

Public consultation on the revised Registration standard: specialist registration.

Dear AHPRA Review Committee

Thank you for the invitation to make a submission in this public consultation.

I am a member of the Australian public, and I am currently employed as a psychiatry registrar. The goal of bringing in some overseas trained SIMGs (Specialist International Medical Graduates) from competent pathway countries into Australia and within 6 months granting them specialist recognition is welcomed and a good idea in principle and I support it. This is to continue alongside with the Fellowship programs awarded by the Specialist Colleges. From AHPRA's newsletter the medical specialties with critical shortages are GPs, anaesthetics, obstetrics and psychiatrists and the aim of this proposed idea is to provide the Australian population with more specialists and reduce the wait times of seeing a specialist.

With the above goals in mind, it is also very important to draw to AHPRA's attention a cohort of Australian SIMGs who have been in this system for 5 years or more and some than 20 years. These cohort of doctors were those.

1. They have previously been assessed in the Specialist Pathway of AHPRA, and their overseas specialist qualifications had been validated by the Specialist Colleges as being comparable (partial and substantial). It was unfortunate that they could not achieve their Fellowship on time for some reasons-some of which was not passing some exams which had now been discontinued by the Specialist Colleges in favour of work-based assessments (WBA).
2. These cohort of doctors are Australian citizens and permanent residents who have been working with general registration and been restricted from using the title 'specialist' because they have not had specialist recognition with AHPRA. They had been practising in a culturally competent manner and they are well equipped and experienced with the operations of the Australian Health System having worked in Australia between 5 years and over 20 years.
3. These cohort of Australian SIMGs are more familiar with the available resources, referral pathways and support services within the Country. Their specialist recognition under the fast-tracked pathway can lead to more efficient and coordinated care for patients in Australia.

4. Some members of these cohort of doctors has had additional up-skilling training grants via their Specialist Colleges at the time they were in the Specialist pathway; paid for by Australian taxpayers and the knowledge and experiences acquired from these trainings should have been better used to serve the Australian population.

5. These cohort of doctors had practiced safely in this Australia for over 5 years to more than 20 years. It's only just and fair to include these cohort of Australian SIMGs into the proposed fast tracked or expedited pathway to specialist recognition.

In conclusion, AHPRA should please consider these cohort of Australian SIMGs who had previously and currently worked in the Australian health system in senior medical positions like consultants, senior medical officers, senior medical practitioners and clinical directors. They have served this Nation for many years safely in the health system and should be considered in the fast tracked/ expedited pathway to specialist recognition.

Thank you.

Kind Regards

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