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28 June 2024

Australian Orthopaedic Association,

RE: PUBLIC CONSULTATION – DRAFT REVISED REGISTRATION STANDARD: SPECIALIST REGISTRATION

Thank you for your invitation to provide a response to the newest review of standards by the Medical Board of Australia. Please accept this as my submission regarding the changes to the registration standard for specialist registration proposed by the Medical Board of Australia.

In preparing the submission I have had cause to review the following documents:

1. your email of 18 June 2024
2. Australian Medical Council Limited Constitution 17 May 2024
3. Health Practitioner Regulation National Law Act 2009 as it applies in Victoria
4. Medical Board of Australia *Statement Medical Registration – What does it mean? Who should be registered?* 14 March 2012
5. Medical Board of Australia AHPRA *Guidelines – Supervised practice for international medical graduates* 4 January 2016
6. Medical Board of Australia AHPRA *Guidelines – Short-term training in a medical speciality for international medical graduates who are not qualified for general or specialist registration* 1 July 2016
7. Medical Board of Australia *Registration Standard: Specialist Registration* 15 February 2018
8. Australian Medical Council Ltd *Guidelines for the Recognition of Medical Specialities and Fields of Speciality Practice under the Health Practitioner Regulation National Law* May 2018
9. Council of Australian Governments *Review of Governance of the National Registration and Accreditation Scheme (NRAS) Report* February 2022
10. The State of Queensland *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022 Explanatory Notes* 18 February 2022

11. AOA *Use of the title "surgeon" by medical practitioners in the Health Practitioner Regulation National Law Consultation – Regulation Impact Statement* 18 March 2022
12. Senate Community Affairs References Committee *Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law* April 2022
13. AOA-AOFAS *Response to Independent review of the regulation of podiatric surgeons in Australia* April 2024
14. Medical Board of Australia AHPRA *Public Consultation: Draft revised Registration standard: specialist registration* 3 June 2024
15. *Goldman v Medical Board of Australia* [2024] VCAT 545
16. AOA *Information for specialist international medical graduates (SIMGs)*
17. AOA 21 Curriculum
18. AOA Webinar *Transition to Practice* 19 November 2020

1. INTRODUCTION:

A Profession is a group that has a body of knowledge and skills so specialised and important to the community that it is allowed to self-regulate[1]

1.1 Medicine as a profession is at a crisis point. Years of ever-increasing over-regulation by non-medical bureaucrats seeking to dictate patient care to those who care for patients has led to a toxic environment for all medical practitioners. Whilst the medical profession has been stripped of its ability to care for patients, the non-medical bureaucrats are very quick to hold the medical profession responsible for any and all adverse outcomes.

1.2 Surgery, in particular, has been taken over by lawyers, politicians, and non-medical government agencies in what has been created as a very profitable business for those entities. There are even moves afoot to have lawyers and non-medical advisors be appointed directors on the Boards of the peak surgical bodies. As more of surgery is divided and consumed, the non-medical agencies grow ever more powerful and demand ever more control. With the increase in profit and power, there has come a decrease in transparency and accountability of the non-medical agencies to both the public and the surgical community.

1.3 Any further capitulation to non-medical bureaucrats will be disastrous for the roles and responsibilities of the peak professional bodies of surgeons (the Royal Australasian College of Surgeons (the College)) and of orthopaedic surgeons (the Australian Orthopaedic Association (the AOA)) who are responsible for the selection, training, and assessment of those seeking to become surgeons and the maintenance of standards of members of those bodies in a collegiate manner. The reputation of the AOA and the College relies on being acknowledged as the peak professional bodies representing all orthopaedic surgeons and all surgeons respectively.

1.4 The latest attempt to remove specialists and specialist colleges from the selection, training, and assessments of those seeking specialist registration is just another nail in the

[1] As taught on the Training in Professional Skills course

coffin of the AOA and the College as the peak professional bodies and of surgery as a profession. The latest grab for more power may just be the Medical Board of Australia (the Board)'s and the Australian Health Practitioner Regulation Agency (AHPRA)'s greatest insult to surgeons yet.

