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 These details will not be published in any summary of the collated feedback from this consultation.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. ☒ Myself Name: [redacted] Contact email: [redacted]
Question B If you are completing this submission as an individual, are you: ☐ A registered health practitioner? Profession: ☐ A member of the public? ☒ Other: Medical Student (3rd Year)
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?

The draft revised specialist registration standard would benefit significantly from additional detail and thorough consideration. In addition to the current provisions, there should be a meticulously curated list of alternative and equivalent qualifications, accompanied by comprehensive explanations detailing why each qualification is deemed equivalent.

This approach is essential to ensure transparency and consistency in the evaluation process for internationally trained doctors (SIMGs). By explicitly outlining the criteria and rationale behind recognising specific qualifications as equivalent, the medical community and stakeholders can better understand and trust the assessment standards. This is particularly crucial in maintaining confidence that SIMGs possess the requisite knowledge and skills to meet the rigorous standards expected in Australian healthcare.

Moreover, a detailed list of equivalent qualifications would provide clarity and guidance to both applicants and assessors, facilitating a fair and standardised evaluation process. It would also help prevent ambiguity or subjective interpretation in determining the comparability of international qualifications to Australian standards.

In conclusion, enhancing the draft standard with a comprehensive list of alternative and equivalent qualifications, substantiated by clear justifications, would strengthen the integrity and effectiveness of the specialist registration process. This thoughtful approach is essential to ensuring that all healthcare professionals, regardless of their origin, uphold the high standards necessary to deliver safe and effective care to all Australians.

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

As a current Australian medical student, I have serious concerns about the implications of allowing specialists who have not obtained fellowship with an Australian College to practice in our healthcare system. It is crucial that healthcare providers are well-versed in local policies, procedures, cultural nuances, and epidemiological factors. By bypassing the required college exams and evaluation process, there's no guarantee that internationally trained doctors (SIMGs) will meet the standards necessary to provide the level of care Australian patients rightfully expect, especially concerning the unique cultural, geographical, and social needs of our country.

Moreover, I believe it would be inherently unfair to our current specialists if SIMGs are permitted to practice without meeting the rigorous standards set by Australian Colleges. These standards exist for valid reasons, and failing to require SIMGs to demonstrate their competency through college examinations undermines the skills, attributes, hard work, and quality of our locally trained specialists.

To expedite the process for SIMGs without compromising the integrity of our evaluation standards, several changes could be considered. One approach could involve reducing the duration of supervised practice required for those deemed to have equivalent qualifications. Additionally, any approval of equivalent specialist qualifications should be contingent upon reciprocal recognition in the originating country. This reciprocal recognition ensures fairness for Australian qualified specialists seeking opportunities abroad and could facilitate the filling of skill gaps without inadvertently devaluing local training standards.

A critical issue that resonates with me is the assertion made in multiple submissions within the Kruk report that Australia does not lack doctors overall but rather faces challenges in distributing them

effectively. The proposed changes to the Specialist registration standard do little to ensure that SIMGs will practice in areas of geographical need. Instead, this pathway risks exacerbating the trend of doctors concentrating in metropolitan areas, potentially leading to overservicing and Medicare billing disparities. While I understand the need to address temporary skills shortages, this proposal fails to guarantee that SIMGs will predominantly serve in underserved regions.

To address this concern, any expedited pathway for SIMGs should be contingent upon contractual obligations to practice and remain in identified areas of documented need. This temporary measure should coincide with efforts to address the root causes preventing Australian doctors from filling these gaps initially.

In conclusion, while I acknowledge the importance of addressing healthcare workforce shortages, it is imperative that any reforms prioritise patient safety, uphold rigorous standards for medical practice, and promote equitable distribution of healthcare resources across 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 appears that a primary motivation behind revising the registration standard is to enhance access to specialists for vulnerable populations. By expediting the recognition of qualifications held by internationally trained doctors (SIMGs), there is an assumption that these doctors will serve vulnerable communities more frequently than locally qualified specialists, although this is not explicitly guaranteed in the current proposal.

My concern lies in the potential compromise of the evaluation process for SIMG qualifications under this expedited pathway. Rushing through the assessment of their qualifications could lead to a lower standard of care being provided to the most vulnerable members of Australian society. It's essential that any measures taken to increase specialist availability are accompanied by robust evaluations that ensure SIMGs meet the same rigorous standards expected of Australian-trained specialists. This includes comprehensive assessments of their clinical skills, understanding of local healthcare contexts, and ability to effectively address the unique needs of vulnerable populations.

Moreover, it's crucial that this proposal is seen as only a temporary solution. Australia already has sufficient numbers of medical graduates, as documented in the Kruk report, and the focus should always be primarily on creating a sustainable local workforce. This includes addressing the underlying issues that prevent Australian-trained doctors from filling these roles initially. Rushing to fill gaps with SIMGs should not detract from long-term solutions aimed at training and retaining Australian medical graduates to serve their communities.

Maintaining high standards in medical training and practice is critical to safeguarding patient safety and ensuring equitable access to quality healthcare across all demographics in Australia. Rushing through qualifications without thorough evaluation risks undermining these objectives and could potentially harm the very populations the revisions aim to benefit. Therefore, any expedited pathways for SIMGs must include stringent measures to uphold and verify the quality of their qualifications and capabilities to deliver high-quality care to vulnerable Australians, alongside a commitment to developing a sustainable local healthcare workforce.

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

SIMGs are inherently less prepared to address the complex needs of the Aboriginal and Torres Strait Islander (ATSI) population in Australia. Even if there are efforts following this proposal to provide education packages aimed at enhancing cultural sensitivity and culturally safe care, SIMGs have the least experience among all medical professionals in Australia to provide this specialised care.

