

Dear AHPRA Review Committee,

I am a member of the Australian public, and I currently a career medical officer, with interest to train in with RAZNCP in the next intake round. I have however completed 4 post graduate years of training since first registration in 2020. I am happy to make a submission on this public consultation.

The goal of bringing in some overseas trained SIMGs (Specialist International Medical Graduates) from competent pathway countries into Australia and within 6 months granting them specialist recognition is laudable, welcomed and I support it. This is to continue alongside with the Fellowship program awarded by the Specialist Colleges. The aim is to provide Australian with more specialists and reduce wait times of seeing a specialist.

However, AHPRA should also look inwards and consider a cohort of Australian SIMGs who have been in this system for 5 years or more to more than 20 years.

These cohort of doctors have the following peculiar advantages viz

1. They have previously been in the Specialist Pathway of AHPRA, and their overseas specialist qualifications had been validated by the Specialist Colleges as being comparable (partial and substantial). It's unfortunate that they could not achieve their Fellowship on time for some reasons-some of which was not passing some exams which had now been discontinued by the Specialist Colleges in favour of work-based assessments (WBA).
2. These cohort of doctors are Australian citizens and permanent residents and had been practising in a culturally competent manner and they are well equipped and experienced with the operations of the Australian Health System having worked in Australia between 5 years and over 20 years.
3. These cohort of Australian SIMGs are more familiar with the available resources, referral pathways and support services within the Country. Their specialist recognition under the fast-tracked pathway can lead to more efficient and coordinated care for patients in Australia.
3. Some members of these cohort of doctors has had additional up-skilling training grants via their Specialist Colleges paid for by Australian taxpayers and the knowledge and experiences acquired from these trainings are now wasted, which should have been better used to serve the Australian population.

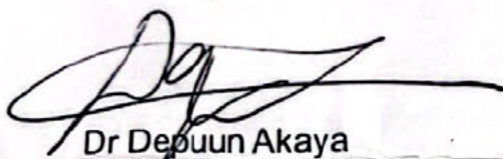
4. These cohort of doctors had practiced safely in this Australia for over 5 years to more than 20 years mostly with AHPRA's general registration and they are not allowed to use the title 'specialist' as they have not been given specialists recognition in Australia.

5. It's only **just and fair** to include these cohort of Australian SIMGs into the fast tracked or expedited pathway to specialist recognition.

In conclusion, AHPRA should please consider these cohort of Australian SIMGs who had previously and currently worked in the Australian health system in senior medical positions like consultants, senior medical officers, senior medical practitioners and clinical directors. They have served this Nation for many years safely in the health system and should be considered in the fast tracked/ expedited pathway to specialist recognition.

Thank you

Kind Regards



Dr Depuun Akaya