1.5 However, the consequences of giving up the control of the most fundamental of the roles and responsibilities of the AOA and the College to the non-medical bureaucrats is not just insulting and damaging to the reputation of all surgeons, but is an unacceptable danger to the safety of the public[2] and of the public's confidence in the safety of the provision of surgical services generally[3]. Removal of surgeons from the selection, training, and assessment of those intending to practice as surgeons may well put the public at risk by failing to ensure that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are granted specialist registration.

1.6 There have been attempts in the past to bypass the proper assessment of practitioners applying for specialist registration with disastrous consequences. One only has to look back to the damage done to patients and patients' confidence in the system by the "fast tracked" applications of Kossman and Patel, amongst others. One wonders if the outcomes may have been different for all involved, including the practitioners themselves, if a proper assessment was performed by those appointed by the AOA and the College in the first place.

2. THE RULES:

> *The Law is 100% artificial, 100% ambiguous, and 100% arbitrary. And that is how lawyers want it to be.*[4]

2.1 The legislation that relates to the national registration and accreditation scheme is the Health Practitioner Regulation National Law Act 2009 (the National Law), in force since 2010 and most recently amended in 2023.

2.1.1 The National Law is a schedule to the enactment in Queensland, but is enacted with amendments in each state and territory. Some of these amendments have made significant improvements in the safety and wellbeing of health practitioners, most notably the restricted use of AHPRA and their law firm to investigate complaints in New South Wales, and the revocation of mandatory reporting by treating practitioners in Western Australia.

2.1.2 The registration of specialists forms part of the general objectives of the act including to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered[5] and to facilitate the rigorous and responsive assessment of overseas-trained health practitioners[6].

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[2] See Health Practitioner Regulation National Law Act 2009 s3A(1)(a)

[3] ibid s3A(1)(b)

[4] my own

[5] Health Practitioner Regulation National Law Act 2009 s3(2)(a)

[6] ibid s3(2)(d)

2.1.3 The more specific details regarding specialist registration are included as divisions of Part 7 of the National Law which also includes divisions on general registration, provisional registration, limited registration, non-practising registration and the requirements for applications for and withdrawals of registration. The National Law sets out the eligibility criteria for specialist registration which includes that the individual is qualified for registration in the speciality[7] and has successfully completed any period of supervised practice required by an approved registration standard[8] or any examination or assessment required by an approved registration standard to assess the individual's ability to competently and safely practise the speciality[9] and is a suitable person to hold registration in the health professions[10]. The National Law specifically details factors which may influence the decision as to whether the Board decides whether an individual is a suitable person to hold general or specific registration[11].

2.1.4 The National Law also sets out, somewhat clumsily, the qualifications required for specialist registration[12]. It notes the possible requirements of the Board for the individual to have successfully completed an examination or other assessment[13] and that any such examination or assessment must be conducted by an accreditation authority for the health profession, unless the Board decides otherwise[14]. Once an individual has been granted specialist registration, the individual is then permitted to use the title specialist in that speciality[15].

2.1.5 The National Law confirms the Council of Australian Governments recommendation of 2022 that the protection of the public[16] and public confidence in the safety of services provided by registered health practitioners and students[17] are paramount guiding principles of the national registration and accreditation scheme and that the scheme is to operate in a transparent, accountable, efficient, effective and fair way[18].

2.2 Currently the registration standard is Medical Board of Australia Registration Standard: Specialist Registration[19]. The document outlines the processes and pathways to gain specialist registration currently known as the specialist pathway and includes the information that the specialist medical colleges accredited by the AMC are currently the education providers for specialist training and also conduct the assessment and/or examination of specialist international medical graduates (SIMGs) who are seeking to qualify for specialist registration in Australia[20].

