

Nationally consistent assessment process for international medical graduates

A Victorian progress report as at 26 April 2008

Introduction

A national process to assess international medical graduates (IMGs) is being phased in from July 2007. This follows the announcement at the July 2006 meeting of the Council of Australian Governments (COAG).

The process has been developed by a national implementation committee, involving representatives from state and territory medical boards, health departments, specialist medical colleges, the Australian Medical Council (AMC), the Australian Medical Association, postgraduate medical councils and consumer representatives.

Principles

The new assessment process is founded on these principles:

- All doctors registered in Australia should meet agreed minimum standards of practice.
- In addition to the existing AMC pathway, the new assessment model provides a variety of pathways to registration, depending on the IMG's previous training and assessment, knowledge base, clinical skills and the suitability of their skills and experience for the position for which they are applying.

National process

The new national assessment process is being implemented in a phased manner from July 2007, with full implementation expected during 2008–09. The process consists of three main pathways.

1. Competent authority pathway
2. Standard pathway
3. Specialist pathway.

Competent authority pathway

IMGs who have completed training and assessment through AMC-designated and approved competent authorities are eligible to apply for 'advanced standing' toward the AMC certificate. If the AMC grants advanced standing status to the individual, he or she is not required to sit the AMC multiple choice questionnaire (MCQ) or AMC clinical examinations, but must undertake a workplace based assessment whilst working under supervision before being eligible for general registration.

The AMC has so far approved five competent authorities:

- UNITED KINGDOM – General Medical Council (GMC)
- CANADA – Medical Council of Canada (MCC)
- UNITED STATES - Education Commission for Foreign Medical Graduates (ECFMG)
- NEW ZEALAND – Medical Council of New Zealand (MCNZ)
- IRELAND – Medical Council of Ireland (MCI)

Further details are available from the AMC website:

<http://www.amc.org.au/home.asp>

<http://www.amc.org.au/2007CAAMCSelfAssessment.pdf>

The Medical Practitioners Board of Victoria (the board) is accepting applications from IMGs who are eligible for registration via the competent authority pathway. Applicants are required to apply directly to the AMC for 'advanced standing' and obtain a suitable job offer, before they apply to the board for registration through this pathway.

IMGs who were working in Victoria before 1 January 2008 and who meet the criteria for the competent authority pathway, may apply to the board through the following transitional arrangement:

- The board must be satisfied that the applicant has completed a suitable period of supervised practice. This will normally be the supervised practice arrangements approved by the board at the time of registration.
- The doctor must provide the board with a satisfactory work performance assessment, in the approved format, which is set out in the transitional pathway application, available as a downloadable document on the board's website.

In these circumstances, the board may then recommend to the AMC that the AMC certificate be granted to the doctor.

The Postgraduate Medical Council of Victoria (PMCV) has been approved by the AMC as an accredited body in relation to the assessment process for IMGs following the competent authority pathway. The PMCV, through funding from the Department of Human Services, will be providing training and support to health services regarding the provision of appropriate supervision for IMGs, in order to ensure that an IMG from a competent authority who has completed the required period of supervised practice (usually 12 months) will be eligible for general registration.

Standard pathway

The standard pathway is designed for IMGs who are not eligible for registration under the competent authority or specialist pathways, and includes IMGs seeking employment in hospital non-specialist and some general practice (GP) positions. Such doctors will be subject to more rigorous assessment as a requirement of specific registration. The components of the standard pathway are described in the 'Elements' section below.

There will be a continuing requirement for IMGs to pass both the AMC MCQ and the AMC clinical examinations before they become eligible for general registration.

Specialist pathway

The specialist pathway is for IMGs applying for specialist positions, and includes overseas trained specialists who are eligible for fellowship, international trainees and IMGs applying for 'area of need' specialist positions. The specialist pathway also includes GPs seeking college fellowship.

Specialist assessment processes have been in place for some time and existing processes for the recognition of specialist qualifications for area of need positions will continue to apply. Much of the present activity is around streamlining systems – for example, aligning area of need and fellowship assessments, clarifying terminology around comparability and identifying specialty-related orientation needs.

