



ANZCA
FPM

29 October 2025

Richelle McCausland, National Health Practitioner Ombudsman (NHPO)

Via e-mail: submission@nhpo.gov.au

Dear Richelle,

Part 2 of the Processes for Progress review: Preliminary findings and recommendations – ANZCA feedback

Thank you for the opportunity for the Australian and New Zealand College of Anaesthetists (ANZCA), which encompasses the Faculty of Pain Medicine (FPM), to provide feedback on the above consultation report. Outlined below is our feedback.

General

Readability

As an overarching comment, we found the document difficult to read and digest based on the structure, length and flow of the document. We suggest reviewing the readability of the document for enhanced clarity by reducing unnecessary text to reduce the length of the content, including heading numbering, and improved delineation between subject content to avoid overlap and duplication.

Compliance with National Law

The consultation document has a large focus on ensuring proper alignment of actual college processes with the National Law and roles and responsibilities – this seems reasonable and probably should have been considered in 2009 when the law was introduced. This alignment is not something that the colleges can ‘control’ as we must comply with what is determined by the regulators and their interpretation and requirements of the National Law.

The majority of the document refers to “non-compliance” with the National Law. This is not something the colleges can dictate independently. Non-compliance relates to the Medical Board of Australia (MBA) / Australian Health Practitioner Regulation Agency (Ahpra) and in turn the Australian Medical Council (AMC).

ANZCA delivers training program(s) with curriculums in line with the standards set by the AMC (the regulator) and we are required to comply with those standards. ANZCA does not accredit programs other than those approved by the AMC. If the consultation findings are suggesting a different approach, then this should be referred to AMC/MBA who in turn would change the requirements of medical colleges. Medical colleges themselves cannot change these processes based on NHPO or any other recommendations.

It is important to consider that MBA/Ahpra is a separate entity from accreditation functions and the priorities and objectives of Ahpra and medical college accreditation are somewhat different. Ahpra provides a framework for appraising a doctor's safety to practice and endorses a general ethical code. Accreditation on the other hand, pertains purely to the standards of training and whether a trainee meets those standards to obtain a specialist qualification.

The consultation document confuses these roles, in that it refers to colleges “accrediting” training programs. Delineation is required between what medical colleges do and what other non-medical colleges do.

Section A: Enhancing processes related to the accreditation of programs of study and education providers

Transparency

ANZCA provides links and information on accreditation procedures and training guidelines freely on its website. This level of transparency is demonstrated by the fact that a college in the Republic of Ireland was able to access and adopt the entire FPM training curriculum, accreditation procedures, and standards from the website at no cost. This serves as a strong example of the college's commitment to transparency, as this information would be considered privileged in many other industries.

Clarity and consistency

The college is actively working to align its terminology with the recommendations from the NHPO. We have made the necessary changes to our documents, guidelines, and training handbook to reflect these recommendations.

Monitoring and non-compliance

The college and its FPM have an appeals process for accreditation decisions. It is rare for accreditation to be revoked from a training site (ANZCA has only removed training site accreditation once in the past 10 years). While some units / training sites may have come close to non-compliance, they have responded to remedial action with our significant input and support. The college and FPM are invested in maintaining training site accreditation and gains nothing from removing a site.

Section B: Improving processes related to the assessment of overseas qualified practitioners

Broader than qualifications alone

Criteria for 'relevant qualifications' (section 58) and the comparability of qualifications are not mentioned in National Law. The National Law only specifies qualifications.

The consultation describes the differences between assessment of relevant *qualifications* that are substantially equivalent or based on similar competencies to an approved qualification for that local specialty (i.e. specialist international medical graduate (SIMG) assessment) and assessment of whether registration *standards* are met (i.e. continuing professional development (CPD), recency of practice, English language, criminal history check).

The consultation indicates that currently in the National Law the latter (i.e. registration standards) is the MBA, not a college, responsibility. However, the definition includes "the required knowledge clinical skills and professional attributes" (section 42(d)), which should allow the colleges to consider continuing professional development (CPD) and community awareness. It doesn't consider the effect of decay of knowledge and skills post-qualification, meaning that CPD and continued experience are very important for maintenance of professional standards.

More than qualification assessment alone is needed to undertake a robust SIMG assessment. Specific workplace-based assessment, training and support enables smooth integration into hospital operations and the Australian health system. The Australian environment differs significantly (based on cultural and hierarchical aspects) to other countries. Qualification (and training) is designed to meet the needs of the community and does not necessarily translate to a practitioner's ability to practice in Australia. An individual with an overseas qualification will not always have the same professional attributes as an Australian trained specialist - communication, cultural safety, and advocacy are frequently deficient.