2.2.1 The registration standard informs who is qualified for specialist registration and what must be done to apply for specialist registration if the applicant has general registration and/or specialist registration in another speciality or are not qualified for general registration[21].

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[7] ibid s57(1)(a)
[8] ibid s57(1)(b)(i)
[9] ibid s57(1)(b)(ii)
[10] ibid s57(1)(c)
[11] ibid s55(1)
[12] ibid s58
[13] ibid s58(c)
[14] ibid s59
[15] ibid s115
[16] ibid s3A(1)(a)
[17] ibid s3A(1)(b)
[18] ibid s3A(2)(a)
[19] Medical Board of Australia Registration Standard: Specialist Registration 15 February 2018
[20] ibid p2
[21] ibid p3

2.2.2 Further information is provided regarding those applicants who already have international specialist qualifications. These applicants apply to the relevant specialist medical college for an assessment of their comparability to an Australian trained specialist in the same speciality.

2.2.3 SIMGs who are partially comparable or substantially comparable are not qualified for specialist registration until the college has confirmed they have successfully completed any additional requirements such as supervised training, assessments, or examinations set by the college[22].

2.2.4 Fellowship of the college is not required for specialist registration[23]. The Board expects the college to inform the Board if the applicant's fellowship of membership has been revoked because they are deemed not suitable or have failed to comply with CPD requirements.

2.2.5 The registration standard is more of a hotchpotch of standards that have been added to over the years and are not immediately helpful to anyone wishing to apply for specialist registration in Australia.

2.3 The confusion is compounded even further by the multitude of various website-only documents and other standards, guidelines and fact sheets. One such document is the Medical Board of Australia Guidelines: Supervised Practice for International Medical Graduates[24]. This document suggests that it is the Board who decides whether a period of supervised practice is required to provide assurance to the Board and the community that the practice of the medical practitioner with limited or provisional registration is safe and is not putting the public at risk[25].

2.3.1 The document suggests it is also the Board who decides on the level and duration of the supervised practice and that the supervisor is to be approved by the Board and will provide feedback to the Board[26]. Little or no mention is made of any involvement of the specialist colleges in the decisions to require or assess the outcomes of supervised practice.

2.3.2 There are at least two score of other documents on the Medical Board of Australia's website with some reference to registration standards. It becomes even more confusing when the documents refer to different pathways some of which do not lead to specialist registration. One such example, without going into further details, is the "summary" of the processes confusingly documented in Medical Board of Australia FAQs – Specialist Pathway[27].

2.3.3 If the aim of these documents was to clarify or summarise in plain English, they have failed.

2.4 It is useful to compare the usefulness and clarity of the Board's documents with those provided by the AOA. The web-based AOA Information for specialist international graduates[28] is a clear and succinct document that provides useful information. It outlines the process for SIMGs to apply for specialist registration as an orthopaedic specialist

[22] ibid p4
[23] ibid p5
[24] Medical Board of Australia Guidelines: Supervised Practice for International Medical Graduates 4 January 2016
[25] ibid s2
[26] ibid s3.3
[27] Medical Board of Australia FAQs – Specialist Pathway (undated)
[28] Australian Orthopaedic Association Information for specialist international medical graduates

from the application to verify the medical qualifications, applying to the AMC and applying to the College before the AOA becomes involved.

2.4.1 The College manages the assessment of the qualifications and experience with the AOA to determine whether the application is deemed substantially comparable, partially comparable, or not comparable, based on the documents and an interview if deemed suitable to provide further clarification of surgical training, education, and specific aspects of surgical practice such as judgement and clinical decision making.

2.4.2 The decision can then be to notify the Board of the suitability for specialist registration, satisfactorily completing further assessments including a period of supervised practice or sitting the fellowship exams, or, in cases where the outcomes are not comparable, making an application to the AOA 21 Training Programme.

2.4.3 The creation of the "transition to practice" year postdates the web-based information and is not mentioned as a potential course for partially comparable outcomes.

