

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 These details will not be published in any summary of the collated feedback from this consultation.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: The Royal Australian and New Zealand College of Ophthalmologists

Contact email: img@ranzco.edu

Myself

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

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?

We believe the standard is vague and unhelpful in various areas; please see Attachment A with changes tracked and comments made.

The long list of requirements under the "What must I do" is very confusing as not all requirements apply to all candidates such as PSV. We believe the current standard divided by applicant/application types was better structured and clearer.

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

Please see above.

Also missing from the new draft:

-provide **evidence of successful completion of a medical internship or comparable**. The Board may issue guidance on what defines a comparable medical internship

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?

We believe there is an unacceptable risk to patient safety with the expedited pathway (Attachment B).

For example, it would appear candidates get full registration from the get-go and only then complete their 6-months supervised practice (this was confirmed during the NCIM meeting on 11 June by Sharon (AHPRA Project Manager)), while the standard clearly states:

Under section 57(1) of the National Law, you are eligible for specialist registration in a recognised specialty in a health profession if you:

a. are qualified for registration in the specialty (please see below Qualifications for specialist registration); and

b. have successfully completed –

i. any period of supervised practice in the specialty required by an approved registration standard for the health profession; or

This suggests that before getting specialist registration the doctors on the expedited pathway have to complete the 6-months supervised practice. Can this please be clarified?

If candidates on the expedited pathway get full registration right away this will foment significant discontent from other IMGs who must wait to get specialist registration and complete their assessments first.

RANZCO is especially concerned about the maintenance of quality and safety standards if formal assessment by specialist medical colleges is removed altogether for some applicants.

It creates a two-tier system - some specialists will be Fellows and others will not and to a consumer, that can suggest that there are "better" or "more qualified" practitioners.

Further, since those applicants are not eligible for a college Fellowship, they will be unavailable to become supervisors to train the next generations of ophthalmologists, therefore creating the same problem we currently have in several centres where training posts can't be accredited because of a lack of accredited supervisors.

Also bringing doctors in on an expedited pathway is no guarantee that they end up in the places they are needed. From our understanding, once specialist registration is granted the doctor can go and practice wherever they like which from experience will be in metropolitan areas.

Area of Need candidates should be well trained as they will be practicing in remote areas with no peer support possibly and dealing with difficult / complex scenarios. They should have good experience in comprehensive ophthalmology and be assessed to the highest possible standard before being allowed to treat patients in these vulnerable settings.

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

6-months of supervised practice with no structured cultural safety component is wholly inadequate for doctors who have not previously worked in the Australian healthcare setting.

Even with substantially comparable candidates, the RANZCO SIMG Committee would recommend up to 24 months of supervised practice/period of oversight to adjust to the Australian system and practice in a culturally safe manner.

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

The consultation mentions: *The expedited pathway will not require a college assessment of the individual.*

Thus, it is unclear who is approving positions and supervision arrangements for the initial 6-months period of supervised practice for candidates on the expedited pathway, who is supervising them and finally signing the candidates off to be ready for specialist practice and safe to practice.

Who is accountable for the supervised practice and what requirements/qualifications will those supervisors need to have?

Who will be medicolegally liable if a doctor signed off after 6 months supervision without input from the relevant medical College, proves to be incompetent or commits a serious medical error?

We are also concerned that six months is not long enough for effective supervision, reporting and potential remediation. Furthermore, it is critical that supervisors are credentialled and funded for this work.

As with the current specialist assessment there should also be considerations for a more balanced overall approach including post training experience, recency of practice, comparable CPD etc.

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

Various documentation that this review and the previous Kruk report is based on cannot be located online.

Statements such as the below are very generic.

“The College of Family Physicians of Canada and the Irish College of General Practitioners, also recognise specialist training from countries such as Australia and the United Kingdom and publish lists to this effect”.

While there might be some comparable qualifications within one speciality it doesn't mean there is for all. It seems a bit like comparing apples and oranges.

“For example, the Medical Council of Ireland has a list of specialist qualifications which are approved for recognition and provide a direct route to specialist registration.”

We could not verify above statement, even after contacting the Medical Council of Ireland. The only qualifications that seemed to be automatically recognised for specialist registration seemed to be European qualification.

Attachment A

Draft revised Registration standard: specialist registration

Effective date: <<date>>

Summary

This registration standard sets out the eligibility requirements of the Medical Board of Australia (the Board) for specialist registration as a medical practitioner.