A particular proposed change to the specialist pathway relates to the assessment for registration of overseas-trained specialists or specialists-in-training for short term training in Australia. Traditionally the medical specialist colleges have had a role in the assessment of some such applications. However, health services have also recruited subspecialty IMGs and overseas trained specialists-in-training without reference to the respective college. Nationally, it is being proposed that from 1 July 2008, any such IMGs who do not satisfy particular criteria will need to undergo AMC assessment via the non-specialist pathways (including the MCQ examination in the standard pathway) prior to gaining registration.

It has been proposed nationally that colleges apply the following criteria for assessment:

- The applicant is a recognised specialist or specialist-in-training in their home country, the latter category comprising those who have passed specialist examinations and/or are no more than two years from completing specialist training in their home country.
- The applicant will be undertaking training or obtaining experience in Australia not available in their home country, for a short period – normally up to one year but can in exceptional circumstances be extended to two years, and includes opportunities such as exchange fellowships.
- The applicant plans to return home at the end of training.
- There is comprehensive documentation concerning the training program and the nominated supervisor and evidence that the training program is suitable for the applicant, taking into consideration their prior training and experience.
- Australian trainees will not be disadvantaged if the applicant occupies the position.

The above criteria are presently the subject of discussions between national implementation bodies and the medical specialist colleges.

Common elements of the pathways

All three of the new pathways will have a number of common elements. Once fully implemented, these will include the following:

Pre-employment

- **Primary source verification.** All IMGs must have their medical qualifications independently verified. The primary source verification process is now in place. Further details are available from: <http://www.amc.org.au/EICSVerification.pdf>
- **English language proficiency standards.** All IMGs are required to satisfy the national English language proficiency standards for registration in Australia. Further details are available from <http://www.amc.org.au/NationalEngLangPol170407.pdf>
- **Screening examination (*standard pathway only*).** A pre-registration screening examination (based on the AMC MCQ examination¹) will be required of all IMGs in the standard pathway from 1 July 2008.

During the remainder of 2008, the screening examination will be available on-shore in Australian cities in May, July, September and November. It will also be available off-shore in 15 locations in July, with further overseas sessions planned for August, October and November. Information regarding the AMC examination timetable and examination centres, including off-shore centres, is available from the AMC website:

<http://www.amc.org.au/datefees.asp>

The off-shore examination is run through an international examining agency through their world-wide network of computer-testing facilities. It is planned that over time the number of international examination centres will be increased. However, the AMC is required to book and pay for a set number of seats at each assessment session. Therefore, before the off-shore examination is expanded to other locations and scheduled for further dates, the AMC requires information from health services about where and when potential recruits are likely to want to sit the test.

However, neither the AMC nor any of the computer testing companies can provide a guarantee of having testing sites available in all locations from which IMGs might be recruited. Most particularly, expansion of the off-shore examinations is constrained by Australia's commitment to the Commonwealth code of practice for the international recruitment of health workers. The code is intended to discourage the targeted recruitment of health workers from countries which are themselves experiencing shortages. This means that the AMC will not be running the examination in some countries that are presently a source of IMGs for Australia (eg South

¹ The MCQ (multiple choice questionnaire) examination was developed by the AMC to ensure that doctors being licensed to practice have appropriate levels of applied medical knowledge. The MCQ is benchmarked to the level of newly qualified graduates of Australian medical schools who are about to commence intern training. The charge for sitting the MCQ is \$1830 per attempt.

Africa – India was previously barred but is now likely to be a target for examination sessions). Candidates from such countries will need to make other arrangements for sitting the MCQ – for example, by travelling to Australia or a location where the off-shore examination is being held.

The issue regarding the requirement that some subspecialty IMGs (such as those employed in neurosurgery, trauma, intensive care units, etc) and overseas trained specialists-in-training sit the MCQ from 1 July 2008 is addressed in the discussion on the specialist pathway (page 5). As at the date of this report, those IMGs who do not meet the stated criteria and are generally here to occupy service positions will be required as a condition of registration to sit the screening examination. Some health services have advised that this requirement will create a barrier to recruitment, as these IMGs fulfil a legitimate workforce role in subspecialty areas, yet are likely to have trouble passing an MCQ benchmarked at the level of a new graduate.