3. <u>THE PLAYERS:</u>

The most dangerous people in society are those who pretend to know.[29]

3.1 The <u>Australian Medical Council</u> (AMC) is formed from its own constitution[30] with the objective of improving health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and New Zealand[31]. It has a more specific role in developing accreditation standards for assessment of international medical graduates for registration in Australia[32] and the overseeing of the knowledge, clinical skills, and professional attributes of those seeking registration without approved qualifications[33].

3.1.1 The AMC undertakes primary source verification of qualifications of all applicants for specialist registration[34].They report to the Federal State, and Territory governments, AHPRA, the Board, and the State Boards[35] and provide policy direction to the Boards and AHPRA.

3.1.2 It is not for profit but may recompense members for expenses.

3.1.3 The AMC consists of 11 members each of whom is registered as a medical practitioner and are appointed by the directors of the AMC and at least 19 other members some of whom may be community members[36].

3.1.4 Currently, despite the enormous diversity of the members, **there is only one surgeon on the AMC** who also happens to be an orthopaedic surgeon. One wonders if it will be left to the sole surgical representative to make all decisions regarding surgical issues for the AMC.

[29] attributed to Socrates
[30] Australian Medical Council Limited Constitution 17 May 2024
[31] ibid s2(a)
[32] ibid s2(b)
[33] ibid s2(f)
[34] Medical Board of Australia FAQs – Specialist Pathway (undated) p3
[35] ibid s2(i)
[36] ibid s4.2

3.2 The Medical Board of Australia is created under the National Law[37] with a range of specific functions[38] including registering suitably qualified and competent persons in the health profession and, if necessary, to impose conditions on the registration of persons in the profession[39] and to oversee the assessment of the knowledge and clinical skills of overseas trained applicants for registration[40].

3.2.1 The Board does not perform the assessments but receives the outcomes of the speciality college assessments and decides whether to grant specialist registration with or without conditions[41].

3.2.2 It is answerable to, and advises, the AMC and may delegate any of its functions to AHPRA[42]. However, having delegated a task to AHPRA, the Board seems to do whatever AHPRA demands of it without question.

3.2.3 The Board does not have the power to run as a business[43] but can sue and be sued[44].

3.2.4 Board members are appointed by the AMC as either practitioner or community members[45]. At least half but no more than two-thirds of the members of the Board must be practitioner members[46]. Currently the National Board consists of 8 practitioner members and 4 community members.

3.2.5 The community members do not apply for positions on the Board because they have an interest in assisting medical practitioners in their care for their patients. Even more disturbingly, of the 8 practitioner members only 4 have clinical roles as GPs, an emergency medicine physician, and an anaesthetist.

3.2.6 **There are no surgeons on the National Board**.

3.2.7 Significantly more disturbing again is the belief of the National Board that it is an expert body, whose composition includes medical practitioners[47], a statement which was blindly accepted by the Deputy President of the Victorian Civil and Administrative Tribunal without question[48].

3.2.8 Furthermore, the “expert body” had no-one who had performed the procedure in question, but that did not deter the Board from making uninformed decisions.

3.2.9 Such arrogance to pretend expertise extends to the potential of a predominantly non-clinical body and completely non-surgical body to assess the knowledge and clinical skills of those seeking to work as surgeons in Australia.

3.3 The Victorian Board of the Medical Board of Australia is formed under the National Law[49] with members appointed by the State Health Minister[50]. Similar to the National Board, the State Board must consist of at least half and not more than two-thirds of practitioner members[51].

