

**From:** [REDACTED]  
**Sent:** Sunday, 16 June 2024 8:40 AM  
**To:** Specialist IMG Pathways Review  
**Subject:** Public consultation on Specialist registration standard

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I am a registrar working in a tertiary hospital, and for context the hospital has recently hired 5 consultants from overseas who are working as unaccredited registrars while they try to have their training recognised (the area is obstetrics and gynaecology). The proposed standard to register specialists without college assessment is a terrible idea for a number of reasons from my experience:

1. Their cultural competency is often terrible, particularly towards the treatment of women, minorities, gender diverse groups and LGBTQ. Australians expect a shared decision making model, however in many countries (eg/ India, Turkey etc) the practice model remains “doctor knows best”. This may seem a relatively minor issue however it causes many patients to seek second or third opinions and inadvertently increases the cost of care. An example is a woman seeking a hysterectomy for heavy menstrual bleeding at 35 having completed her family. The practice standard in Australia would be to discuss options including hysterectomy. Doctors from many other countries would flat out refuse because she is a young woman capable of bearing children. I have seen this many times, and the women take more doctors appointments to get further opinions.
2. Their practice fundamentally reflects the country from which they trained. Even relatively comparable systems like the US do not reflect medical practice in Australia. The result is that they do not meet the practice standards of Australia, for example they may order more investigations at increased cost with no benefit, or may under-investigate in some cases.
3. On the whole, they do not want to move to areas of need and have no interest in working rurally. This is supported by medical student training data which reveals that international students are less likely to work rurally and less likely to want to work as a GP.
4. Specifically in my area of work (obstetrics) internationally trained doctors are much less likely to support abortion care, and less likely to offer sensitive care to those with sexually transmitted diseases.
5. It may create a perverse environment where it is easier for Australian doctors to leave Australia, train as a specialist, and then return (because of competitive access to specialist training here).
6. It is not morally right to take highly trained doctors from overseas where they are needed, when we have the capacity to train our own people.

In summary, although the colleges can be slow, they are thorough and have an exacting standard which meets the public expectation that all doctors will practice with sensitivity and with a high degree of skill.

The best path forwards would be to increase training spaces in Australia. If they doubled the training places for orthopaedic surgery tomorrow they would fill these spaces tomorrow.

This is an inefficient and morally wrong proposal, fraught with risk, and unlikely to meet either the healthcare needs of Australia or the expectations of the public.

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