

# Proposed Specialist Registration Standard Revision

Our thanks for the opportunity to provide written feedback on the Medical Board's proposed revision of the Specialist Registration Standard with the intention of making accommodation for the introduction of the Expedited Pathway.

We note that there are two options put forward, the first is to maintain the Registration Standard in its current form and Option 2, the Board's preferred option, is to progress the new revised Standard. ACRRM recognises that a new document would bring opportunity to provide clarity around the upcoming changes. We would be comfortable with this approach on the basis that the final version reflected consideration of the issues and concerns outlined in this submission.

## Clarity of content and structure

The document is generally set at an appropriate level of readability and avoids undue complexity.

There is opportunity for the document in a few instances to identify its intentions more clearly. For example, the first sentences of the document could specify the types of individuals that would come under the standard. This would be a very minor addition that would improve the readers' understanding of its purpose as it pertained to their situation and may prevent confusion.

We would like to see the individuals identified in the scope of the Standard identified at all times throughout the document as "medical practitioners". We note that only individuals with a medical degree are eligible for consideration under the standard and that the proposed document sometimes refers to the relevant individuals as *medical practitioners* and in other cases as *health practitioners*. We see no value in using the more generic term and think that this is likely to cause confusion.

Similarly, we note reference to a registration standard for the *health profession*, which for the purposes of this standard, would be more clearly stated as a standard for the *medical profession*.

## Clarity on the role of specialist medical colleges

The introduction of the expedited pathway coincident with the commencement of the Continuing Professional Development (CPD) Homes framework will see a significant flow of specialist doctors into the country that will have no necessity, and limited opportunity to engage with, or learn about their medical college and its associated Fellowship in Australia. This will be a significant departure from the strong and virtually universal engagement of specialists with their respective professional bodies that has been an assumed part of Australian medical specialist professional experience across their careers.

This is of some concern for all doctors, but especially of concern for doctors who come to Australia specifically to practice in rural and remote areas, and also for those who might, given the right support and training, be interested in taking up roles in rural and remote areas. For these doctors, working in relatively isolated clinical contexts, strong collegial support, context appropriate training and mentorship can be vital to their personal thriving and their provision of safe, quality care.

The college notes that the only mention of medical colleges in the revised standard is in the definitions section at the end of the document and readers would need to infer a college's role in relationship to clauses in the body of the document.

The obliqueness of this reference will contribute to these doctors' lack of knowledge and understanding of the role and opportunities available to them through the Colleges. We would suggest for example that the *'Qualifications for specialist registration'*, section (a), could be enhanced by a clear reference to the role of colleges:

*"Approved qualifications are obtained by completing an Australian Medical Council (AMC) accredited program of study for the profession. The Board approves the accredited program of study as providing a qualification for the purpose of speciality registration."*

The section could provide some clarity by adding, *"These qualifications are typically provided by the relevant Australian specialist medical college."*

## Supervised Practice on Expedited Pathway

There is need for clarification regarding the expedited pathway as to whether specialist registration can be awarded without having completed supervised practice.

The college notes that sections 56 and 57 of the National Law state that specialist recognition can only be granted if 6 months of supervision has been completed. Similarly, the draft standard includes the advice that applicants for the Expedited Pathway, *"will be required to undertake a period of supervised practice in the specialty and a comprehensive orientation to the Australian healthcare system, which includes cultural safety training."* Whereas the wording of the standard under the *"Eligibility for specialist registration"* section (b), appears to provide an option of either undertaking supervised practice 'OR', any examination or assessment approved by the Board.

This appears to be an inconsistency or at least a point that might lend itself to misunderstandings regarding obligations associated with the expedited pathway which we would recommend is given some consideration.

If and where the assessment option does apply, we would see value in providing some further detail on these assessments including what body would provide them.

We would also see value including reference in the document to the opportunity for applicants unsuccessful in being awarded a place in the expedited pathway to apply through the colleges.

## Orientation to the Australian Healthcare System

As outlined above the college is highly concerned that there will be an increasing number of doctors that come from overseas and work in rural and remote areas that are not aware of the opportunities to connect with their professional colleges at the outset of practice in Australia nor necessarily throughout their careers. We are also concerned at the missed opportunity for our college to connect with doctors that come from overseas and settle in cities, who may be attracted to work in rural and remote areas and support this decision with bespoke rural training, mentorship, upskilling, networking, and support.

We note the AMC International Medical Graduate experiences survey of over 4000 doctors has highlighted that these doctors see mentoring, networking, and supervision as key areas in which their experience of working in Australia could be improved. They have also highlighted that establishing a supportive professional culture from the commencement of their time in Australia.<sup>1</sup>

While there is certainly value in improving funding to support quality orientation and cultural safety training especially for our doctors who are based in remote locations across the country, we consider taking the provision of these tasks out of the hands of colleges is likely to worsen rather than improve the capacity of these experiences to provide an ongoing line of professional support to these doctors.

While we recognise that the Standard is written independently of decisions regarding the detailed implementation of the Expedited Pathway and associated new policies, there is opportunity for the document to specify and thus highlight that these may be attained through the relevant medical colleges.

We also note the potential for considerable confusion created by the reference to an appropriate orientation and cultural safety training. In addition to those provided in association with medical education, prevocational training in hospitals, and practice accreditation in GP clinics and hospitals, colleges also provide these to accreditation standards.

Our college, in addition to providing regionalised registrar orientation, together with RACGP, has an arrangement in place through the Joint College Training Services which includes a regionalised national network of cultural mentors and educators which provide cultural safety training to all our registrars and to staff with training and educational roles.

It is likely that there will be considerable confusion in identifying which of these experiences will be determined as the appropriate orientation and cultural safety training. Noting that there are still decisions to be made in this space, we would see value in the Standard identifying orientation and cultural safety training provided by the relevant medical college as a potential avenue that would be deemed appropriate.

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<sup>1</sup> AMC (2024) International Medical Graduates Experiences Survey: May 2024. <https://www.amc.org.au/about-the-amc/strategic-projects/international-medical-graduate-experiences/>

## About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *Healthy rural, remote and First Nations communities through excellence, social accountability and innovation*. It provides a national Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve

ACRRM is accredited by the AMC to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist (RG) model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has some 5000 rural doctor members including over 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

### College Details

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**ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.**