3.3.1 However, the current make-up of the State Board is that half of the members are community members. Again, it is to be noted that the community members did not

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[37] Health Practitioner Regulation National Law Act 2009 s31(1)
[38] ibid s35
[39] ibid s35(1)(a)
[40] ibid s35(1)(e)
[41] Medical Board of Australia FAQs – Specialist Pathway (undated) p4
[42] Health Practitioner Regulation National Law Act 2009 s37
[43] ibid s32(2)
[44] ibid s31A(1)(c)
[45] ibid s33(2)
[46] ibid s33(4)
[47] See Goldman v Medical Board of Australia [2024] VCAT 545 at [50], [64], and [66]
[48] ibid at [85]
[49] Health Practitioner regulation national Law Act 2009 s36
[50] ibid s36(3)
[51] ibid s36(5)

apply for the positions on the Board for the betterment of doctors to be able to care for their patients (further noting that three of the six community members use the title "Dr" for non-medical reasons, including a PhD in creative writing by a member who previously edited the Big Issue!).

3.3.2 Of the remaining half of the State Board, there are four involved in clinical duties as GPs, a nephrologist, and a psychiatrist.

3.3.3 **There are no surgeons on the State Board**, let alone orthopaedic surgeon representation.

3.3.4 Again, as with the National Board, the State Board cannot be viewed as an expert body.

3.4 The Australian Health Practitioner Regulation Agency is also created under the National Law[52]. Unlike the National Board, the National Agency is set up as a business model with a Board[53] and is allowed to employ people, enter into contracts, and own property[54] but can still sue and be sued[55]. It has its own inhouse legal team.

3.4.1 Prior to the amendments made in 2020, AHPRA's functions were essentially to maintain the register of health practitioners and to provide administrative assistance to the various National Boards when requested. Previously, AHPRA was responsible to the National Boards. However, following the almost unopposed lobbying from the previous chair of AHPRA, the functions are now far reaching[56].

3.4.2 AHPRA is now effectively the equivalent of the National Boards and is answerable to the AMC separately to the National Boards.

3.4.3 However, AHPRA itself has no defined role in the assessment of suitability for registration. AHPRA is funded by the annual fees of health practitioners, the very people they persecute. AHPRA now employs more than a thousand people, **all of whom are non-medical**, and as with the community members of the Boards, do not seek their employment because of sympathy for the medical profession.

3.4.4 The average salaries of those employed directly by AHPRA is greater than the average GP wage.

3.4.5 Furthermore, of great concern is that the previous chair of AHPRA is the head of the law firm used regularly by AHPRA to persecute the health practitioners. That law firm made $111.4 million last financial year.

3.4.6 AHPRA is not a body of experts and has to be seen as an antagonist to the ability of medical practitioners to care for their patients. AHPRA must never be allowed to perform assessments of the clinical knowledge, technical skills, or professionalism in any circumstance.

3.5 The Royal Australasian College of Surgeons is the specialist medical college representing all surgeons for the purposes of the AMC[57]. The College is the principal body for the training and education of surgeons in Australia and Aotearoa New Zealand through its nine surgical divisions.

3.6 Each of the surgical divisions has a board for training in that speciality and the College is the umbrella organisation representing the interests of all fellows according to their speciality.

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[52] ibid s23
[53] ibid s29
[54] ibid s24
[55] ibid s23(2)(c)
[56] ibid s25
[57] See Australian Medical Council Limited FAQ: Recognition of medical specialities 13 September 2018

3.7 The Board of directors of the College were previously all surgeon members of the College but there are moves afoot to relinquish this control to non-surgical and even non-medical persons.
3.8 **The College currently consists entirely of surgeons**.
3.9 Under the National Law, if the Board requires an individual to undertake an assessment for specialist registration as a surgeon, the assessment must be conducted by the College, unless, concerningly, the Board decides otherwise[58].