Does this standard apply to me?

This standard applies to individuals who are applying for specialist registration or are applying to renew their specialist registration.

Requirements

The eligibility and qualification requirements for specialist registration are outlined by sections 57 and 58 of the National Law. Specialist registration is only available in specialties that have been approved by the Ministerial Council.

Eligibility for specialist registration

Under section 57(1) of the National Law, you are eligible for specialist registration in a recognised specialty in a health profession if you:

- a. are qualified for registration in the specialty (please see below Qualifications for specialist registration); and
 - b. have successfully completed –
 - i. any period of supervised practice in the specialty required by an approved registration standard for the health profession; or
 - ii. any examination or assessment required by an approved registration standard for the health profession to assess the individual's ability to competently and safely practise the specialty;
- and
- c. are a suitable person to hold registration in the health profession; and
 - d. are not disqualified under this Law or a law of a co-regulatory jurisdiction from applying for registration, or being registered, in the specialty; and
 - e. meet any other requirements for registration stated in an approved registration standard.

Qualifications for specialist registration

Under section 58 of the National Law, you are qualified for specialist registration, if you:

- a. hold an approved qualification for the specialty (AUS and NZ specialist qualifications only); or

Commented [BQ1]: Do they no longer need an approved qualification?
IMGs who have a primary qualification in medicine and surgery awarded by a training institution recognised by both the [Australian Medical Council](#) and the [World Directory of Medical Schools](#) (WDOMS) and who have satisfied all the training and examination requirements to practise in their field of specialty in their country of training, can apply for assessment under this pathway (specialist recognition or area of need).

Commented [BQ2]: Would this be AUS and NZ trainees after finishing their vocational training program? If so why not state this to make it easier and clearer to understand.

Approved qualifications are obtained by completing an Australian Medical Council accredited program of study for the profession. The Board approves the accredited program of study as providing a qualification for the purposes of specialist registration.

The Board publishes a list of approved qualifications for specialist registration at www.medicalboard.gov.au

b. hold another qualification the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification for the specialty; or

The Board publishes a list of qualifications that it has assessed to be substantially equivalent or based on similar competencies to an approved specialist qualification at www.medicalboard.gov.au

c. hold a qualification, not referred to in paragraph (a) or (b), relevant to a recognised specialty and have successfully completed an examination or other assessment required by the Board for the purpose of registration in the specialty; or

If you are not qualified under a. or b. above, you can qualify for specialist registration if you hold a qualification relevant to the specialty **and** have successfully completed an examination or assessment required by the Board. You will not be qualified for specialist registration until you have successfully completed the required examination or assessment. You may be eligible for an alternative type of registration such as limited registration that will allow you to complete the required examination or assessment.

d. hold a qualification that qualified you for specialist registration (however described) under the National Law or the corresponding prior Act and you were previously registered under the National Law or the corresponding prior Act on the basis of holding that qualification for the specialty.

If you were qualified and previously held specialist registration under the National Law or under a corresponding prior Law, you are qualified for specialist registration.

Competency requirements for specialist registration

To satisfy the requirements of section 57(1)(b) of the National Law, you will have successfully completed:

- six months of satisfactory supervised practice approved by the Board in the specialty within Australia, or
- an examination or assessment approved by the Board, to assess your ability to competently and safely practise the specialty.

Other requirements for specialist registration

Under section 57(1)(e) of the National Law, you will:

- meet the requirements of the following approved registration standards:
 - English language skills
 - recency of practice
 - professional indemnity insurance
 - criminal history, and
 - continuing professional development
- have successfully completed a Board approved orientation to the Australian healthcare system and cultural safety education.

The Board has published further guidance on eligibility for specialist registration at www.medicalboard.gov.au

Commented [BQ3]: Please provide direct links for ease of access.

Commented [BQ4]: Would this be the expediated pathway? What if there are no substantially equivalent qualifications in one or more specialty?

Commented [BQ5]: Can direct links be provided as navigating the MBA page is not easy.

Commented [BQ6]: Would this be the "normal" specialist assessment pathway via the colleges?

Commented [BQ7R6]: Previous standard: holding a qualification relevant to a recognised specialty that is not approved by the Board and evidence you have successfully completed any examination and/or other assessment required by an accredited specialist medical college for the purpose of registration in the specialty,

Commented [BQ8]: Can direct links please be provided?

What must I do?

