relevant registration standard, the Medical Board, in consultation with colleges, should review requirements for SIMGs to undertake supervised practice. This should consider how: <ul style="list-style-type: none"> • SIMG supervisors are approved • supervision requirements are set and approved • requirements are monitored. 	Noting that SIMGs should be supervised by specialists in the same specialty who are of good standing and have had significant experience of practice of that specialty in Australia.
		Recommendation: The Medical Board, Ahpra, AMC and colleges should collaborate to develop a framework for the assessment of SIMGs following the granting of limited registration.	We are concerned with how this collaboration would work in reality and what 'framework' comprises. A 'lead' stakeholder is probably also required, perhaps the AMC? It must be generic enough to accommodate the differences in each of the specialties..
	39	Recommendation: Colleges should ensure the appointment process, required competencies and roles and responsibilities of its assessors and decision-makers in relation to SIMG assessments are clearly articulated, documented and made publicly available.	ANZCA agrees and would also incorporate the MBA requirements for supervisors.
	42	Recommendation: In reviewing the SIMG Standards, the Medical Board should more clearly outline when colleges should provide an opportunity for an SIMG to respond to a proposed decision if it is adverse to the SIMG. This should include, at a minimum, when the college decides that an SIMG is not comparable to an Australian trained specialist or changes their assessment status from 'substantially' to 'partially' comparable.	ANZCA's Reconsideration, Review and Appeals (RRA) process already allows for this, what is described here is the initial stage of the 3-stage process, that is reconsideration of the initial decision by those who made the decision.

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	43	<p>Recommendations:</p> <p>In reviewing the SIMG Standards, the Medical Board should more clearly outline that reports 1 and 2 should be provided to SIMGs. The Medical Board should provide further guidance about how it expects colleges to document the reasoning for its decisions.</p> <p>Colleges should provide SIMGs with written notice of its final decision and reasons in line with the requirements of report 2. Colleges which currently do not specify that report 1 is provided to SIMGs should do so.</p>	ANZCA already does this. ANZCA provides reasons whenever it finds that an SIMG is not comparable or has not successfully completed the SIMG process.
Other issues or suggestions which should be further considered by the review	Bottom of page 15	<p>Text: “The review therefore recommends that the Medical Board clarifies that it has appointed AMC to assist with determining whether qualifications are substantially equivalent or based on similar competencies to an approved qualification (s. 58(b)). A logical extension of this would be to also clarify that AMC will assist with determining which qualifications are ‘relevant’ to the specialities (s. 58(c)).</p> <p>A potential alternative would be to formally appoint colleges as accreditation authorities. The Medical Board, however, advised the review that at this stage it does not believe this would be appropriate.</p> <p>The review therefore recommends that the Medical Board clearly articulates what colleges’ role is in assessing qualifications, including through its guidance and the terms of appointment however they are codified.”</p>	<p>We are unclear why colleges are considered inappropriate to determine whether qualifications are substantially equivalent or based on similar competencies to an approved qualification. Specialist medical colleges play a crucial role in setting and maintaining professional standards that are the cornerstone of quality care and patient outcomes in Australia. We exist to teach, train and maintain excellence in specialist care. Greater recognition of this expertise is called for through more collaborative regulatory decision-making, emphasising the importance of specialty-specific nuances in this process.</p> <p>ANZCA is very happy to assess and support SIMGs who chose to come to Australia and have said so very publicly including in media interviews.</p> <p>ANZCA is proud of its record over many years of assessing SIMGs within the timeframes set by regulators. We are both effective and efficient.</p> <p>Our current rigorous assessment and accreditation processes for SIMGs are designed to ensure that all practicing specialists in Australia meet the same high standards, regardless of where they received their initial training.</p>