3.10 The Australian Orthopaedic Association is the body accredited by the College to select, train, and assess those seeking to become orthopaedic surgeons in Australia. The corresponding body in Aotearoa New Zealand is the New Zealand Orthopaedic Association (NZOA).
3.10.1 The process of selection, training, and assessing of those seeking to become orthopaedic surgeons in Australia is carried out by Australian orthopaedic surgeons.
3.10.2 Currently, **the AOA consists entirely of orthopaedic surgeons.**
3.10.3 Sadly, despite showing its expertise in developing a transparent and fair selection process, it is disappointing that the AOA, for the first time in its history, has succumbed to external political pressure to openly give preferential treatment to some candidates over others. It will mean that the individuals chosen to undergo training as orthopaedic surgeons may not have been the best candidates to be selected. It is hoped this is only a temporary diversion from the previous fair and transparent system of selection.
3.10.4 The development of AOA 21 as a competency-based, rather than time-based training programme has shown that the AOA is a world leader in the training of orthopaedic surgeons. It is a credit to the AOA that the model has been copied around the world.
3.10.5 Of note is the final year of training deemed the "transition to practice". This final year consolidates the previous years of acquisition of the requisite clinical knowledge and technical skills and adds in a thorough orientation to the Australian healthcare system, including cultural safety training and ensuring that only candidates who are suitably trained and qualified to practice in a competent and ethical manner receive registration.
3.10.6 It is the AOA who is the approved accreditation authority to conduct assessments of those individuals whom the Board requires to undertake and assessment for specialist registration.

4. THE GAME:

> *The expedited pathway aligns with these approaches and will speed up the registration process for SIMGs with specific specialist qualifications, by enabling them to apply directly for specialist registration without the need for a college assessment of the individual.*[59]

4.1 The previous registration standard was approved in 2018 and states that it will be reviewed at least every five years[60]. The review of the registration standard is overdue.

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[58] Health Practitioner Regulation National Law Act 2009 s59
[59] Medical Board of Australia Public Consultation: Draft revised Registration standard: specialist registration p3 at para3 (emphasis added)
[60] Medical Board of Australia Registration Standard: Specialist Registration 15 February 2018 p6

4.2 The National cabinet commissioned an independent review of Australia's Regulatory Settings in 2022 and appointed Robyn Kruk to provide the report. The final report was endorsed by National Cabinet on 6 December 2023[61] and made key findings that were generally obvious and unexpected.

4.2.1 One area of finding was the significant shortages in nursing and areas of medicine including anaesthetics, general practice, obstetrics and gynaecology, and psychiatry requiring more internationally qualified health practitioners to fill the void.

4.2.2 Recommendations were made to improve the applicant experience and expand fast track registration pathways. The National Cabinet supported the recommendations and it is to this that the Board has diverted its attention.

4.3 The Board has produced a draft revised registration standard for public consultation[62], which it openly admits is a shorter four week streamlined consultation[63].

4.3.1 An expedited pathway is outlined as an extra pathway to those already available[64]. For applicants who are suitable and have been deemed to hold a qualification that is substantially equivalent or based on similar competencies the expedited pathway enables them to apply directly for specialist registration without the need for a college assessment of the individual, thereby ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner receive registration[65].

4.3.2 Even more confusingly, the Board points out that the pathway is already available and proposes changes to clearly set out the requirements the applicants must meet. The proposed changes redirect some applicants directly to the Board and does not require an individual to hold or be eligible for college fellowship. Apparently, individuals will be free to seek college fellowship once they have been granted specialist registration by the Board.

4.3.3 The Board repeatedly use the word safe to describe the new pathway, even to the extent of suggesting it complies with the National Scheme's main guiding principle of protecting the public and ensuring public confidence in the safety of services provided by ensuring that only medical practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered[66].

4.3.4 By taking over the assessment of international medical graduates from the specialist colleges in their safe new pathway[67], the Board believes they will facilitate the rigorous and responsive assessment of the SIMGs[68], provide for high quality education and training of SIMGs[69], and support protection of the public[70]. Somehow by not requiring a specialist college assessment, the Board believes that the public will be protected and will have confidence in the safety of the services provided[71].