When you apply for specialist registration

Under section 77 of the National Law, the Board requires applications for specialist registration to be accompanied by:

1. evidence that you are eligible for specialist registration
2. evidence that you are qualified for specialist registration by:
 - a. being awarded an approved qualification for the specialty, or
 - b. holding a qualification that the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification for the specialty, or
 - c. holding a qualification other than that which is referred under a. and b. above, that is relevant to a recognised specialty and evidence that you have successfully completed an examination, period of supervised practice or other assessment required by the Board for the purpose of registration in the specialty, or
 - d. holding a qualification that qualified you for specialist registration (however described) and previous registration under the National Law or the corresponding prior Act on the basis of holding that qualification for the specialty.
3. evidence you meet the requirements in the Board's approved registration standards for:
 - a. English language skills
 - b. recency of practice
 - c. professional indemnity insurance
 - d. criminal history, and
 - e. continuing professional development
4. proof of meeting the identity requirements as published on the Board or Ahpra websites
5. evidence that you have applied for, or have the results of, primary source verification of all your medical qualifications from an authority(ies) approved by the Board
6. evidence of having been awarded a primary degree in medicine and surgery, after completing a course of study at a medical school listed in publications approved by the AMC and/or Board. A course of study means that you must be able to demonstrate that you have completed a medical curriculum leading to an entitlement to registration in the country issuing the degree to practise clinical medicine
7. a curriculum vitae that meets the Ahpra standard format
8. evidence of your registration history as a health practitioner. If you are currently registered or have previously been registered overseas as a health practitioner, you must arrange for a Certificate of Registration Status or Certificate of Good Standing to be sent directly to Ahpra from each registration authority you have been registered with in the previous 10 years. The certificates must be provided in accordance with the Board's and Ahpra's published requirements
9. evidence that you have undertaken a Board approved orientation to the Australian healthcare system
10. evidence that you have successfully completed any required period of supervised practice in the specialty
11. evidence that you have completed any additional requirements that the Board considers to be necessary to practise the specialty.

Commented [BQ9]: Is it no longer required to:
- provide evidence of successful completion of a medical internship or comparable. The Board may issue guidance on what defines a comparable medical internship

Commented [BQ10]: The long list of requirements is very confusing as not all applies to all applicants such as PSV

Documents submitted in support of an application for specialist registration must comply with the requirements for certifying and translating documents as published on the Board or Ahpra websites.

If you have previously been, or are currently registered in a health profession, in Australia under the National Scheme and have therefore provided information to a Board previously, some of the documentation requirements in this standard may be waived.

The Board may require you to provide further information consistent with section 80 of the National Law, to determine your eligibility and suitability for specialist registration.

When you apply for renewal of specialist registration

When you apply to renew your specialist registration, you must:

1. complete a renewal of registration application that includes the annual renewal statement in accordance with the provisions of section 109 of the National Law
2. demonstrate satisfactory compliance with any conditions or undertakings imposed on your registration
3. provide the Board with any further information it requires, which may include undergoing an investigation, examination or assessment consistent with section 80 of the National Law, to decide your application for renewal of specialist registration.

If your registration is subject to conditions that require you to successfully complete a period of supervised practice in Australia, the Board may decide to refuse your application for renewal of specialist registration if your performance is deemed to be below the level expected, or you are unable to successfully complete the period of supervised practice within the required timeframe.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

1. the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law), and
2. the Board or an authority in a co-regulatory jurisdiction may take action against you under Part 8 of the National Law if you breach any of the requirements of this registration standard or any of the Board's standards, codes or guidelines health, performance or conduct action and registration standards, codes or guidelines may be used as evidence of what constitutes appropriate professional conduct or practice for the health profession (section 41 of the National Law).

Period of specialist registration

Specialist registration may be granted for a maximum period of 12 months. All registrants will be required to apply to renew their specialist registration annually. All specialist registrations will have a common end date of 30 September each year. The Board will initially grant specialist registration for the period until 30 September.

More information

Register of medical practitioners and Specialists register

The names of medical practitioners with general and specialist registration are published on both the *Register of medical practitioners* and the *Specialists register*. If you hold specialist registration only, your name is only recorded on the *Specialists register*.

You may opt to surrender your specialist registration if:

1. you hold general and specialist registration and are no longer practising in the specialty

2. you hold specialist registration in more than one specialty and are no longer practising in one or more specialties.

Limited scope of practice

If you hold specialist registration only, you will have a limited scope of practice compared with a medical practitioner who has both general and specialist registration.

