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 These details will not be published in any summary of the collated feedback from this consultation.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: Click or tap here to enter text. Contact email: Click or tap here to enter text. ☒ Myself Name: Dr Ken Sleeman Contact email: [redacted]
Question B If you are completing this submission as an individual, are you: ☒ A registered health practitioner? Profession: Consultant Anaesthetist ☐ 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?

The content and structure is well organised and very clear.

It is a pity that it has taken so long to be released for opinion, although I sincerely hope that the specialist colleges have had the opportunity already to make their observations

I have been in the practice of anaesthesia for 56 years and heavily involved in the post graduate education program for the past 50 years I have had extensive experience in medico-political affairs as well and represented the AMA on the Victorian section of the Specialist Recognition Advisory committee from 1986-1993. The main issue was the justification of adequate education for approval of International doctors to practise in Australia.

I acted as an examiner over 15 years for the second part of the process to specialisation for the ANZ College and also examined twice in Singapore and twice in Hong Kong providing for the same standard of practice as in Australian and New Zealand

The Priority recommendations are well thought out as are the other of the 28 recommendations. Bearing in mind their general status, there are some additions which would sit well in the body of some of the Priority group.

Recommendation 4). Raising the age cap will provide for many highly experienced specialists with skills allowing them to provide education for the younger local trainees to lend support to busy department heads.

Recommendation 9). Expanded expedited pathways will need to be closely observed by leaders in Anaesthesia **as this specialty has been selected as a priority**. As anaesthesia is practised in an individual way, leaders will have to be confident of abilities and knowledge in Australian conditions encouraging questions with situations likely to produce difficulty in areas requiring rapid decisions.

Recommendation 10). "Legislation" of skills recognition needs to be followed up with reports on the outcomes as 'the law' is a long way from some areas, eg. a trauma case at 3 am.

Recommendation 20) The development of performance indicators of progress in recruitment need to involve more than health ministers and jurisdictions. Discovery of issues will be mainly at the forefront of practice and need to personally involve all leaders associated with employment and education. This can be best represented in the practice of **Monitoring**, performed at an individual level by senior experienced and sympathetic practitioners.

Recommendation 21). The recommendation for a reduced pass mark in the ILETS section can be supported as evidenced by my experience as an examiner in Singapore and Hong Kong. As a second language, there is little opportunity for writing in English and expressing oneself in a grammatically perfect way, At viva examinations all candidates could express themselves quite adequately when discussing clinical problems.

2. Is there any content that needs to be changed, added or deleted in the draft revised specialist registration standard?
Additions as suggested above could clarify some potential issues

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?
The impacts on patients and consumers, particularly the vulnerable are difficult to “legislate”, The standards required are those which need to be fully recognised by all health practitioners throughout the world and would be emphasised by all caring practitioners as a matter of fact.

4. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised specialist registration standard?
Aboriginal and Torres Islands People represent a vulnerable group who should be included in any preliminary discussion before practising any health craft. Practitioners entering those areas will need education as a matter of course, as should the reminder to those Peoples that that the practitioners need time to fully understand them. The leaders of these Peoples need to be as involved as possible with the introduction of any new practitioner to those areas

5. Are there any other regulatory impacts or costs that have not been identified that the Board needs to consider?
It is clear that costs have born a significant impact on the final report and reductions in costs to all have been shown. Of course it must be always a matter of concern if increases are indicated at any stage. All costs should be approved by Treasury and **a specific agenda item made for all meetings,** whether or not it appears to be a concern.

6. Do you have any other comments on the draft revised specialist registration standard?
All Australians should expect the world's best standards in health care. This must be at the workface and **not involve any increase in bureaucracy**, rather a **redistribution of responsibilities** in departments, overseen by senior personnel.