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[61] Kruk, R Independent review of Australia's regulatory health settings relating to overseas health practitioners August 2023

[62] Medical Board AHPRA Public Consultation – Draft revised Registration standard: specialist registration 3 June 2024

[63] ibid Attachment B p13

[64] ibid p2

[65] ibid p3 para3

[66] ibid p13 para4

[67] ibid p12 para3

[68] ibid National Board assessment at [2] p12

[69] ibid National Board assessment at [1] p12

[70] ibid National Board assessment at [3] p12

[71] ibid p13 para4

4.3.5 Yet whilst claiming the expedited pathway will speed up the processes and make it easier for SIMGs to gain specialist registration, the Board proposes that the applicant will have completed six months of satisfactory supervised practice approved by the Board in the speciality or an examination or assessment approved by the Board[72] and successfully completed a Board approved orientation to the Australian Healthcare system and cultural safety education[73].

4.3.6 Just as bizarrely, the Board equates speed and reduced cost with safety for the patients.

4.4 The Board proposes substantial changes to the registration standard to improve readability and clarity and make it easier to understand.

4.4.1 However, in doing so, the important and helpful background material has been removed and more references made to the sections of the National Law without clarifying how these requirements are to be met.

4.4.2 The revised standard refers to other general registration standards which are themselves independent of the pathways for specialist registration with links to general pages on the Board's website but does not clarify the role of the other requirements in the pathways for specialist registration.

4.4.3 There is nothing simple, readable, and clear about the revised registration standard. As a plain English document upon which international applicants will be relying for clarity of the process of specialist recognition, the revised registration standard fails and is nothing more than the standard confusing bureaucratic obfuscations.

4.5 Given the shorter four week streamlined consultation, the limited advertising of the consultation to medical specialists, the limited scope of the questions for consideration, and the adamance of the Board that they have a preferred option, it would appear that the proposal put forward to the public for consultation will not be subject to much in the way of review and feedback, even by specialist colleges, may not be considered to any great extent.

5. **THE GAME REVIEW:**

Common sense is not so common[74]

5.1 It is quite clear from the proposed changes that the Board wishes to remove the specialist colleges from their role in the assessments of applicants seeking to become specialists. The Board has the arrogance to considers itself capable and of sufficient expertise to be able to properly assess the applicants of the expedited pathway, devoid of input from the specialist colleges. The Board has failed to show any insight that assessments of specialist practitioners require the input of specialists.

5.2 Even more concerning is that they believe they themselves can do the job despite not having any surgeons represented on either the National or Victorian Boards. Even more concerning than that would be if, as expected, the essentially non-clinical and non-specialist Board delegates the assessments of SIMGs to the entirely non-medical AHPRA.

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[72] ibid Competency requirements for specialist registration p8

[73] ibid Other requirements for specialist registration p8

[74] Francois-Marie Arouet aka "Voltaire"

The public cannot be satisfied that any proper assessment of an applicant's clinical knowledge, technical skills, or professionalism could be made by non-clinician, non-specialist, or non-medical bureaucrats. AHPRA must never be involved in the assessment of applicants of speciality registration in Australia.

5.3 It should be noted that whenever AHPRA is given an increment in power, they tend to abuse that power and seek more and more power to abuse. Any capitulation to AHPRA and the Board by relinquishing control of the selection, training, and assessment of orthopaedic surgeons is likely to be the start of a snowball that the AOA and the College may not be able to stop.

5.4 On the other hand, the AOA is made up of orthopaedic surgeons and it is orthopaedic surgeons who perform the training and assessments of trainees and SIMGs. The AOA has a proud history of ensuring the importance that those using the term surgeon are medically trained and governed[75] by specialists.

5.4.1 The AOA currently is the responsible body for the selection, training, and assessment of those seeking to become orthopaedic surgeons in Australia, including the selection, training and assessments of SIMGs[76].

5.4.2 The AOA 21 programme has been developed as a standard of excellence in orthopaedic surgical education and training with successful trainees completing fellowship exams and a transition to practice year. The excellence of the training programme including the assessment of potential orthopaedic surgeons by orthopaedic surgeons is paramount for the protection of the public and for public confidence in the services provided by those deemed to be orthopaedic surgeons by ensuring that only orthopaedic surgeons who are trained and qualified to practice in a competent and ethical manner as judged by orthopaedic surgeons are registered as orthopaedic surgeons.