The scope of practice of a medical practitioner who has specialist registration only is limited to their specialty.

The Board may impose conditions on the registration of a specialist that restrict scope of practice to a specified area of practice within a recognised specialty or field of specialty practice. The conditions will appear on the *Specialists register*.

Authority

This registration standard was approved by the Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

Approved qualification means a qualification obtained by completing an approved program of study for the profession. As per section 58(a) of the National Law, the approved qualification for specialist registration is fellowship of a specialist medical college accredited by the AMC. Approved qualifications for general and specialist registration are published on the Board's website at www.medicalboard.gov.au.

Commented [BQ11]: Please provide direct link

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

National Scheme means the National Registration and Accreditation Scheme.

Specialist medical college means a college:

1. whose program of study has been accredited by the Board's accreditation authority, the Australian Medical Council, and
2. whose resultant qualification has been approved by the Board as providing a qualification for the purposes of specialist registration.

Review

This standard will be reviewed at least every five years.

Last reviewed: <<date>>

This standard replaces the previously published registration standard dated 15 February 2018.

Attachment B

The Board's statement of assessment against *Ahpra's Procedures for the development of registration standards, codes and guidelines*

The Australian Health Practitioner Regulation Agency (Ahpra) has *Procedures for the development of registration standards, codes and guidelines* (the Ahpra procedures) which are available at:

www.ahpra.gov.au/Resources/Procedures

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Board's current registration standard for specialist registration came into effect on 15 February 2018 and is due for review. In keeping with good regulatory practice, the Board is reviewing the standard. **Health Ministers have identified the establishment of an expedited registration pathway for specialist international medical graduates as a high priority.** The proposed changes to the standard enable the development of a safe new pathway for specialist registration.

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The development of an expedited pathway, supported by revisions to the specialist registration standard, is in response to recommendation 9 of the final report in the *Independent Review of Australia's Regulatory Setting Relating to Overseas Health Practitioners*. The independent reviewer, Robyn Kruk AO, undertook extensive public consultation as part of the review, which sought to ensure that our regulatory settings for the registration and recognition of qualifications of internationally qualified health practitioners are fit for purpose. Health Ministers have tasked the Medical Board of Australia and Ahpra with implementing this pathway by October 2024.

Below is the Medical Board of Australia's assessment of its proposal for the draft revised specialist registration standard to be adopted, against the three elements outlined in the Ahpra procedures.

- 1. The proposal takes into account the objectives and guiding principles in the National Law (sections 3 and 3A) and draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems**

National Board assessment

The Board considers that the draft revised specialist registration standard meets the objectives and guiding principles of the National Law as it would:

1. continue to provide for the high-quality education and training of specialist medical practitioners
2. facilitate the rigorous and responsive assessment of specialist international medical graduates
3. support protection of the public by ensuring that only practitioners who are suitably trained and qualified and are competent to practise in a safe and ethical manner are granted specialist registration
4. potentially increase patients' access to specialist medical services by enabling swifter granting of specialist registration to individuals with a qualification that is substantially equivalent or based on similar competencies to an approved specialist qualification for the specialty.

In developing an expedited pathway and providing a direct route to specialist registration, the Board has considered the findings of the Kruk review as well as the regulatory approaches taken by health practitioner regulators in countries with comparable health systems. For example, the Medical Council of Ireland has a list of specialist qualifications which are approved for recognition and provide a direct route to specialist registration.

Commented [BQ12]: Please provide link as the information can not be found.

While not approved for specialist registration, the Medical Council of New Zealand also publishes a list of qualifications accepted for locum specialists. Several overseas specialist medical colleges, such as The College of Family Physicians of Canada and the Irish College of General Practitioners, recognise specialist training from countries including Australia and the United Kingdom and publish lists to this effect.

Commented [BQ13]: Is the physician's training more comparable than for example ophthalmology?

The current specialist registration standard defines the Board's requirements for granting specialist registration to practitioners who have completed training delivered by education providers accredited by the Australian Medical Council (AMC) under the National Law. However, this is only one way in which an individual can qualify for specialist registration. The proposed changes aim to detail all available ways that an individual can qualify for specialist registration under section 58 of the National Law, including via the expedited specialist pathway, which in turn, promotes access to specialist services by potentially increasing the number of specialists in Australia.