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			It should also be highlighted that the Australian healthcare system currently benefits from the pro bono contribution provided by medical colleges in supporting these current processes for assessment and ongoing support for SIMGs.
	13	Text: Currently, however, there is no published framework which outlines the standard against which a specialist medical qualification is assessed to determine whether it is 'relevant' to a qualification in the specialty. The review therefore recommends that the Medical Board, with advice from AMC and the colleges, ensures there is a clear standard for assessing whether an international qualification is relevant to a specialty.	ANZCA uses its training programs as the framework to assess comparability. Any framework created must be generic enough to accommodate the differences in each of the specialties.
	18	Text: Additionally, the Medical Board should ideally clarify whether cultural safety training can occur concurrently with a college's assessment, or whether it should be completed following the assessment process as it is a requirement for registration (rather than part of the college's assessment process).	Cultural safety training is essential and should be undertaken during the assessment and upskilling period when the SIMG is under supervision so that the application of the training to their practice is observed by their supervisor.
	24	Text: This explanation suggests that substantially comparable applicants have been assessed to meet the qualification requirements set by the Medical Board. It could be argued that these applicants would therefore meet the requirements of s. 58(c).	ANZCA recommends that substantially comparable (and maybe partially comparable) on the SIMG pathway to specialists is termed 'provisional specialists', as in NZ as it is less confusing. ANZCA strongly recommends that unconditional registration is only obtained after supervised practice period of a minimum 6 months full-time equivalent, which includes orientation to the healthcare system and cultural safety training.
	25	Text: However, the review found that oftentimes there was not a clear articulation of the competencies of newly qualified Fellows (Table 4).	ANZCA expects a newly qualified fellow has completed training and assessment as described in Regulation 37 and the ANZCA training program curriculum.

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	31	Text: The current process, however, leads to duplication in the process for SIMGs who need to provide this documentation twice. As the Kruk review highlighted, these applicants may also have had to already provide some of these documents to other authorities for migration purposes.	ANZCA would like the MBA/AMC to approve our current CV template for use for applicants for both anaesthesia and pain medicine.
	68	SIMG Committee membership	This list also includes at least one member who is a fellow via the SIMG pathway, and in fact just under half of the SIMG committee members are Fellows by the SIMG route.
Factual inaccuracies	13	Text: there are 15 recognised specialties in Australia	The correct number is 23 as detailed in <u>MBA Medical-List-of-specialties--fields-and-related-titles-Registration-Standard</u>
	2	Text: For ease of reference, the review uses the term 'SIMG pathway' to refer to colleges' assessments of individuals with a specialist medical qualification obtained in a country other than Australia who are seeking specialist registration with the Medical Board.	What about ANZ qualifications gained in NZ? E.g. a FANZCA obtained in NZ who then moves to AUS?
	4	Text: However, the review found a lack of documentation outlining the colleges' appointment, responsibilities and expected performance related to the assessment of SIMGs. The review also found a lack of clarity regarding how the colleges' assessments of SIMGs aligns with the National Law. In particular, the SIMG Standards do not specify how the required assessment of SIMGs aligns with the qualification requirements under s. 58 and any additional requirements outlined in a registration standard under s. 57(1)(b) of the National Law.	These statements ignore the role of the AMC who accredit colleges for this and continues to monitor colleges. AMC has been appointed by MBA for accreditation functions including accreditation of SIMGs.
	5	Text: The letter appointing colleges to assess SIMGs refers to s. 57(1)(b)(ii) of the National Law and also to the college's role in assessing the qualifications of SIMGs (which appears to	

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		relate to s. 58(c) of the National Law). It was therefore not immediately clear to the review whether the colleges were appointed by the Medical Board to conduct assessments under one or both of these provisions. That is, it was unclear whether the assessment responsibilities assigned to colleges revolve around conducting an examination or assessment required by an approved registration standard to assess the applicant's ability to competently and safely practise the specialty, and/or whether the colleges were appointed to assess whether an applicant is qualified for specialist registration, including conducting an examination or assessment for the purposes of registration in the specialty.	
	53	ANZCA: No evidence found in publicly available information.	This information should be included in our SIMG Handbook and/or Regulation 23 .