

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 These details will not be published in any summary of the collated feedback from this consultation.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: [Click or tap here to enter text.](#)

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?

From a medical specialist point of view (and an overseas trained specialist) the Medical Board of Australia has suggested an attractive model for an expedited pathway (EP) to medical specialist registration in Australia. It would be helpful to overseas SIMGs to emphasise the core reason for the establishment of the EP. The focus of the EP is on the avoidance of lengthy consultations and processing times at the AMC and specialist colleges. Some overseas specialists may interpret the intension of the revised specialist registration as a means of procuring more specialists for Australia. However, the expedited pathway is aimed at improving and accelerating the registration procedure itself. It does not represent an easier pathway for SIMGs to access the Australian healthcare system. As stated, it may be worthwhile emphasizing this.

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

I understand there will be no need to have the SIMG's qualifications assessed by the specialist colleges. The colleges are therefore bypassed in the approval process. The Draft states that the SIMG may choose to apply for membership/fellowship of the colleges once recognised as a specialist in Australia.

Having obtained my specialist qualifications in Scandinavia, I would suggest the SIMG in some manner should quickly become affiliated with the specialist college. The SIMG may otherwise be left with their own approach to both clinical procedures and behavior and societal norms and expectations (for instance, as described in "Professional Guidelines").

In the current version of the Draft, much information is yet to be provided. It is unclear to me if the expedited registration pathway will involve an exam similar to the current pathway for some SIMGs. The quoted "comprehensive orientation to the Australian healthcare system" is not described in the Draft. It sounds most useful and it is something the current narrow specialist assessments have not undertaken.

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?

The preamble to the Draft mentions the international competition for medical specialists. It is clear the expedited pathway presents as another reason for SIMGs to consider Australia. The recurrent issue with many SIMGs is their variable language skills and variable expressions of empathy and understanding of the patients' situation. One could therefore argue that a non-contact assessment of the SIMG reduces the likelihood of identification of the best SIMGs for a position in Australia.

It is clear that SIMGs with certain intellectual, emotional and educational characteristics will be easy to integrate in the Australian workforce. In terms of impact on patients, there is always the issue of the donor country losing skilled medical specialists to a first-world country.

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

Any impact on AATSI will hardly exceed current cultural differences. The expedited pathway is to include knowledge in cultural safety. SIMGs may obtain or gain a greater appreciation of AATSI if educated early and as a pre-requisite and condition for registration.

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

No comments.

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

The current assessment of SIMGs involves non-medical or lay-person representation during the college interview process (or at least it did in [REDACTED]). Regardless of how the medical community views such participation, it is (or was) an opportunity for the community representative to assess the level of education, personality, and professionalism of the SIMG. I am unsure as to whether it was a valued component of the assessment, but it did give the "community" some presence in the procedure that basically bypasses the Australian education and training of doctors.