The proposed revised standard takes account of the National Scheme's main guiding principle of protecting the public and ensuring public confidence in the safety of services provided by registered health practitioners. It does so by ensuring that only medical practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The proposed standard supports the National Scheme's guiding principle to operate in a transparent, accountable, efficient, effective and fair way. Having a clear and transparent framework for assessing applications for registration in a consistent manner is critical to achieving this.

2. Steps have been taken to achieve greater consistency within the national scheme (for example, by adopting any available template, guidance or good practice approaches used by national scheme bodies), and the consultation requirements of the National Law are met.

National Board assessment

The National Law requires wide-ranging consultation on proposed standards, codes and guidelines, including consulting other National Boards on matters of shared interest. This requirement of the National Law is being met through public consultation and consistency is being achieved through use of standard consultation paper templates and adherence to the Ahpra procedures.

A shorter four week streamlined consultation is being applied, to balance the value of engaging with the public and other stakeholders to understand their perspectives on this proposal, while meeting the timeframes set by Health Ministers for this reform.

The Board's consultation builds on the extensive public consultation that was undertaken as part of the Kruk review, which received 86 submissions, 1700+ survey responses and consulted with 140+ stakeholders. The Board's public process includes the publication of the consultation paper on our website and informing medical practitioners via the Board's electronic newsletter which is sent to more than 95% of registered medical practitioners.

The Board has worked with the Health Chief Executives Forum's Health Workforce Taskforce and key stakeholders to inform the development of an expedited pathway to specialist registration for specialist international medical graduates and propose changes to the specialist registration standard to support the operationalisation of the pathway.

The Board will also invite key stakeholders to comment on the draft registration standard including other National Boards, professional organisations, patient safety organisations, consumer groups and Aboriginal and Torres Strait Islander groups.

3. The Board will take into account the feedback it receives when finalising the draft revised registration standard that it may submit to the Ministerial Council for approval. The proposal takes into account the principles set out in the Ahpra procedures

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

National Board assessment

The Board has been tasked to set up a new, faster pathway to specialist registration and considers that its proposal is the best option to achieve this and ensure public protection. The proposed changes to the specialist registration standard support the establishment of a safe, expedited specialist pathway and ensure the standard remains relevant and fit for purpose. The Board is taking the opportunity to propose editorial changes to improve readability and ensure clarity.

The current registration standard sets the requirements that an individual must satisfy under section 58 of the National Law in order to qualify for specialist registration. There are defined pathways to specialist registration which use sections 58(a) and 58(c) of the National Law. However, there is no established process or formal pathway to specialist registration using section 58(b) despite it being a provision of the National Law. The proposed changes formalise this option.

The Board publishes an online *Specialists register* which lists the names and qualifications of specialist medical practitioners and their field of speciality. Only medical practitioners granted specialist registration can use the protected titles associated with their specialist registration. The *Specialists register* enables the public to identify a specialist from a non-specialist medical practitioner. This provides public confidence that a medical practitioner listed on the *Specialists register* has met the education and training requirements regardless of their pathway to gaining specialist registration.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

National Board assessment

The Board considered whether its proposal could result in an unnecessary restriction of competition among registered medical practitioners. The proposed changes to the registration standard would provide alternative qualification options for medical specialists outside of fellowship which are already available under the National Law, introduce an expedited registration pathway and remove some current barriers to registration. The changes are therefore not expected to restrict the current levels of competition among health practitioners and may increase competition.

C. Whether the proposal results in an unnecessary restriction of consumer choice

National Board assessment

The Board considers that the draft revised registration standard will support consumer choice by facilitating access to specialist health services provided by specialist medical practitioners.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

National Board assessment

The Board has considered the overall potential costs and impacts of the draft revised registration standard to members of the public, medical practitioners and governments. The cost of the proposal to revise the specialist registration standard is minimal and is therefore expected to have minimal impact on members of the public and registrants. However, there are additional costs committed by government in order to respond to the Health Ministers' request that the Board and Ahpra implement an expedited specialist registration pathway.

Costs of assessment for specialists in the expedited pathway are likely to be reduced. The process of assessment and registration is also likely to be shortened enabling income generation and service provision more quickly.

The Board is testing its view with stakeholders that the likely overall impacts and costs are reasonable when compared to the likely benefits of having an expedited pathway that is supported by a revised registration standard.

