

## 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 These details will not be published in any summary of the collated feedback from this consultation.*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: Rural Doctors Association of Australia

Contact email: [REDACTED]

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

## Response to consultation questions

### 1. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and workable?

The document content is frequently repetitive and not always written in plain English which makes it hard to read. The content and presentation of information in the document must be considered with the audience in mind. English will not be the first language for a large number of readers, and the Australian healthcare system will be significantly different from the country in which they are currently working. RDAA would recommend that the content, structure, clarity and readability of the document is tested with focus groups of medical practitioners who are from diverse language backgrounds and are new to Australia.

Summary:

Specify that the registration standard sets out the eligibility, **qualification, competency and other requirements (as defined by five additional mandatory registration standards), and the evidence needed by** the Medical Board of Australia (the Board) for specialist registration as a medical practitioner (the structure of the document).

Requirements:

Eligibility for specialist registration, Item b. The references to 'an approved registration standard' can be confusing on first reading. If the five additional mandatory registration standards require additional supervised practice, this should be specified.

Include the word "or" between the alphabetised points under Requirements, Qualifications for specialist registration. Alternatively, "Under section 58 of the National Law, you are qualified for specialist registration, if you hold one of the following:"

Amend Qualifications for specialist registration b. to add the requirement for a six month period of supervised practice.

Amend Qualifications for specialist registration d. Repeated phases makes it confusing, and there is a reference to the "corresponding prior Act" but the explanatory paragraph refers to "corresponding prior law". This should be clarified. "Act" is not included in the Definitions section.

Clarify Other requirements for specialist registration: "meet the requirements of the following **additional** registration standards" and provide links.

Definitions:

This section should have more definitions with links to information to assist overseas trained specialists. Definitions should include AMC, MBA and Ahpra with clear statements about the role of each body in the registration process.

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

The removal of the Background section in the revised registration standard has removed reference to protected titles. Who can use protected titles, such as surgeon, must be made clear within the Standard. Will specialists recognised under the expedited pathway be able to use protected titles?

**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?**

Many overseas trained specialists will have the knowledge and skills to work as specialists in an urban setting with appropriate orientation training covering the Australian healthcare system and workplaces, including expectations with respect to codes of conduct and practicing professional values and behaviours, such as equal rights, and diversity. However, there are important additional considerations for the Australian rural and remote context that need careful consideration by Ahpra.

While successful completion of a Board approved orientation to the Australian healthcare system and cultural safety education is listed under Other requirements, specialists working in or with rural and remote people, must have knowledge and experience of the specific challenges rural and remote Australians (and healthcare professionals) face. Even if a specialist is not resident in a rural or remote community, it is highly likely that some of their patients will come from these areas. The provision of high quality care demands understanding of the places and circumstances that patients come from and will return to (including whether medical and allied health support is available). This requires more than a simple introduction to the Australian healthcare system.

Being able to provide culturally safe care is essential in urban and in rural and remote areas these areas and will require appropriate training in Aboriginal and Torres Strait Islander health (more than completing a short course).

Consideration must be given to ensuring that the any orientation and cultural safety education provides overseas trained specialists with the in depth knowledge and experience they need to provide excellent care for rural and remote Australians.

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

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

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

The following must be given careful consideration by the Board and Ahpra to ensure that the expedited pathway has the desired workforce outcomes:

In the consultation document overview under Background, The expedited specialist pathway section (pp2-3) it is noted that in developing an expedited pathway, the findings of the Kruk review had been considered. There needs to be greater clarity about the application of recommendations within the Standard in consultation documents.

With respect to requirements in the Board's approved registration standards for English language skills (Requirements, Other requirements for specialist registration (p8) and What must I do? When you apply for specialist registration, 3a, p19), will the requirements for English language skills reflect the Recommendation 21 of the Kruk report?

The Kruk review noted that fast tracked registration pathways may not "become available in a timely way and/or the journey improvements fail to address critical workforce shortages". This is a significant risk for the medical specialist expedited pathway. Allowing overseas trained specialists to bypass the previous college assessment requirements could see an increase in the number of highly trained medical professionals choosing to live and work in Australia. However, it will not necessarily mean an increase in critically needed specialist services in rural and remote Australia as it does not address underlying problems contributing to the lack of access to specialist care in these communities. More specialists coming to and being registered in Australia will increase the number of metropolitan specialists without having a significant impact on specialist numbers further afield unless other recruitment and support mechanisms – including the provision of appropriate positions, models of care, and academic and teaching opportunities – are instituted in rural and remote areas.

The expedited pathway has the potential to reduce some of the onerous and time-consuming aspects of the current system – college assessment of comparability and confirmation of successful completion of any additional requirements – but, with respect to the list of qualifications that are considered to be substantially equivalent or based on similar competencies to an approved specialist qualification for the specialty that will be developed by the Board with input from the colleges and the AMC, there is a lack of clarity about how equivalence will be decided and what the parameters governing input from the AMC and colleges are.

While registration through this pathway does not require an individual to hold or be eligible for college fellowship, applicants must still complete a term of supervised practice. How will the parameters governing required supervised practice be decided? Who will decide if the period of supervised practice has been completed satisfactorily?

There must also be greater clarity around who is eligible to be a supervisor. If a specialist is registered but not a fellow of a college, will they be able to supervise others applying for registration through the expedited pathway?

This also has indirect implications for specialty college recognition of these doctors to supervise future Australian-trained registrars. If the specialty colleges do not recognise these medical practitioners as supervisors, this change in registration process will only address an immediate workforce issue and not put the appropriate mechanisms in place to facilitate a service to disrupt the reliance on overseas trained medical specialists. In those cases where the overseas trained doctor chooses to become a fellow of Australian college, the college may not allow them to supervise registrars training in Australia until 5 years post fellowship, even if their overseas experience is extensive. Given that supervision is a key issue in Australia, allowing them to supervise as soon as they Fellow would be advantageous.

College systems and processes should have greater transparency in relation to recognition of overseas trained specialists, with defined accountability measures and independent review of their systems and processes.

There is the potential for considerable variation between colleges which may impact on the efficient roll out of the expedited pathway and workforce benefit.