

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 These details will not be published in any summary of the collated feedback from this consultation.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

Contact email

Question B

If you are completing this submission as an individual, are you:

☒ **A registered health practitioner**

Profession: Medical

☐ 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?

Yes, the content and structure of the draft is clear, relevant and workable without compromising the safety and standard of patient care. In fact, gives more responsibility to the medical practitioner as a specialist to make decisions with more accountability & relevance and at the same time be fully aware of the limitations.

The relevance & workability depends on various factors viz.

1) Country of Specialist Qualification

2) **The pattern/structure of specialist training of the IMG in their country** - the pattern of BST and AST existing in Australia is same as it's designed for example in India, viz. Primary (2 years and at the end have to pass PART1 exam) and then step into Masters (3 years and pass PART2). The terminology varies. I'm able to appreciate the similarities and differences as I hold Specialist Qualifications from India and Ireland. I couldn't get into the specialist register with AHPRA because I am not in the specialist register in Ireland and not keen to take the exams as advised by the Australian College.

3) **SIMG's who are working in Australia with General Registration. Working in the speciality of their interest as Non Specialist/Non Consultant.** Evaluation of the credentials of this population using the revised specialist registration standard is not only workable but could also expedite the process considering the current workforce challenges in Australia.

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

An addition of a clause with reference to the SIMG's with relevant specialist qualifications & experience who are **currently working in Australia as a Non Specialist** in their speciality of interest with General Registration. *One of the many reasons* they couldn't be registered as specialist (as in my case) is because of the Australian colleges evaluation which is lot different from the revised specialist registration standard.

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?

To my knowledge, the draft revised specialist registration standard does not pose any new or additional impacts for patients & consumers, particularly the vulnerable members of the community.

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

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

Nothing obvious.

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

The draft revised specialist registration standard will certainly go a long way to balance the medical workforce challenges and also be a part of the solution to handle the shortage of specialists particularly in the remote areas.

This is with particular reference to the practitioners who are already working in Australia covering the rural and remote areas in their speciality of interest at a non specialist/non consultant level.

The back up by a Australian Health Regulation Agency in consultation with the Ministerial Council will be an encouragement for some of the medical practitioners in limbo to improve their efficiency & commitment to work particularly covering the rural and remote areas..

From: [REDACTED]
To: [Specialist IMG Pathways Review](#)
Subject: Re: Public consultation on the revised Registration standard: specialist registration
Date: Wednesday, 3 July 2024 3:53:23 PM

Hello

In addition to my previous feedback related to **public consultation on the Draft revised Registration standard: specialist registration** I would like to bring the following to your kind attention

1. Workplace Based Assessment: This has been a very robust tool for assessing an international medical graduate with specialist qualifications.
2. Though initially I resisted to put forward my case, now I thought I should, as it might help the forum to consider and encourage candidates like me to practice in the rural/remote areas as specialist.

After my Masters in Anaesthesia from India, [REDACTED], I left to Ireland in [REDACTED] seeking Fellowship. The Calman's report (UK) regarding Structured Training Program was yet to be introduced then. Half way thru my training it was introduced. By that time I had finished my fellowship. Based on the old regulation I did not get on to the specialist register. After moving to Australia [REDACTED]

[REDACTED] I applied to ANZCA for recognition of my Fellowship and training in Ireland (6 years). Since I did not go through the structured training program in Ireland and not on the specialist register I was asked to do the exams. Considering my age I was not keen and also hard to get back to books and read theory. After seamless practice in Anaes. over a period of 32 years spread across 4 countries - India, Ireland, UK and Australia- I'm not considered as a specialist. This revised draft could help candidates like me.

Thank you
Kind regards
[REDACTED]