E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

National Board assessment

The proposed revisions to the registration standard have been written in plain English to help practitioners and the public understand the requirements of the standard. The Board is also proposing changes to the structure of the registration standard to improve readability and clarity, to make the standard easier to understand.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

National Board assessment

The Board has procedures in place for regularly reviewing standards, codes and guidelines. If approved, the Board will review the revised standard at least every five years, including an assessment against the objectives and guiding principles in the National Law. Scheduling regular reviews is consistent with best practice regulation. However, the Board may review the standard earlier, in response to any issues which arise or new evidence which emerges to ensure the standard's continued relevance, workability and maintenance of public safety standards.

Attachment C

National Boards' Patient and Consumer Health and Safety Impact Statement

3 June 2024

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (Statement)¹ explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. the potential impact of the proposed revisions to the *Registration Standard: Specialist Registration* on the health and safety of patients and consumers, particularly vulnerable members of the community, including approaches to mitigate any potential negative or unintended effects
2. the potential impact of the proposed revisions to the *Registration Standard: Specialist Registration* on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects
3. engagement with patients and consumers, particularly vulnerable members of the community, about the proposal
4. engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [the National Scheme Strategy 2020-25](#) and reflect key aspects of the revised consultation process in the Ahpra [Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

¹ This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires AHPRA to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

Below is our initial assessment of the potential impact of a proposed revision to the registration standard for specialist registration on the health and safety of patients and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on patient and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members?

The Medical Board of Australia (the Board) has carefully considered the impacts that the proposed revisions to the *Registration Standard: Specialist Registration* (the standard) could have on patient and consumer health and safety, particularly vulnerable members of the community. We think the proposed revised standard is the best option for consultation. The proposed changes are expected to strengthen the effectiveness of the standard by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are granted specialist registration.

Our assessment is that there will be no negative impact on the health and safety of patients, clients and consumers, particularly people vulnerable to harm within the community, and Aboriginal and Torres Strait Islander Peoples. The proposed changes promote access of specialist services and considers the importance of Aboriginal and Torres Strait Islander health needs and cultural safety by ensuring all individuals are appropriately orientated to the Australian health care system and complete cultural safety training, if not done so previously. Our engagement through consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and health care quality.

2. How will consultation engage with patients and consumers, particularly vulnerable members of the community?

In line with our **consultation processes**, the Board is undertaking wide-ranging consultation. We will engage with patients and consumers, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community.

Our consultation questions specifically ask whether the proposed changes to the standard will impact on patient, client and consumer health and safety, particularly people vulnerable to harm within the community. Responses will help us better understand possible outcomes and address them.

3. What might be the unintended impacts for patients and consumers particularly vulnerable members of the community? How will these be addressed?

The Board has carefully considered what the unintended impacts of the proposed revision to the standard might be, as the **consultation paper** explains. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for patients and consumers that may be raised during consultation particularly for vulnerable members of the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The Board has carefully considered any potential impact of the proposed revisions on Aboriginal and Torres Strait Islander Peoples and how this compares to the impact on non-Aboriginal and Torres Strait Islander Peoples. We seek feedback on our preferred option, as outlined in the **consultation paper**. The importance of Aboriginal and Torres Strait Islander health needs has been considered in the development of the new expedited specialist pathway with individuals being required to undertake a comprehensive orientation to the Australian healthcare system which includes cultural safety training.

These changes are reflected in proposed revisions to the registration standard and our assessment is that there will be no negative impact on the health and safety of patients, clients and consumers, and Aboriginal and Torres Strait Islander Peoples and only minor positive impacts. Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and **cultural safety**.

As part of our usual consultation processes, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples. We will engage our Aboriginal and Torres Strait Islander Health Strategy Unit and are continuing to engage with Aboriginal and Torres Strait Islander organisations and stakeholders including the Australian Indigenous Doctors' Association.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The Board has carefully considered what the unintended impacts of the revisions to the standard might be, particularly for Aboriginal and Torres Strait Islander Peoples as identified in the **consultation paper**. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7. How will the impact of this proposal be actively monitored and evaluated?

Part of the Board's work in keeping the public safe is ensuring that all the Board's standards, codes and guidelines are regularly reviewed.

In developing the revised standard and in keeping with this, the Board will regularly review the standard to check it is working as intended.

Attachment B:

RANZCO Response to revised Specialist Registration Standard

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is the medical college responsible for the training and professional development of ophthalmologists in Australia and New Zealand.

RANZCO appreciates the opportunity to provide feedback on the revised Specialist Registration Standard. However RANZCO is concerned that the proposed Registration Standard poses an **unacceptable risk to patient safety by undermining the highest standards of medical care** that Australians have rightly come to expect of their health system.