Making membership in an Australian college—organisations with expertise in ensuring competence in cultural competency and sensitivity—voluntary rather than mandatory will exacerbate the existing disadvantages that Aboriginal and Torres Strait Islanders already face within our healthcare system. These colleges play a crucial role in setting and maintaining high standards of care that are essential for meeting the unique healthcare needs of Indigenous populations.

It is essential to recognise that providing culturally safe care requires more than just theoretical knowledge; it necessitates deep understanding, ongoing learning, and practical experience gained within the Australian healthcare system. Rushing SIMGs through an expedited pathway without ensuring they meet these rigorous standards could compromise the quality of care provided to Aboriginal and Torres Strait Islander communities.

Therefore, any reforms aimed at increasing specialist availability must prioritise ensuring that SIMGs possess the necessary cultural competence and experience to deliver equitable and culturally safe healthcare to all Australians, particularly to those from Indigenous backgrounds. Maintaining mandatory membership in Australian colleges for SIMGs involved in Indigenous healthcare can help uphold these standards and mitigate potential disparities in healthcare outcomes.

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

The adoption of assessments based on 'substantially equivalent or similar competencies' without personalised evaluation of competency fails to acknowledge the potential for rapid divergence of foreign healthcare systems, even those initially closely aligned. For instance, the United Kingdom is often considered a natural comparison to the Australian system. However, the emergence of controversial alternative pathways in medical education there may not align with Australian standards and reflect foreign challenges in an increasingly strained healthcare environment.

For example, they have recently introduced Medical Doctor Apprenticeships, leading to an MBChB qualification, where apprentices engage in non-clinical roles (clinical coding, portering, human resources) alongside academic study, aiming to broaden access to medical education with a '20% work and 80% academia' model. Both myself and the Australian public harbor significant concerns that doctors trained under such conditions—spending a considerable portion of their time on tasks of minimal educational value like moving hospital beds and equipment—could be deemed substantially equivalent to Australian-trained medical officers, for which between 5 to 7 years of, full time academic training is necessary.

Another proposal involves the implementation of a four-year undergraduate medical degree in the UK to alleviate financial burdens, which may not meet the expectations of Australian medical professionals and the public regarding the thoroughness and duration of medical training they deem necessary.

Credentialing less qualified healthcare professionals with qualifications akin to traditionally trained Australian practitioners without personalised assessment makes it challenging for both colleagues and the public to differentiate them from those who are appropriately qualified. This situation could potentially compromise patient safety, particularly if subsequent revisions to standards in similar

countries outpace the pace at which these proposed changes are reviewed. Moreover, the motivation behind such reduced standards—driven by migration opportunities and accreditation objectives before regulatory adjustments— will likely lead to an overrepresentation of less qualified individuals.

The revision of these standards opens the door to less qualified individuals to masquerade as equivalents to Australian qualified specialists, without needing to endure the rigorous training and evaluation that Australian practitioners are subject to. This is not only a risk to patient safety and the provision of world leading care, but also a huge devaluation of the sacrifices made by thousands of hard-working Australians to achieve their qualifications.

In conclusion, these developments highlight a rapid divergence from established Australian healthcare norms, emphasising the need for careful consideration and individualised evaluation to maintain robust standards and ensure patient safety across medical training and practice.

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

I have substantial disagreements with the overall approach taken in this review process.

The extremely short timeline provided for public submissions is clearly inadequate and lacks sufficient justification, particularly from the relevant minister. Prioritising political urgency over potential unforeseen consequences to patient safety when altering medical workforce standards is concerning.

While the findings of the Kruk report are significant, critical aspects of submissions from professional organisations such as RACGP, ANZCA, RANZCP, and RANZCOG were not adequately reflected in the final recommendations. These organisations, which possess the necessary expertise to assess the quality and safety of medical practitioner training in Australia, were sidelined during the initial implementation of the proposed expedited registration process. This lack of consensus among key stakeholders raises doubts about the thoroughness of the decision-making process behind the revised registration standard.

I am particularly troubled by the prospect of fragmented assessment of specialist medical qualifications, which may lead to unnecessary duplication of efforts in an already resource-strained system. Worse yet, there is a risk that assessments may lack the depth of clinical expertise needed, potentially jeopardising the safety of Australians.

In summary, I oppose these regulatory changes because they pose a significant risk to patient safety without adequate exploration, potentially compromise assessment rigor that could be improved through alternative means, fail to address the underlying issue of workforce distribution, and could diminish the international standing of Australian specialist medical qualifications.

As a medical trainee, I have heard numerous stories of young doctors spending multiple years in non-accredited training positions, often burdened with tasks that contribute little to educational advancement. Redirecting resources towards eliminating inefficiencies (training bottlenecks) in Australian medical training could better serve the goal of promptly supplying highly trained specialist doctors to the workforce.

If my concerns are not reflected in the outcome of this public consultation, I strongly recommend the following mitigating measures:

1. Require expedited pathway internationally trained doctors (IMGs) to pass relevant college examinations within a specified timeframe, with failure resulting in exclusion from specialist recognition.

2. Make comparative qualification status contingent upon reciprocal recognition to maintain the international reputation of Australian specialist medical qualifications and to enhance local workforce training opportunities.
3. Limit expedited pathway registration to areas experiencing geographical shortages in medical professionals.

These measures, if implemented, could help mitigate some of the risks associated with the proposed changes and ensure that patient safety and the quality of medical training in Australia are appropriately safeguarded.