



Media statement

19 March 2012

Medical Board, AMC and AHPRA welcome constructive focus on IMGs

The Medical Board of Australia, the Australian Medical Council and the Australian Health Practitioner Regulation Agency (AHPRA) have welcomed increased focus on International Medical Graduates and suggestions for initiatives to improve their experience of joining Australia's healthcare system.

Responding to the report of the House of Representatives Standing Committee on Health and Ageing overseas trained doctors (OTDs) inquiry, the Board, AHPRA and the AMC have committed to an initial three-point action plan and longer term, continuing close collaboration.

The three bodies will take advantage of the new landscape created by the National Registration and Accreditation Scheme and work closely to improve systems and reduce red tape for IMGs. Working together they will:

- Map existing application processes, documentary requirements and information pathways. Currently, each agency is focused on meeting its statutory and governance responsibilities. Mapping current processes and analysing the documentary requirements of the National Law is a critical first step that will enable the Board, AHPRA and the AMC to develop an effective new platform to share information, ensure relevant legal requirements are met and reduce red tape for IMGs
- Identify opportunities to design new streamlined processes that remove duplication and make the application and assessment process as reliable, sensitive and simple as possible
- Develop a communications roadmap for IMGs that clearly describes the pathways to registration and the assessment requirements for IMGs. The Board, AHPRA and the AMC will approach the Department of Immigration, Specialist Colleges and other relevant stakeholders in an effort to develop integrated and clear information for IMGs

Board Chair, Dr Joanna Flynn AM, said it was time to take advantage of the opportunities provided by the National Scheme for collaboration that improved outcomes for the community and the profession.

"In the past, the patchwork of state-based regulation overlapping with a range of national requirements (for example in relation to assessment or immigration) made it very difficult for any organisation to take a wider focus and tackle issues outside their direct sphere of influence," Dr Flynn said.

She cautioned about the need to take time to identify "the best and not just the quickest solutions".

"I want to make sure that changes we make now are serious, sensible and effective and not a band-aid on a complex challenge," Dr Flynn said.

AMC President, Professor Richard Smallwood AO, said the AMC welcomed the opportunity to work with the Board and AHPRA on a wider solution.

"We have the chance now to collaborate and alter processes that not only deliver a more efficient way of working and meet our respective legal responsibilities, but importantly, aim to improve IMG's experience of navigating a complex set of requirements," Professor Smallwood said.

AHPRA CEO, Mr Martin Fletcher, said AHPRA looked forward to working closely with the Board and the AMC to identify opportunities for improvement and help implement them.

"Two of the core principles of the National Scheme are public protection and facilitating access to health services. This work is a tangible example of AHPRA's commitment to improvements that prioritise both safety and access," Mr Fletcher said.

The Board and the AMC welcomed the inquiry's support for work place based assessment of IMGs and encouraged jurisdictions to expand their commitment for this pathway to registration.

The Board and the AMC also announced the outcome of their joint review of the implementation of assessment pathways for IMGs (see [Media release 8 November 2010](#)).

The review found:

1. The Competent Authority pathway is working well and provides an effective and fair pathway to registration for eligible practitioners
2. It takes longer for IMGs to progress through the Standard and Specialist pathways
3. Of the approximately 6000 IMGs with limited registration, there are about 100 who have held this type of registration for significant periods of time, many for more than 10 years. Under the National Law, these people are entitled to three renewals of registration before they will need to reapply for registration. The Board will need to work closely with these individuals and encourage them to work towards more permanent forms of registration
4. IT and system changes are required to better identify the progress of these individuals towards general or specialist registration. AHPRA and the Board are currently identifying these requirements and planning appropriate system developments.

The Board, AHPRA and the AMC are now reviewing the 291-page report in detail and will respond to more specific recommendations after careful analysis.

For more information

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