

Stakeholder details

Initial questions
<p><i>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 These details will not be published in any summary of the collated feedback from this consultation.</i></p>
<p>Question A</p> <p>Are you completing this submission on behalf of an organisation or as an individual?</p> <p>Your answer:</p> <p><input type="checkbox"/> Organisation</p> <p>Name of organisation: Click or tap here to enter text.</p> <p>Contact email: Click or tap here to enter text.</p> <p><input checked="" type="checkbox"/> Myself</p> <p>Name: <input type="text"/></p> <p>Contact email: <input type="text"/></p>
<p>Question B</p> <p>If you are completing this submission as an individual, are you:</p> <p><input checked="" type="checkbox"/> A registered health practitioner?</p> <p>Profession: Anaesthetist</p> <p><input type="checkbox"/> A member of the public?</p> <p><input type="checkbox"/> Other: Click or tap here to enter text.</p>
<p>Question C</p> <p>Would you like your submission to be published?</p> <p><input type="checkbox"/> Yes, publish my submission with my name/organisation name</p> <p><input checked="" type="checkbox"/> Yes, publish my submission without my name/ organisation name</p> <p><input type="checkbox"/> No – do not publish my submission</p>

Your responses to the consultation questions

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

No, it is not workable or always relevant. For example, it does not explain how they will maintain the same standard of anaesthetic care to patients when they compromise or bypass the requirements of the Australian and New Zealand College of Anaesthetists (ANZCA). This is an essential point. The focus of draft is expediency for overseas trained doctors who would not be able to pass our competency requirements. For example, it is well known that SIMGs have a lower pass rate than local candidates in the ANZCA fellowship examination, despite the exam being standardised for all applicants. Exams are tests of clinical knowledge, handling of challenges or crises encountered in anaesthesia, as well as knowledge of professional guidelines. If we bypass this requirement under the draft revised specialist registration, there is no mention of how this knowledge is to be assessed. It would appear that doctors who would fail the exam would still be allowed to practice through this new and revised pathway.

ANZCA's accreditation process is robust with a primacy placed on patient safety, There is no content in the draft that explains how bypassing these requirements will be overcome, or how the adverse impacts on patient safety will be managed. It is also important to note that as a specialist myself, the reality is only specialist colleges can accredit doctors who practice in their speciality. Bypassing them in pursuit of increasing the workforce is unpalatable.

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

Specialist colleges are tasked with ensuring that those who practice that speciality have the clinical and professional skills befitting of members of that speciality. There is almost no aspect of their accreditation and training requirements that can be considered superfluous or optional extras. The entire premise of sidelining our specialist bodies is to facilitate a faster pathway and bypass the requirements of ANZCA, thus leading to a group of overseas trained doctors who do not possess the knowledge or skill of our profession, which will ultimately compromise on patient safety. No amount of spin or favourable wording regarding smoother transitions or faster pathways will cover the fact that core anaesthesia competency requirements are being removed in these new registration standards for some overseas trained doctors. This will result in doctors practicing our profession who are not as skilled or qualified as those who are accredited by ANZCA, and therefore put the members of the public at risk. This will also undermine public confidence in the skill of doctors professing to be able to safely anaesthetise patients, and we can no longer confidently or truthfully state that anaesthesia in Australia is amongst the safest in the world. There are many doctors from overseas who have undergone training at a vastly different level to what is expected and offered in Australia, and setting up a separate pathway for these individuals so that they don't have to meet Australian standards is frankly a disgrace. ANZCA's core concerns in accreditation are patient safety, which must always be paramount, and fairness to the candidate applying for accreditation. This balance lies with ANZCA. Creating an alternative pathway for overseas doctors that is not overseen by ANZCA dilutes the emphasis on patient safety. This is utterly unacceptable to me as an anaesthetist.

Additionally, it would seem that English language requirements are not as stringent for this new pathway. This would lead to a situation where other staff members, such as nurses and surgeons, are unable to understand what the SIMG is saying, or the SIMG may misunderstand what his/her colleagues are trying to communicate, which can be a disaster if managing a crisis in theatre. It also completely ignores the basic requirement of the patient, who expects that the doctor can understand their complaint and communicate effectively with them in English. It is fair to say that the language proficiency required in a hospital is higher than what is required to get by in the community. My understanding of the new pathway is that English language requirements are loosened significantly.

It is a travesty that competence and standards are being trampled upon in favour of expediting registration for doctors who do not have the competence to pass or meet ANZCA standards. The only governing body that has the authority to accredit doctors for anaesthesia practice is ANZCA. Bypassing them and watering down the requirements to increase the number of anaesthetists practicing will also compromise patient safety and destroy public confidence. My abject refusal of such a pathway for the reasons that I have stated should not be trivialised or misread as anaesthetists protecting their turf or profession, but rather as a genuine concern for the safety and wellbeing of patients. The privilege of looking after the health of our patients perioperatively is always our primary driver, and their safety should not be politicised or compromised to achieve other interests.

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?

Yes. As I have mentioned above, allowing an alternative, expedited pathway for overseas trained anaesthetists to practice without meeting the requirements of ANZCA's accreditation pathway will compromise patient safety and care, and undermine public confidence in the standard of healthcare that they are entitled to receive. These must be paramount considerations.

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

No.

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

The Board has failed to understand that specialist accreditation belongs squarely with specialist colleges. Bypassing them, and accepting a lower professional and clinical standard, will come at a cost to patients' health and safety.

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

ANZCA must retain full control and oversight of its accreditation of overseas-trained doctors, and patient safety must not be sacrificed for expediency. The concept of an alternative pathway for accreditation, at the expense of patients, is deplorable. I acknowledge that workforce shortages are problematic, but the workarounds need to be at least acceptable and safe. This expedited pathway for SIMGs is not either safe or acceptable.