The sole justification appears to be based on getting things done *'more quickly'*, in contrast to RANZCO's aims which are focused on *what is best for patient care*. A political imperative has been allowed to override that of the profession's duty to the public, and thus we cannot support the Standard as proposed.

The Standard is **fundamentally flawed** on many levels, from erroneous assumptions about overseas qualifications and a misunderstanding of other training programs, to a concerning **lack of insight into the risks of allowing substandard SIMG practitioners to operate on Australian patients without any form of peer reviewed competency assessment**.

There are many concerns held in relation to the Standard, however in the interest of conciseness here are the Top Ten:

1. **Incorrect assumptions regarding the comparability of fast-track jurisdictions.**
 - EU policies allowed free movement of specialist trainees for decades, thus UK and Ireland SIMGs can and do reflect disparate source countries with very different and incomparable specialist training systems. These include **many European nations where surgical training is not mandated**. Thus, a **simple recognition by their jurisdiction does not equate to the comparable training** of that jurisdiction as applicable to local graduates.
2. **Fast track jurisdictions perpetuating colonial era mentality & discrimination.**
 - The preposition that any recognised specialist from a designated Commonwealth white-majority English speaking country is inherently comparable (ie, superior) versus one from a non-English speaking country or the global South is **offensive**.

3. **Creation of a two-tiered specialist system.**

- RANZCO Fellows and SIMGs recognised by RANZCO have been assessed to one standard, whereas fast tracked SIMGS are allowed to practice in Australia based on different, and we would argue flawed, standard.
- **The Australian public deserve to be fully informed** and educated regarding the implications for their care and should be consulted.

4. **Reversal of the onus of proof of competency before performing surgical procedures.**

- The Registration Standard appears to suggest that assessment will occur following fast tracked specialist recognition, thus **exposing the public to material risk after the event** where the SIMG is below competency for a surgical procedure. This means **likely if not inevitable vision loss or blindness** as adverse outcomes of this 'back to front' approach.

5. **Failure to consider implications of adverse assessments.**

- Once the substandard SIMG has begun treating Australian patients, there is no mechanism proposed to reverse the recognition and therefore **protect the community.**

6. **Excluding the recognised expertise and proven experience of peer review.**

- A 6-month workplace assessment is proposed but the Standard mandates that Colleges will be excluded from the determination.
- However, RANZCO is the only professional body that has any experience in competency assessment, and all assessors are RANZCO Fellows.
- **The Australian public places their trust in their specialists, and the systems that they trained under, yet the government does not.**
- It is unclear how this discordant rationale can instil confidence in the public that the Standard is a reasonable proposal.

7. **Workforce-blind process that does nothing to address areas of shortage.**

- The greatest challenge to ensuring equity of access to high level specialist ophthalmic care is workforce distribution. RANZCO has been working with the Commonwealth to fix this and is making real progress.
- We know from many years of experience that without adequate geographic constraints on SIMGs, over 80% will end up in major cities.
- The Standard, rather than helping alleviate the problem, will actually exacerbate it by **'more quickly' enabling SIMGS to bypass under-serviced regional and remote centres and head straight to the city.**

8. **Short sighted approach acting against workforce sustainability.**

- Future generations of Australian ophthalmologists need to be trained by supervisors familiar with RANZCO standards and competencies. Current SIMGs, brought up to this standard, can participate as supervisors.
- Fast tracked SIMGs under the standard will not have the same competencies as assessed by RANZCO and thus be **unable to be accredited for and thus safely supervise local trainees.**

9. **Threat to regional expansion of training posts for Australian graduates.**

- RANZCO has pioneered an Australian-first program, the Rural Enhanced Training Network (RETN) to train specialists in regional areas with close connection to community and thus enhance the likelihood of providing a sustainable critical regional workforce.
- However the minimum safe criteria to enable this to expand is again dependent on the highest-level competencies, which fast tracked SIMGs will not be assessed against.
- It is thus inevitable that local health districts will take the 'quick' but also cheaper approach offered by the Registration Standard, at the expense of setting up a local (and thus sustainable) RANZCO training post.

