Stakeholder details

Initial questions
To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.
Question A Are you completing this submission on behalf of an organisation or as an individual? **Your answer:** ☒ Organisation Name of organisation: **Australian and New Zealand College of Anaesthetists (ANZCA)** Contact email: [redacted] ☐ Myself Name: Nigel Fidgeon Contact email: [redacted]
Question B If you are completing this submission as an individual, are you: ☐ A registered health practitioner? Profession: Click or tap here to enter text. ☐ A member of the public? ☐ Other: Click or tap here to enter text.
Question C Would you like your submission to be published? ☒ Yes, publish my submission **with** my name/organisation name ☐ Yes, publish my submission **without** my name/ organisation name ☐ No – **do not** publish my submission

Your responses to the consultation questions

1. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and workable?

As a general comment ANZCA considers that the consultation should consider or pose whether options 1 (rely on the existing standard) or 2 (revise the existing standard) are better in the first instance, rather than leading all respondents into commenting on option 2.

It is considered that option 2 has no end assessment for the expedited pathway apart from that of the on-site supervisors (which in ANZCA's experience has found to be flawed in the direction of false positives in some instances, never false negatives).

The current system used by our SIMG committee here in Australia appears to work well, and ANZCA's SIMG assessment process successfully conforms to the Medical Board's good practice guidelines and is regularly reviewed for consistency with regulatory changes. Further, ANZCA already undertakes a process within the timelines recommended for those designated as substantially comparable from the United Kingdom and Ireland. Our current processes for these doctors are both efficient and effective and support the delivery of safe patient care. In our experience, those who have difficulty navigating the system have not been trained and educated through systems similar to those available here.

We have many candidates who sit many times for the examination through the college, demonstrating a significant difference in the knowledge base between those here in Australia, New Zealand and some other countries.

If this system is totally paper based then some important personal, cultural, language and other factors may not be obvious initially but may be crucial to success of that individual practising safely and appropriately in Australia/New Zealand.

2. Is there any content that needs to be changed, added or deleted in the draft revised specialist registration standard?

The wording of *minimum of* six months should be added to the 'competency requirements for specialist registration', as below:

> **Minimum of** six months of satisfactory supervised practice approved by the Board in the speciality within Australia

3. Are there any impacts for patients and consumers, particularly vulnerable members of the community that have not been considered in the draft revised specialist registration standard?

It is important that there is an adequate period of supervision required of SIMGs on the expedited pathway, and that this is appropriate to the vocational specialty and workplace in which they will undertake their provisional registration period.

The community must be assured that those medical practitioners new to Australia are required to undertake a period of mentorship and cultural safety training that enables them to serve the community at least as well as an Australian graduate would.

Specialist colleges are required to provide training resources and assessment in culturally safe practice, under the AMC accreditation standards. The expedited pathway should be able to incorporate accessing these resources for SIMGs, for example through enrolment in the applicable college's CPD Home.

The requirement for cultural competency training is one that we would expect will encompass all specialties.

4. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised specialist registration standard?

The college would like to convey the importance of an external assessment for all SIMGs and the importance of orientation, particularly with relation to cultural safety. Supervision and mentoring of SIMGs that includes cultural safety and understanding of the unique features of Australian culture (especially its less hierarchical nature), recognising the differences in Australian and Indigenous medical and social cultures is crucial. The lack of this poses a risk to Aboriginal and Torres Strait Islander people if cultural safety is not achieved through this process.

5. Are there any other regulatory impacts or costs that have not been identified that the Board needs to consider?

Unique operating requirements

There are other specific and important differences which do require oversight, information, direction and supervision when beginning specialist practice in Australia. These are in relation to workers compensation in any state of territory, the handling of transport accident clients, regulations around the provision of opioid analgesia in different forms. These can be somewhat different in different states and territories. The Medicare system is complex and difficult to navigate in the early stages of practice.

The practical applications of guidance, policies and protocols developed by the faculty of pain medicine and considered the standard of care by the medical regulation therapies are also complex.

Responsibility

If the proposed framework is adopted and implemented, there remains some lack of clarity of who might be responsible should an applicant have their specialty status expedited outside the colleges of higher learning.

Obvious background checks, police checks, immigration status, working with children's status, are presumably part of this process.

Maintenance of standards

Currently the responsibility of maintaining standards of education and professionalism lie with the college (of anaesthesia) and faculty of pain medicine.

In the expedited pathway it is unclear who might be responsible for ongoing maintenance of standards, and managing issues if they arise in relation to suitability to practice.

Supervision

It is not clear under the auspices of which body or individual supervision falls (if required).

6. Do you have any other comments on the draft revised specialist registration standard?

Consideration must be given to adequate independent assessment of those SIMGs registered through the expedited pathway.

The workforce pressures and potential unconscious biases inherent to places of need may distort assessment by local supervisors. The fear of vacant positions may promote a “failure to fail” environment, and lead to a lack of robustness and reliability in SIMG assessment.

Recruitment initiatives need to be supported by measures to enhance retention. The specialty colleges provide an established community with resources and mechanisms to foster collegiality, protect wellbeing, strengthen standards and guide professional development of the SIMG workforce. Processes within the expedited pathway to link new doctors to the colleges should be considered.

In seeking to optimise assessment of SIMGs that is efficient and effective (in both time and quality), ANZCA strongly advocates that quality and standards of assessed SIMGs is kept at the forefront as part of any reviewed process, recognising any potential risks to patient care.

ANZCA would like to emphasise the ideal process would be for Ahpra to work with the medical colleges on one joint process (managed by the colleges) that has an expedited pathway within it that meets Ahpra's aims.

To further assist in understanding the anaesthesia SIMG process requirements, ANZCA has separately provided Ahpra with a comprehensive document detailing our recommendations for consideration (sent 19 June 2024). This document was developed to ensure the college continues to work closely with the Medical Board / Ahpra in developing the pathway, to ensure that our proven experience relating to SIMG assessment is harnessed and ultimately, the high standards of safety and quality of anaesthesia care continue in the community. This separate document should also be considered consultation feedback.