

**Public consultation on the revised Registration standard: specialist registration
Submission by the Australian Board in General Surgery of the Royal Australasian College of Surgeons**

At the RACS Australian Board in General Surgery (the Board) meeting held on 22 June 2024, the revised registration standards for specialist registration were discussed. The Board discussed several concerns with the Medical Board's proposed expedited pathway which are outlined below.

Lack of Competencies

The draft regulations state that there are competency requirements for specialist registration that are essentially six months of supervised practice and an examination. This is not the definition of competency-based training or assessment. Six months of supervised practice will not allow sufficient time to identify and remedy any performance issues that may exist.

Standards of Care

The Board is concerned that the expedited pathway will lead to a two-tiered system of specialists working in Australia. This risks professional isolation for SIMGs that have been granted expedited registration but who have not been trained or assessed via RACS-approved processes, nor have any experience as employees in Australian hospitals. Such specialists working in regional, rural or remote communities may find themselves with few to no professional relationships with the medical workforce in metropolitan tertiary and quaternary referral centers, and little ability to effectively foster such affiliations. This in turn has the capacity to impact upon the appropriateness, timeliness, and efficiency of transfer of critically patients to metropolitan hospitals, and thus negatively impact upon the safe care of this particularly vulnerable group of patients.

Poaching

It is ethically dubious for Australia to be seen to be poaching doctors from overseas countries, potentially leaving those countries with their own workforce shortages. Australia has one of the world's highest proportions of specialist doctors per head of population; we already breach the ethical standard for recruitment of overseas doctors, whose own communities have of course invested substantial resources in their education and training.

Inherent Bias

The Board is concerned that the Medical Board's proposal to use country of origin as the primary determinant of the quality of a specialist's training, as opposed to an objective assessment of competence, represents poor optics and appears to assume that doctors trained in predominantly white countries are superior to those trained in non-white and/or developing countries. The Board worries that any suggestion of biological determinism has the potential to erode trust in the Medical Board, and furthermore notes that Dr Jayant Patel was trained in the United States.

If you have any queries regarding this correspondence, please contact the Board via board@generalsurgeons.com.au.

Yours sincerely,



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Chair, Australian Board in General Surgery