10. **Discounts the importance of First Nation cultural competence and safety.**

- Familiarity with the health system from an Indigenous perspective is central to RANZCO's efforts to Close the Gap in eye health.
- 'Quick' movement of SIMGs to Australian healthcare settings flies in the face of a culturally sensitive approach to indigenous health and will lead to **tokenistic measures that will fail to advance mutual respect and safe care that Indigenous Australians expect and deserve.**

What has not been mentioned is the impact of the Registration Standard on the SIMG source nations. While Canada and New Zealand's health systems have comparable levels of stability, the same cannot be said for the NHS and Ireland. It is widely recognised that the UK in particular is in the midst of the greatest crisis the NHS has faced, with historic levels of medical professional disaffection and disillusionment. RANZCO Fellows recently returned from or currently still working in the UK universally attest to their NHS colleagues' desperate desire to leave that system.

By 'moving quickly' to Australia, we cannot escape the fact that this will only serve to hasten the collapse of the NHS, to the detriment of those colleagues remaining to prop up what is left, to say nothing of their patients. The expedited pathway may be perceived as 'poaching talents' from overseas without any consideration of the impact on the service

delivery in those countries, and often in locations that are areas of needs. This is not a zero-sum game; it is a moral decision which the Registration Standard needs to be held accountable for.

Nonetheless, RANZCO however acknowledges the need for reform of the SIMG assessment process and has developed innovative pathways which enable an expedited determination without compromising patient care. The novel Workplace Based Assessment (WBA) pathway has been successfully piloted and was designed specifically to address areas of workforce shortage, together with the appropriate levers available through AHPRA, the MBA and the MBS.

The Current and Novel WBA pathway is outlined below. RANZCO submits these as alternatives to the Registration Standard that may enable both expediency and patient safety to be ensured.

Current SIMG Assessment Principles:

1. **RANZCO is tasked with ensuring that Australians receive the highest possible standards of ophthalmic care, with patient safety the single most important driver of policy.** We do so by ensuring all fellows meet the universal criteria for competency as a comprehensive ophthalmologist (ie. clinician), scholar, researcher, collaborator, manager, professional and health advocate. This includes cultural competency.
2. To date there is **no single college or ophthalmology program overseas** which has been found to be clearly comparable to the RANZCO training program. Hence each **SIMG applicant is assessed on an individual basis**, by a process that has developed over several decades and is predicated on **peer reviewed assessment and evidence-based standards of care.**
3. Guidelines for the preliminary assessment of SIMG applicants are both fair and rigorous. They not only compare SIMG applicants to local graduates, but also assesses their basic medical, prevocational, vocational and post vocational training. The process ensures that no area is omitted and aims to review the applicant's breadth and depth of experience.
4. Methodology includes:
 - a. Logbooks
 - b. Certificates of training
 - c. Details of training
 - d. Reports from supervisors
 - e. Validation of the above
 - f. Structured Interview

5. The timeframe is generally within the stipulated 4-6 weeks from the application receipt, with the Interview within 3-4 months.
6. The benchmark for assessment is comparability to an Australian trained ophthalmologist. Regardless of the determination, viz. substantially, partially or non-comparable, mechanisms exist to enable the SIMG applicant to fulfill the criteria by upskilling or undertaking further training. The period in which this can be undertaken ranges up to 24 months of full time equivalent supervised experience. This could include eligibility to sit the RACE examination which is common to both Australian and SIMG candidates.

Novel Area of Need Workplace Based Assessment (WBA) pathway:

1. **In order to address pressing workforce issues in regional and remote settings RANZCO has developed a new pathway.** This was important given the evident logistical difficulties for applicants in such settings accessing upskilling and additional training, which would be necessary to meet the required competencies for fellowship.
2. The WBA has been designed by our experienced and established SIMG and Education teams, ensuring the same high standards and rigour are applied as for Australian and New Zealand trainees. AHPRA and the MBA were also consulted in the development process.
3. Methodology is thus similar to that described above, but with a greater reliance on remotely located assessors with a structured progression regime and developed in concert with local supervisors. **Support is provided to address any clinical areas that require additional training.** Assessment also incorporates 360 degree feedback mechanisms and ongoing reviews as well as on site WBAs, rather than the formal RACE examination.
4. A Pilot program in Broome has been successfully completed and the SIMG applicants now have a pathway to Fellowship and specialist recognition pending MBA and AHPRA approval. However, the current health system in Australia is fragmented, with a complex split between the Commonwealth and State governments, regarding who is responsible for planning, funding and delivering different services. Given the most required resources for workforce development and service delivery are state based, this has created challenges for RANZCO to develop an adequate program for SIMG workplace assessment that would work across Australia.