6. <u>THE WAY FORWARD:</u>

Problems without solutions remain problems[77]

6.1 There would be no reason to bypass the AOA or College in any assessment of any individual seeking to become a surgeon in Australia. Indeed, there is considerable risk to the public and public confidence in the services provided by surgeons assessed only by non-clinical and non-specialist and non-medical bureaucrats should specialists be removed from the assessment processes.

6.2 The speed of the process of assessment can be improved by providing better clarity to the applicants, by improving the readability and ease of understanding of the registration standard, and by better funding to support the roles of the specialist colleges in the assessments. However, the speed of the assessments can and must never replace the care and diligence of a proper assessment. As outlined in 6.3, it is likely that some candidates

[75] AOA Submission Use of title 'surgeon' by medical practitioners in the Health Practitioner Regulation National Law Consultation – Regulation Impact Statement 18 March 2022 p2

[76] AOA Information for specialist international medical graduates

[77] Also, mine own

may be able to be expedited but without the risk of assessments being performed by non-specialists.

6.3 An expedited pathway is still possible with the control of the assessments of SIMGs remaining with the specialist colleges.

6.3.1 The expedited pathway would be no different from the standard pathway until an assessment of further requirements are made.

6.3.2 It would seem reasonable that the initial application is still made via the AMC who check the primary source verification of the medical credentials.

6.3.3 If the sources are confirmed to be valid, an application is made to the specialist college and the documents assessed.

6.3.4 Those without suitable eligibility may be referred to the AMC for consideration of further training before general registration is obtained.

6.3.5 All other applicants then undergo an interview by a panel of the specialist college to further assess the suitability of the applicant and the degree of further intervention required.

6.3.6 This may result in recommendation for the applicant to make an application to the AOA 21 training programme, or the requirement to successfully complete the Fellowship exam, or to complete either three or six months of the transition to practice including cultural safety and supervised training. The intervention can be tailored to match the clinical knowledge and technical skills of the individual applicants.

6.3.7 The applicants would then need to apply to the Board for provisional or limited registration.

6.3.8 Once the applicant has successfully completed the further requirements to the satisfaction of the speciality college, the speciality college can then notify the Board and the applicant can apply for specialist registration.

6.4 The pathway proposed in 6.3 provides for a smoother. more consistent, and less confusing pathway to specialist registration. With the assessments kept in house by the relevant specialist college, there is less room for error and subsequently less risk to the public. Both the applicant and the public can be confident in the robustness of the system when the selection training and assessments are performed by specialists in that field.

7. IN SUMMARY:

7.1 This submission has addressed the background, current status, and proposed revisions to the registration standard for specialist registration in Australia. Problems with the proposal have been identified and reasonable solutions provided. The response is far more than the banality of the responses limited by the questions upon which the Board wishes to focus.

7.2 Yes, the registration standard should be better written and more intelligible.

7.3 No, faster and cheaper is not necessarily better or safer.

7.4 No, the specialist colleges do not need to be removed from the assessment of those seeking to become specialists in Australia.

7.5 Yes, an improved and safer pathway to specialist registration is possible including an expedited pathway but only if the specialist colleges take more control over the processes.

7.6 No, the Board and AHPRA are not expert bodies and do not have the expertise to assess the clinical knowledge, technical skills, or professionalism of orthopaedic surgeons.

7.7 Yes, the Royal Australasian College of Surgeons must remain the peak professional body for those who are surgeons or seeking to become surgeons in Australia.

7.8 Yes, the Australian Orthopaedic Association must remain the peak body for those who are orthopaedic surgeons and for those wishing to become orthopaedic surgeons in Australia. The selection, training and assessments of those wishing to become orthopaedic surgeons in Australia must remain in the control of the AOA.

Many thanks,

Yours sincerely,

Stewart I. W. Proper.