For example, we have noted the discordance between documented English language proficiency (i.e. IELTS result) and the ability to communicate in English during the SIMG interview.

Australia is a unique healthcare setting with a number of marginalised populations, including Indigenous communities, and rural and remote settings. There are important nuances in practice environments which should not be underestimated. Cultural safety is paramount to operate safely and sensitively, particularly in rural, regional and remote areas of Australia. Even with the UK and Irish qualifications being considered substantially equivalent, such a decision diminishes the importance of cultural safety (as it's absent in their training).

Amending section 58 to allow assessment of the knowledge, professional skills and professional attributes of SIMGs (section 42 (d) definition), not just the qualifications (section 58), and allow inclusion of CPD and recency of relevant practice is urgently required, along with a shared understanding of how those aspects of professional practice are completed.

Comparability

The consultation document states colleges should assess other countries' curriculum and training for comparability. This makes the erroneous assumption that training programs do not change; any assessment will only be reliable for those graduating in the time range that a particular version was operative, but SIMG applicants come from up to a 30+-year range, thus many different versions of the training program which can and often do vary significantly from each other. Moreover, ANZCA has applicants from more than 20 countries, so putting these two issues together can lead to a massive workload for a college. This is not our role, we are a bi-national college (or for some colleges, Australia only), it is not our role to assess other countries' programs. To do so would be a massive undertaking, hugely time consuming and in many cases would show they are not comparable. There needs to be awareness of unanticipated consequences of changes to processes plus acknowledgment of the extent of pro-bono work done by fellows of colleges to undertake roles to support the SIMG process. Colleges are member-based organisations and are not funded to undertake this work on behalf of governments. Supplementary funding would be required from governments to undertake this extensive work. This is one component of additional workload for colleges resulting from multiple consultations from multiple bodies, needing urgent feedback from colleges.

Provisional specialist registration

We recommend that the provisional specialist registration category be used for those in the SIMG assessment process – currently provisional registration can only be used on the general pathway for those who have been registered in a competent authority country (e.g. UK). This would require amendment to the National Law.

Section C: Ensuring effective, trusted and transparent grievance processes

Policy structure

As a result of the NHPO recommendations to medical colleges across Australia, the college's Reconsideration, Review and Appeals (RRA) Policy has been updated (dated June 2024). The updated policy has replaced the following two separate regulations into one document:

- Regulation 30 – Reconsideration and Review Process
- Regulation 31 – Appeals Process.

This is a stage-by-stage sequential process in three stages: Stage 1 – Reconsideration, Stage 2 – Review, and Stage 3 – Appeal. Regarding this, the consultation document states the following,

“The review suggests that good practice in merits reviews involves a 3-stage approach: frontline reconsideration, internal review and external review. However, no accreditation authority fully adopts this process for program of study accreditation decisions. Only 1 accreditation authority had a 3-stage process for decisions related to the assessment of overseas qualified practitioners.”

We're unsure if the one (1) accreditation authority referred to in the statement relates to ANZCA or if the statement should be updated and clarified.

ANZCA has a robust RRA Policy which is used by SIMGs. Review of RRA statistics since January 2024 reveals that approximately 10% applied for reconsideration; of those 14% were overturned at reconsideration and a further 17% at review. This process highlighted the need for revision of one of the assessment criteria, which was subsequently achieved.

Fees

The RRA process is very resource intensive and costly. It is not practical for this process to be conducted free of charge without understanding the contributing steps and effort.

ANZCA's approach to application fees (section 30.10 of the RRA Policy) states:

- No fee is payable on request for Reconsideration.

- ANZCA requires that the applicant pay an application fee at the time of submitting a request for Review.
- ANZCA requires that the applicant pay an application fee at the time of submitting a request for a Formal Appeal (fees are determined annually and published on the college website, and request may be made to the ANZCA Chief Executive Officer (CEO) for the waiver of fees, providing justification). It should be noted that the fee charged by ANZCA in no way covers the actual costs incurred by ANZCA to undertake an appeals process. If the applicant is successful at Review, the Review Fee will be refunded. If the applicant is not successful at Review, and proceeds to Appeal, they must pay an Appeal fee, and if the Appeal is successful the Appeal fee (but not the Review fee) may be refundable.

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

Regards,



Nigel Fidgeon
CEO