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 These details will not be published in any summary of the collated feedback from this consultation.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: Click or tap here to enter text. Contact email: Click or tap here to enter text. Name: Dr Adnan Alam Contact email: Question B If you are completing this submission as an individual, are you: ☑ A registered health practitioner? Profession: Specialist General Practitioner ☐ 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 without my name/ organisation name
- ☐ No **do not** publish my submission

Your responses to the consultation questions

clear, relevant and workable?
The document reads well and is easy to follow, however I struggled to ascertain the list of approved qualifications for specialist registration. The hyperlinks provided in the document led to the generic website. I was only able to locate an approved list of medical schools which are not specialist qualifications, but I was expecting to see a list containing eg. RNZCGP, RCGP, AAFP, etc.
2. Is there any content that needs to be changed, added or deleted in the draft revised
specialist registration standard?
Add hyperlinks that lead to specific information on what counts as qualifications for specialist registration. If that is not possible, provide a clear pathway on how to navigate to the relevant webpage.
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 unclear what the required period of supervised practice in the relevant speciality will be. Even with orientation to the Australian healthcare system, someone who has the clinical knowledge to perform the task needs some supervision prior to practicing independently in a new healthcare system. This could be competency based as opposed to time based to allow for greater flexibility.
4. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised specialist registration standard?
No specific impacts on Aboriginal or Torres Strait Islander Peoples other than needing to learn about the specific health needs of this group. Standardised cultural competency training may assist with this.

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

Do you have any other comments of oking forward to the rapid implementation stination of choice for fully qualified median median and the comments of the rapid implementation of choice for fully qualified medians.	on of this stan	ndard so that Au	

If competency-based supervision and cultural competency training are to be required, this would incur

additional costs.