The department has been consulting with health services to identify circumstances where introduction of the mandatory screening examination might create a barrier or delays to recruitment of IMGs. Where such concerns cannot be addressed through modifications to the national process or via administrative or transitional arrangements at the state level, the department has IMG recruitment and assessment funds available to support services to meet national requirements whilst maintaining workforce supply. Further information on this matter will be provided once details are confirmed.

Note that IMGs who are currently registered will not be required (except under specific state legislation or individual conditions of registration) to sit the AMC MCQ examination before seeking re-registration.

- **Pre-employment structured clinical interview.** In situations of higher risk (for example, IMG appointments in less supervised environments) there may be a requirement for an AMC-accredited provider to carry out a structured clinical interview prior to employment. The structured clinical interview will establish whether an applicant has the knowledge and experience to practise safely and effectively in the position for which they are seeking registration. In well supervised and supported environments, an organisation's existing recruitment processes will suffice.

The AMC is developing guidelines for the administration of structured clinical interviews. The PMCV already administers a structured behavioural interviewing training program which is expected to align with AMC guidelines.

The department and the board are planning Victorian arrangements for the structured clinical interview, including a process for determining in which circumstances an independent assessment will be required. Implementation of this component of the national process is presently planned for January 2009.

During employment

- **Orientation.** All IMGs will be expected to undertake orientation to the health system, workplace and culture in order to work successfully in the Australian health environment. It will be the responsibility of the employer to provide or source a suitable orientation program, which may be delivered by a number of methods including paper-based resources, web-based programs and/or face-to-face delivery. Orientation must occur within the first three months of employment.

An orientation plan will be a mandatory component of the position description submitted with the initial registration application to the board. The content of the orientation program and the manner in which it will be delivered must be documented. Evidence of completion of a satisfactory orientation program will need to be submitted to the board along with a supervisory report.

- **Supervision.** The purpose of supervision is to ensure that the practitioner is performing at an acceptable standard in the position for which they were registered. The nature and availability of supervision must be set out in the position description and supervision plan.

Supervision requirements are set out in the board's guidelines for medical registration, available from <http://medicalboardvic.org.au>

- **Workplace based assessment.** It is expected that workplace based assessment will form part of the national assessment process for some IMGs to ensure that clinical performance is at the required level for the appointed position.

Workplace based assessment using the mini clinical examination (mini-CEX) is presently being trialled in a number of states for the purposes of the competent authority pathway. In Victoria there are a number of projects underway within hospitals and colleges to examine the feasibility and effectiveness of workplace based assessment for both formative and summative purposes. The AMC is also interested in pursuing workplace based assessment as an alternative to the existing clinical examination for the purposes of granting general registration. However, as yet no date has been set for implementation of this element of the national process.

- **Continuing professional development.** All IMGs will be expected to undertake appropriate continuing professional development to maintain registration.

When fully implemented, the new national assessment process, regardless of the assessment pathways followed, is intended to enable IMGs to proceed to general registration, or, in the case of overseas trained specialists, to the relevant category of registration as a specialist in Australia.

Resources and support

Funding of \$1.642 million has been provided in 2007-08 by the Victorian government to support implementation of the national assessment process. This has been directed to a range of projects in hospitals and other organisations to support the assessment, orientation, upskilling and support of IMGs. See the **IMG Funding Strategy 2007–08** for details.

Funding of \$1.754 million is available in 2008–09 to support implementation of the national IMG assessment process. In allocating these funds, the department will consider the location and needs of the IMG workforce, with a view to establishing a consistent state-wide structure for IMG assessment, orientation, upskilling and support. The department will also examine the feasibility of establishing an information, referrals and support centre for IMGs in Victoria.

Further advice on the 2008–09 IMG strategy, including dates for the introduction of specific components of the new system, will be provided as details become available.

Further information

www.amc.org.au

www.medicalboardvic.org.au

www.health.vic.gov.au/workforce/medical

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Please note: The information in this report is current as at 26 April 2008. The report is provided for general information purposes only and the detail may change. Before making any decisions based on this information, you should contact the responsible agency directly. Administrative details regarding practitioner registration under the national IMG assessment process can be found on the website of the Medical Practitioners Board of Victoria:

www.medicalboardvic.org.au/pdf/IMG_Registration_April_2008.pdf